



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 001135-00 - 2012/01
205.35

Surrey Place Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Southeast Lee Avenue Live Oak FL 32060 County: Suwannee[61] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/21/1988 Acquired Date: 1/21/1988 Entered Medicaid 1/21/1988 Med # Active Date: 6/1/2008 Previous Med # 257109	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,287 Medicare: 5,798 Medicaid: 12,445	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.34470% Occupancy: 92.63470% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.81539% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	623,240	892,410	650,117	408,569	0	2,574,336
1a	Audit Adjustments						
2	Cost Per Diem	50.0796	71.7083	52.2392	32.8300		206.8571
3	Cost Per Diem Inflated	52.5540	73.9444	54.8203			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.5540	73.9444	54.8203	32.8300		214.1487
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9788		49.8552			
7	Provider Target Rate	51.1202		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	73.9444	50.9938	13.6500		188.5843
12/13	Medicaid Adjustment Rate		0.9437	0.6508			
14	Prospective Per Diem 11	49.9961	74.8881	51.6446	13.6500		190.1788
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Surrey Place Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/21/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/01 Indexed Asset Value 2,948,333 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,820,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,358,666	15.8219
	< 60% of Base:	False	20% ROE(2):	589,667	0.8849
	Interest Rate:	12.0100 %	Insurance Cost(3):	9,865	0.4863
	Chase Rate:	10.5000 %	Taxes Cost(3):	35,724	1.7609
	Amortization Rate:	12.0100 %	Home Office(3):	16,675	0.8220
	Interest Only:	False	Replacement(3&4):	89,819	0.0000
Yearly Payment:	311,849	Total FRVS PD:	19.7760		

(1) 80% Capital (\$2,358,666) amortized at 12.0100% for 20 years Principal & Interest of \$311,849 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$15.8219

(2) 20% ROE (\$589,667) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8849

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	74.8881	74.8881	5.4312	69.4569
Indirect Care	51.6446	51.6446	3.7455	47.8991
Property	13.6500	19.7760	1.4342	18.3418
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1054
Supplemental Rate Add-on				\$8.1747
Totals	190.1788	196.3048	14.2368	205.3481

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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 Rate Semester 01/01/2012 through 06/30/2012

0 001136-00 - 2012/01

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Signature HealthCARE of Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4405 Lakewood Road Lake Worth FL 33461 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 6/1/2008 Previous Med # 257117	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,993 Medicare: 6,208 Medicaid: 17,256	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.64666% Occupancy: 84.45891% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.59369% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	812,150	1,388,604	805,178	694,899	0	3,700,831
1a	Audit Adjustments						
2	Cost Per Diem	47.0648	80.4708	46.6608	40.2700		214.4664
3	Cost Per Diem Inflated	49.3902	82.9801	48.9662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.3902	82.9801	48.9662	40.2700		221.6065
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2754		49.0670			
7	Provider Target Rate	46.3094		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3094	82.9801	48.9662	13.6500		191.9057
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.3094	82.9801	48.9662	13.6500		191.9057
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Signature HealthCARE of Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None [1]	80% Capital(1):	4,510,357	11.9299
Indexed Asset Value	5,637,946	< 60% of Base:	True	20% ROE(2):	1,127,589	0.8461
FRVS Base Asset:	3,420,000	Interest Rate:	10.5000 %	Insurance Cost(3):	29,852	0.8070
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	84,724	2.2903
ROE Factor	0.029580	Amortization Rate:	10.5000 %	Home Office(3):	32,343	0.8743
		Interest Only:	True	Replacement(3&4):	25,014	0.0000
		Yearly Payment:	470,278	Total FRVS PD:		16.7476

(1) 80% Capital (\$4,510,357) amortized at 10.5000% for 20 years Interest of \$470,278 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9299

(2) 20% ROE (\$1,127,589) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8461

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3094	46.3094	3.3586	42.9508
Patient Care				
Direct Care	82.9801	82.9801	6.0181	76.9620
Indirect Care	48.9662	48.9662	3.5512	45.4150
Property	13.6500	16.7476	1.2146	15.5330
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6007
Supplemental Rate Add-on				\$8.1747
Totals	191.9057	195.0033	14.1425	206.6362

*Medicaid Trend Adjustment :



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Florida Agency For Health Care Administration
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Cross Pointe Care Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
440 Phippen-Waiters Road Dania Beach FL 33004 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 12/28/2007 Previous Med # 255041	12/28/2007-06/30/2008 Days In CR 186 First Used: 2007/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 88 Maximum: 16,368 Max Annualized: 32,120 Total Patient: 13,302 Medicare: 1,806 Medicaid: 10,672	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.22854% Occupancy: 81.26833% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.60472% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.15516097 Semester Index: 1.27500780 Cost: 1.10374903 Target: 1.01598689 DC FY Index: 1.12700000 DC Sem Index: 1.20700000 DC Inflation: 1.07098492 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	556,865	1,035,260	559,535	356,765	0	2,508,425
1a	Audit Adjustments						
2	Cost Per Diem	52.1800	97.0071	52.4302	33.4300		235.0473
3	Cost Per Diem Inflated	57.5936	103.8931	57.8698			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.5936	103.8931	57.8698	33.4300		252.7865
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.0090		59.9316			
7	Provider Target Rate	59.3338		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	52.3502		61.3003			
10b	Base for line 10a	51.1813		59.9316			
11	Lesser of 5,7,8,10, 10a	52.3502	102.9097	57.8698	13.6500		226.7797
12/13	Medicaid Adjustment Rate		3.4997	1.9680			
14	Prospective Per Diem 11	52.3502	106.4094	59.8378	13.6500		232.2474
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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Cross Pointe Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/2000	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1984/01	Type: None [1]		80% Capital(1): 1,892,398	3.0661
Indexed Asset Value 2,365,497	< 60% of Base: True		20% ROE(2): 473,099	0.6001
FRVS Base Asset: 1,418,704	Interest Rate: 4.7500 %		Insurance Cost(3): 29,741	2.2358
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 31,839	2.3935
ROE Factor 0.036670	Amortization Rate: 4.7500 %		Home Office(3): 0	0.0000
	Interest Only: True		Replacement(3&4): 0	0.0000
	Yearly Payment: 88,635		Total FRVS PD:	8.2955

- (1) 80% Capital (\$1,892,398) amortized at 4.7500% for 20 years Interest of \$88,635 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$3.0661
- (2) 20% ROE (\$473,099) times the ROE factor (0.036670) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.6001
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 88	Effective PBS Limitation 2,508,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3502	52.3502	3.7967	48.5535
Patient Care				
Direct Care	106.4094	106.4094	7.7173	98.6921
Indirect Care	59.8378	59.8378	4.3397	55.4981
Property	13.6500	8.2955	0.6016	7.6939
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2785
Supplemental Rate Add-on				\$8.1747
Totals	232.2474	226.8929	16.4553	236.8908

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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The Crossings

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4445 Pine Forest Dr. Lake Worth FL 33463 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 11/1/1988 Med # Active Date: 12/28/2007 Previous Med # 269395	12/01/2007-11/30/2008 Days In CR 366 First Used: 2007/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,960 Max Annualized: 21,900 Total Patient: 18,784 Medicare: 4,133 Medicaid: 12,958	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.98424% Occupancy: 85.53734% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.94200% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.16484995 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.13265957 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	766,707	1,278,210	866,638	467,006	0	3,378,561
1a	Audit Adjustments						
2	Cost Per Diem	59.1686	98.6425	66.8805	36.0400		260.7316
3	Cost Per Diem Inflated	59.1686	98.6425	66.8805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.1686	98.6425	66.8805	36.0400		260.7316
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	64.2468		66.1947			
10b	Base for line 10a	62.8123		64.7167			
11	Lesser of 5,7,8,10, 10a	59.0649	98.6425	66.1947	13.6500		237.5521
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	98.6425	66.1947	13.6500		237.5521
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



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The Crossings

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,376,000.00			Total Amount	Per Diem
RS to Start Calcs: 1988/07	Type: Fixed [2]		80% Capital(1): 1,685,573		7.6512
Indexed Asset Value 2,106,966	< 60% of Base: False		20% ROE(2): 421,393		0.5345
FRVS Base Asset: 1,264,851	Interest Rate: 6.5000 %		Insurance Cost(3): 37,000		1.9698
Occup Adj Factor: 0.9000	Chase Rate: 4.0000 %		Taxes Cost(3): 40,000		2.1295
ROE Factor 0.025000	Amortization Rate: 6.5000 %		Home Office(3): 0		0.0000
	Interest Only: False		Replacement(3&4): 0		0.0000
	Yearly Payment: 150,806		Total FRVS PD:		12.2850

(1) 80% Capital (\$1,685,573) amortized at 6.5000% for 20 years Principal & Interest of \$150,806 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.6512

(2) 20% ROE (\$421,393) times the ROE factor (0.025000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,662
Comparison Date: 1/1/1988	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	98.6425	98.6425	7.1540	91.4885
Indirect Care	66.1947	66.1947	4.8007	61.3940
Property	13.6500	12.2850	0.8910	11.3940
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4964
Supplemental Rate Add-on				\$8.1747
Totals	237.5521	236.1871	17.1293	243.7289

***Medicaid Trend Adjustment :**



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Florida Agency For Health Care Administration
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Cross Terrace Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1351 San Christopher Drive Dunedin FL 34698 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1979 Acquired Date: 5/1/1979 Entered Medicaid 5/1/1979 Med # Active Date: 12/28/2007 Previous Med # 260363	12/28/2007-06/30/2008 Days In CR 186 First Used: 2007/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 19,344 Max Annualized: 37,960 Total Patient: 15,606 Medicare: 4,309 Medicaid: 10,093	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.67384% Occupancy: 80.67618% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 100.86440% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.15516097 Semester Index: 1.27500780 Cost: 1.10374903 Target: 1.01598689 DC FY Index: 1.12700000 DC Sem Index: 1.20700000 DC Inflation: 1.07098492 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	454,542	1,085,368	404,934	307,130	0	2,251,974
1a	Audit Adjustments						
2	Cost Per Diem	45.0354	107.5367	40.1203	30.4300		223.1224
3	Cost Per Diem Inflated	49.7078	115.1702	44.2827			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.7078	115.1702	44.2827	30.4300		239.5907
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0662		47.1821			
7	Provider Target Rate	51.2096		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	45.3194		48.2597			
10b	Base for line 10a	44.3075		47.1821			
11	Lesser of 5,7,8,10, 10a	45.3194	96.4295	44.2827	13.6500		199.6816
12/13	Medicaid Adjustment Rate		1.5919	0.7310			
14	Prospective Per Diem 11	45.3194	98.0214	45.0137	13.6500		202.0045
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 001300-00 - 2012/01
206.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cross Terrace Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,469,167.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Variable [3]	80% Capital(1):	1,783,487	4.2458
Indexed Asset Value	2,229,359	< 60% of Base:	False	20% ROE(2):	445,872	0.4786
FRVS Base Asset:	1,371,112	Interest Rate:	5.3200 %	Insurance Cost(3):	41,514	2.6601
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	24,388	1.5627
ROE Factor	0.036670	Amortization Rate:	5.3200 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	22,988	0.0000
		Yearly Payment:	145,053	Total FRVS PD:		8.9472

(1) 80% Capital (\$1,783,487) amortized at 5.3200% for 20 years Principal & Interest of \$145,053 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$4.2458

(2) 20% ROE (\$445,872) times the ROE factor (0.036670) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4786

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3194	45.3194	3.2868	42.0326
Patient Care				
Direct Care	98.0214	98.0214	7.1089	90.9125
Indirect Care	45.0137	45.0137	3.2646	41.7491
Property	13.6500	8.9472	0.6489	8.2983
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3102
Supplemental Rate Add-on				\$8.1747
Totals	202.0045	197.3017	14.3092	206.4774

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 001306-00 - 2012/01
231.84

The Crossroads

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
206 West Orange Street Davenport FL 33837 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 12/28/2007 Previous Med # 269409	12/01/2007-11/08/2008 Days In CR 344 First Used: 2007/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 20,640 Max Annualized: 21,900 Total Patient: 17,847 Medicare: 3,907 Medicaid: 10,706	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.98767% Occupancy: 86.46802% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.10558% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.16484995 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.13265957 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	569,066	1,023,510	662,247	383,917	0	2,638,740
1a	Audit Adjustments						
2	Cost Per Diem	53.1539	95.6015	61.8576	35.8600		246.4730
3	Cost Per Diem Inflated	53.1539	95.6015	61.8576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1539	95.6015	61.8576	35.8600		246.4730
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	54.4643		64.2254			
10b	Base for line 10a	53.2482		62.7913			
11	Lesser of 5,7,8,10, 10a	53.1539	95.6015	61.8576	13.6500		224.2630
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.1539	95.6015	61.8576	13.6500		224.2630
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 001306-00 - 2012/01
231.84

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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The Crossroads

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,024,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	1,467,079	6.6595
Indexed Asset Value	1,833,849	< 60% of Base:	False	20% ROE(2):	366,770	0.4652
FRVS Base Asset:	971,248	Interest Rate:	6.5000 %	Insurance Cost(3):	50,000	2.8016
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	50,000	2.8016
ROE Factor	0.025000	Amortization Rate:	6.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	131,258	Total FRVS PD:		12.7279

(1) 80% Capital (\$1,467,079) amortized at 6.5000% for 20 years Principal & Interest of \$131,258 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$6.6595

(2) 20% ROE (\$366,770) times the ROE factor (0.025000) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4652

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.1539	53.1539	3.8549	49.2990
Patient Care				
Direct Care	95.6015	95.6015	6.9334	88.6681
Indirect Care	61.8576	61.8576	4.4862	57.3714
Property	13.6500	12.7279	0.9231	11.8048
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5199
Supplemental Rate Add-on				\$8.1747
Totals	224.2630	223.3409	16.1976	231.8379

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 001416-00 - 2012/01
189.70

Florida Baptist Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1006 33rd St. Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1955 Acquired Date: 1/1/1955 Entered Medicaid 7/30/2008 Med # Active Date: 7/30/2008 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 24 Maximum: 8,760 Max Annualized: 8,760 Total Patient: 8,624 Medicare: 0 Medicaid: 2,370	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 27.48145% Occupancy: 98.44749% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.08276% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	101,522	197,502	138,949	11,708	0	449,681
1a	Audit Adjustments						
2	Cost Per Diem	42.8363	83.3342	58.6283	4.9401		189.7389
3	Cost Per Diem Inflated	44.7389	85.6766	61.2323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7389	85.6766	61.2323	4.9401		196.5879
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3088		75.3146			
7	Provider Target Rate	52.4806		77.0347			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	62.9307		69.5701			
10b	Base for line 10a	61.5256		68.0167			
11	Lesser of 5,7,8,10, 10a	44.7389	85.6766	61.2323	4.9401		196.5879
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.7389	85.6766	61.2323	4.9401		196.5879
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 001416-00 - 2012/01
189.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Florida Baptist Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/30/2008	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: None [1]		80% Capital(1): 205,003	1.5412
Indexed Asset Value 256,254	< 60% of Base: True		20% ROE(2): 51,251	0.1794
FRVS Base Asset: 0	Interest Rate: 0.0000 %		Insurance Cost(3): 20,302	2.3541
Occup Adj Factor: 0.9000	Chase Rate: 6.0000 %		Taxes Cost(3): 0	0.0000
ROE Factor 0.027600	Amortization Rate: 6.0000 %		Home Office(3): 0	0.0000
	Interest Only: True		Replacement(3&4): 3,971	0.0000
	Yearly Payment: 12,151		Total FRVS PD:	4.0747

- (1) 80% Capital (\$205,003) amortized at 6.0000% for 20 years Interest of \$12,151 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$1.5412
- (2) 20% ROE (\$51,251) times the ROE factor (0.027600) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$0.1794
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 10,669
Comparison Date: 1/1/1972	Current RS PBS: 49,785
Comparison Bed 24	Effective PBS Limitation 256,056

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7389	44.7389	3.2447	41.4942
Patient Care				
Direct Care	85.6766	85.6766	6.2136	79.4630
Indirect Care	61.2323	61.2323	4.4408	56.7915
Property	4.9401	4.0747	0.2955	3.7792
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	196.5879	195.7225	14.1946	189.7026

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 002400-00 - 2012/01

230.49

Village Place Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2370 Harbor Blvd. Port Charlotte FL 33952 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/22/1987 Med # Active Date: 9/30/2008 Previous Med # 317179	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 33,186 Medicare: 11,138 Medicaid: 14,094	Superior: 0 Standard: 150 Conditional: 31 Total: 181
			Medicaid Utilization 42.46972% Occupancy: 87.42360% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.30028% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	785,289	1,338,203	895,443	354,887	10,984	3,384,806
1a	Audit Adjustments						
2	Cost Per Diem	55.7180	94.9484	63.5336	25.1800	0.7793	240.1593
3	Cost Per Diem Inflated	58.1927	97.6173	66.3554			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.1927	97.6173	66.3554	25.1800	0.7793	248.1247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.7129		65.0898			
7	Provider Target Rate	69.2594		66.5763			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	53.8859		60.7954			
10b	Base for line 10a	52.6827		59.4379			
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500	0.7793	221.4342
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	97.3020	58.7454	13.6500	0.7793	221.4342
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 002400-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

230.49

Village Place Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/22/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,200,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,111,658	12.0799
Indexed Asset Value	5,139,573	< 60% of Base:	False	20% ROE(2):	1,027,915	0.8304
FRVS Base Asset:	3,036,280	Interest Rate:	8.0000 %	Insurance Cost(3):	72,346	2.1800
Occup Adj Factor:	0.9000	Chase Rate:	5.0000 %	Taxes Cost(3):	46,918	1.4138
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	34,571	1.0417
		Interest Only:	False	Replacement(3&4):	55,654	0.0000
		Yearly Payment:	412,699	Total FRVS PD:		17.5458

(1) 80% Capital (\$4,111,658) amortized at 8.0000% for 20 years Principal & Interest of \$412,699 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$12.0799

(2) 20% ROE (\$1,027,915) times the ROE factor (0.027600) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.8304

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	3,036,280

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	17.5458	1.2725	16.2733
ROE	0.7793	0.7794	0.0565	0.7229
ROE Adjustment	-0.7793	-0.7794	-0.0565	-0.7229
Quality Assess-Medicaid Share				\$14.0516
Supplemental Rate Add-on				\$8.1747
Totals	220.6549	224.5507	16.2854	230.4916

***Medicaid Trend Adjustment :**



0 003521-00 - 2012/01
198.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Trinity Regional Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2144 Welbilt Boulevard Trinity FL 34655 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/19/2007 Acquired Date: 11/19/2007 Entered Medicaid 11/25/2008 Med # Active Date: 11/25/2008 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,138 Medicare: 13,846 Medicaid: 17,531	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.61510% Occupancy: 93.92238% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.42529% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	672,445	1,406,163	1,095,936	685,287	0	3,859,831
1a	Audit Adjustments						
2	Cost Per Diem	38.3575	80.2101	62.5142	39.0900		220.1718
3	Cost Per Diem Inflated	40.0611	82.4647	65.2908			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0611	82.4647	65.2908	39.0900		226.9066
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.3330		79.2520			
7	Provider Target Rate	57.6196		81.0620			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	47.2054		53.3507			
10b	Base for line 10a	46.1514		52.1595			
11	Lesser of 5,7,8,10, 10a	40.0611	82.4647	53.3507	13.6500		189.5265
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.0611	82.4647	53.3507	13.6500		189.5265
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 003521-00 - 2012/01
198.20

Florida Agency For Health Care Administration
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Trinity Regional Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/25/2008	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,729,094.00		Total Amount	Per Diem
RS to Start Calcs:	2007/07	Type:	Variable [3]	80% Capital(1):	4,587,128	8.4177
Indexed Asset Value	5,733,910	< 60% of Base:	False	20% ROE(2):	1,146,782	0.8029
FRVS Base Asset:	0	Interest Rate:	3.9400 %	Insurance Cost(3):	78,388	1.9055
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	96,811	2.3533
ROE Factor	0.027600	Amortization Rate:	3.9400 %	Home Office(3):	16,406	0.3988
		Interest Only:	False	Replacement(3&4):	3,373	0.0000
		Yearly Payment:	331,827	Total FRVS PD:		13.8782

(1) 80% Capital (\$4,587,128) amortized at 3.9400% for 20 years Principal & Interest of \$331,827 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4177

(2) 20% ROE (\$1,146,782) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8029

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	46,708
Comparison Date: 1/1/2008	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,604,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.0611	40.0611	2.9054	37.1557
Patient Care				
Direct Care	82.4647	82.4647	5.9807	76.4840
Indirect Care	53.3507	53.3507	3.8692	49.4815
Property	13.6500	13.8782	1.0065	12.8717
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0315
Supplemental Rate Add-on				\$8.1747
Totals	189.5265	189.7547	13.7618	198.1991

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005021-00 - 2012/01

191.19

Bradén River Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2010 Manatee Avenue Bradenton FL 34208 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1964 Acquired Date: 1/1/1964 Entered Medicaid 1/1/1971 Med # Active Date: 11/1/2008 Previous Med # 265667	05/01/2010-12/31/2010 Days In CR 245 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 208 Maximum: 50,960 Max Annualized: 75,920 Total Patient: 40,524 Medicare: 8,027 Medicaid: 28,739	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 70.91847% Occupancy: 79.52119% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.42038% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738	Semester Index: 1.27500780
		Cost: 1.04152210	Target: 1.01598689
		DC FY Index: 1.17566608	DC Sem Index: 1.20700000
		DC Inflation: 1.02665206	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,831	2,381,730	1,152,549	911,601	0	5,561,711
1a	Audit Adjustments						
2	Cost Per Diem	38.8264	82.8745	40.1040	31.7200		193.5249
3	Cost Per Diem Inflated	40.4386	85.0833	41.7692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.4386	85.0833	41.7692	31.7200		199.0111
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8864		47.1580			
7	Provider Target Rate	43.8659		48.2350			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	43.4275		48.3534			
10b	Base for line 10a	42.4578		47.2737			
11	Lesser of 5,7,8,10, 10a	40.4386	85.0833	41.7692	13.6500		180.9411
12/13	Medicaid Adjustment Rate		2.0023	0.9830			
14	Prospective Per Diem 11	40.4386	87.0856	42.7522	13.6500		183.9264
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005021-00 - 2012/01
191.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Braden River Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,900,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Fixed [2]	80% Capital(1): 3,327,639	5.0717
Indexed Asset Value 4,159,549	< 60% of Base: False	20% ROE(2): 831,910	0.3044
FRVS Base Asset: 1,984,948	Interest Rate: 8.5000 %	Insurance Cost(3): 83,863	2.0695
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %	Taxes Cost(3): 53,305	1.3154
ROE Factor 0.025000	Amortization Rate: 8.5000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 10,379	0.0000
	Yearly Payment: 346,536	Total FRVS PD: 8.7610	

(1) 80% Capital (\$3,327,639) amortized at 8.5000% for 20 years Principal & Interest of \$346,536 divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = \$5.0717

(2) 20% ROE (\$831,910) times the ROE factor (0.025000) divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = \$0.3044

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 208	Effective PBS Limitation 5,928,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.4386	40.4386	2.9328	37.5058
Patient Care				
Direct Care	87.0856	87.0856	6.3158	80.7698
Indirect Care	42.7522	42.7522	3.1006	39.6516
Property	13.6500	8.7610	0.6354	8.1256
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9606
Supplemental Rate Add-on				\$8.1747
Totals	183.9264	179.0374	12.9846	191.1881

***Medicaid Trend Adjustment :**



0 005219-00 - 2012/01
211.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Osceola Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4201 W. New Nolte Rd. St. Cloud FL 34772 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/11/1991 Acquired Date: 6/11/1991 Entered Medicaid 10/28/1991 Med # Active Date: 1/1/2009 Previous Med # 217859	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,940 Medicare: 5,243 Medicaid: 24,196	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.10112% Occupancy: 93.47032% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.86010% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,057,856	1,934,669	1,233,354	553,363	0	4,779,242
1a	Audit Adjustments						
2	Cost Per Diem	43.7203	79.9582	50.9735	22.8700		197.5220
3	Cost Per Diem Inflated	46.1962	82.7343	53.8601			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1962	82.7343	53.8601	22.8700		205.6606
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7733		55.6370			
7	Provider Target Rate	51.9329		56.9077			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	46.0049		53.4576			
10b	Base for line 10a	44.9777		52.2640			
11	Lesser of 5,7,8,10, 10a	46.0049	82.7343	53.4576	13.6500		195.8468
12/13	Medicaid Adjustment Rate		0.8471	0.5473			
14	Prospective Per Diem 11	46.0049	83.5814	54.0049	13.6500		197.2412
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005219-00 - 2012/01
211.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Osceola Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/28/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,429,869 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,343,895	13.6491
	< 60% of Base:	False	20% ROE(2):	1,085,974	0.8694
	Interest Rate:	12.0000 %	Insurance Cost(3):	17,548	0.4286
	Chase Rate:	8.0000 %	Taxes Cost(3):	54,657	1.3351
	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	1,524	0.0000
Yearly Payment:	538,046	Total FRVS PD:	16.2822		

- (1) 80% Capital (\$4,343,895) amortized at 11.0000% for 20 years Principal & Interest of \$538,046 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.6491
- (2) 20% ROE (\$1,085,974) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8694
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,352
Comparison Date:	7/1/1990	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0049	46.0049	3.3365	42.6684
Patient Care				
Direct Care	83.5814	83.5814	6.0617	77.5197
Indirect Care	54.0049	54.0049	3.9167	50.0882
Property	13.6500	16.2822	1.1809	15.1013
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4414
Supplemental Rate Add-on				\$8.1747
Totals	197.2412	199.8734	14.4958	211.9937

***Medicaid Trend Adjustment :**



0 005372-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

188.70

Debarv Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
60 N. Highway 17-92 Debarv FL 32713 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 12/4/2008 Previous Med # 213551	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 62,224 Medicare: 13,061 Medicaid: 43,318	Superior: 181 Standard: 0 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,590,679	3,248,750	1,823,328	1,747,448	0	8,410,205
1a	Audit Adjustments						
2	Cost Per Diem	36.7210	74.9977	42.0917	40.3400		194.1504
3	Cost Per Diem Inflated	38.5353	77.3364	44.1714			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.5353	77.3364	44.1714	40.3400		200.3831
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.4236		50.8052			
7	Provider Target Rate	39.3011		51.9655			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	43.7618		53.2223			
10b	Base for line 10a	42.7847		52.0339			
11	Lesser of 5,7,8,10, 10a	38.5353	77.3364	44.1714	13.6500		173.6931
12/13	Medicaid Adjustment Rate		1.7067	0.9748			
14	Prospective Per Diem 11	38.5353	79.0431	45.1462	13.6500		176.3746
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005372-00 - 2012/01
188.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Debarv Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/1/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,008,973.00	Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Variable [3]	80% Capital(1): 3,904,610	10.2213
Indexed Asset Value 4,880,763	< 60% of Base: False	20% ROE(2): 976,153	0.7119
FRVS Base Asset: 1,460,322	Interest Rate: 8.3750 %	Insurance Cost(3): 56,342	0.9055
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 65,129	1.0467
ROE Factor 0.028750	Amortization Rate: 8.3750 %	Home Office(3): 63,330	1.0178
	Interest Only: False	Replacement(3&4): 118,437	0.0000
	Yearly Payment: 402,922	Total FRVS PD: 13.9032	

(1) 80% Capital (\$3,904,610) amortized at 8.3750% for 20 years Principal & Interest of \$402,922 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2213

(2) 20% ROE (\$976,153) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7119

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.5353	38.5353	2.7947	35.7406
Patient Care				
Direct Care	79.0431	79.0431	5.7325	73.3106
Indirect Care	45.1462	45.1462	3.2742	41.8720
Property	13.6500	13.9032	1.0083	12.8949
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7106
Supplemental Rate Add-on				\$8.1747
Totals	176.3746	176.6278	12.8097	188.7034

***Medicaid Trend Adjustment :**



0 005374-00 - 2012/01
202.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Flagler Pines

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 South Lemon Street Bunnell FL 32110 County: Flagler [18] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/25/1985 Acquired Date: 11/25/1985 Entered Medicaid 11/25/1985 Med # Active Date: 12/4/2008 Previous Med # 213519	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,083 Medicare: 16,909 Medicaid: 36,996 Medicaid Utilization 60.56677% Occupancy: 92.71858% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.92025% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,457,586	3,054,849	1,913,697	1,355,903	0	7,782,035
1a	Audit Adjustments						
2	Cost Per Diem	39.3985	82.5724	51.7271	36.6500		210.3480
3	Cost Per Diem Inflated	41.3451	85.1473	54.2829			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3451	85.1473	54.2829	36.6500		217.4253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.0394		53.2421			
7	Provider Target Rate	38.9082		54.4581			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.5344		53.2706			
10b	Base for line 10a	41.5847		52.0811			
11	Lesser of 5,7,8,10, 10a	38.9082	85.1473	53.2706	13.6500		190.9761
12/13	Medicaid Adjustment Rate		1.0122	0.6333			
14	Prospective Per Diem 11	38.9082	86.1595	53.9039	13.6500		192.6216
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005374-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.26

Flagler Pines

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	3,255,098	10.5672
Indexed Asset Value	4,068,873	< 60% of Base:	False	20% ROE(2):	813,775	0.5935
FRVS Base Asset:	2,444,854	Interest Rate:	11.5000 %	Insurance Cost(3):	51,995	0.8512
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	41,879	0.6856
ROE Factor	0.028750	Amortization Rate:	11.5000 %	Home Office(3):	67,093	1.0984
		Interest Only:	False	Replacement(3&4):	153,000	0.0000
		Yearly Payment:	416,560	Total FRVS PD:		13.7959

(1) 80% Capital (\$3,255,098) amortized at 11.5000% for 20 years Principal & Interest of \$416,560 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5672

(2) 20% ROE (\$813,775) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5935

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9082	38.9082	2.8218	36.0864
Patient Care				
Direct Care	86.1595	86.1595	6.2486	79.9109
Indirect Care	53.9039	53.9039	3.9093	49.9946
Property	13.6500	13.7959	1.0005	12.7954
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.2953
Supplemental Rate Add-on				\$8.1747
Totals	192.6216	192.7675	13.9802	202.2573

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005379-00 - 2012/01

197.87

Longwood Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1520 South Grant Street Longwood FL 32750 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214159	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 59,635 Medicare: 11,851 Medicaid: 38,720	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.92831% Occupancy: 90.52064% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.17232% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,523,246	3,053,502	1,839,130	1,508,531	0	7,924,409
1a	Audit Adjustments						
2	Cost Per Diem	39.3400	78.8611	47.4982	38.9600		204.6593
3	Cost Per Diem Inflated	41.2837	81.3202	49.8450			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2837	81.3202	49.8450	38.9600		211.4089
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3634		53.5335			
7	Provider Target Rate	41.2852		54.7561			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	45.4837		54.9203			
10b	Base for line 10a	44.4681		53.6940			
11	Lesser of 5,7,8,10, 10a	41.2837	81.3202	49.8450	13.6500		186.0989
12/13	Medicaid Adjustment Rate		1.3657	0.8371			
14	Prospective Per Diem 11	41.2837	82.6859	50.6821	13.6500		188.3017
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005379-00 - 2012/01
197.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Longwood Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/29/1998 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 4,109,943 FRVS Base Asset: 2,415,321 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,285,679.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,287,954	8.1781
	< 60% of Base:	False	20% ROE(2):	821,989	0.5995
	Interest Rate:	7.6872 %	Insurance Cost(3):	53,509	0.8973
	Chase Rate:	7.7500 %	Taxes Cost(3):	51,010	0.8554
	Amortization Rate:	7.6872 %	Home Office(3):	63,880	1.0712
	Interest Only:	False	Replacement(3&4):	59,202	0.0000
Yearly Payment:	322,382	Total FRVS PD:	11.6015		

(1) 80% Capital (\$3,287,954) amortized at 7.6872% for 20 years Principal & Interest of \$322,382 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1781

(2) 20% ROE (\$821,989) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5995

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2837	41.2837	2.9941	38.2896
Patient Care				
Direct Care	82.6859	82.6859	5.9967	76.6892
Indirect Care	50.6821	50.6821	3.6757	47.0064
Property	13.6500	11.6015	0.8414	10.7601
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9470
Supplemental Rate Add-on				\$8.1747
Totals	188.3017	186.2532	13.5079	197.8670

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005380-00 - 2012/01

221.64

The Rehabilitation Center of Winter Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1700 Monroe Avenue Maitland FL 32751 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 3/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214167	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 98,820 Max Annualized: 65,700 Total Patient: 61,441 Medicare: 14,396 Medicaid: 41,002	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.73394% Occupancy: 62.17466% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 77.73310% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,843,804	3,652,434	2,091,344	1,097,624	0	8,685,206
1a	Audit Adjustments						
2	Cost Per Diem	44.9686	89.0794	51.0059	26.7700		211.8239
3	Cost Per Diem Inflated	47.1904	91.8572	53.5260			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1904	91.8572	53.5260	26.7700		219.3436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0790		55.3015			
7	Provider Target Rate	49.1770		56.5645			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	49.6571		56.3499			
10b	Base for line 10a	48.5483		55.0917			
11	Lesser of 5,7,8,10, 10a	47.1904	91.8572	53.5260	13.6500		206.2236
12/13	Medicaid Adjustment Rate		1.7293	1.0077			
14	Prospective Per Diem 11	47.1904	93.5865	54.5337	13.6500		208.9606
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005380-00 - 2012/01
221.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Rehabilitation Center of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,800,000.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Fixed [2]		80% Capital(1): 4,828,762		12.6989
Indexed Asset Value 6,035,952	< 60% of Base: False		20% ROE(2): 1,207,190		0.5870
FRVS Base Asset: 3,384,742	Interest Rate: 14.7160 %		Insurance Cost(3): 82,141		1.3369
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 100,403		1.6341
ROE Factor 0.028750	Amortization Rate: 14.7160 %		Home Office(3): 69,695		1.1343
	Interest Only: False		Replacement(3&4): 67,426		0.0000
	Yearly Payment: 750,885		Total FRVS PD:		17.3912

(1) 80% Capital (\$4,828,762) amortized at 14.7160% for 20 years Principal & Interest of \$750,885 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.6989

(2) 20% ROE (\$1,207,190) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5870

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 180	Effective PBS Limitation 5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.1904	47.1904	3.4224	43.7680
Patient Care				
Direct Care	93.5865	93.5865	6.7873	86.7992
Indirect Care	54.5337	54.5337	3.9550	50.5787
Property	13.6500	17.3912	1.2613	16.1299
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1944
Supplemental Rate Add-on				\$8.1747
Totals	208.9606	212.7018	15.4260	221.6449

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005381-00 - 2012/01

192.81

Brynwood Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1656 South Jefferson Street Monticello FL 32344 County: Jefferson [33] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 4/1/1987 Entered Medicaid 4/1/1987 Med # Active Date: 12/4/2008 Previous Med # 253855	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 53,253 Max Annualized: 35,405 Total Patient: 49,027 Medicare: 5,350 Medicaid: 36,089	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 73.61046% Occupancy: 92.06430% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.10224% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,256,313	2,988,046	1,362,448	955,998	0	6,562,805
1a	Audit Adjustments						
2	Cost Per Diem	34.8115	82.7966	37.7524	26.4900		181.8505
3	Cost Per Diem Inflated	36.5315	85.3785	39.6177			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.5315	85.3785	39.6177	26.4900		188.0177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4294		49.8552			
7	Provider Target Rate	41.3527		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	44.1557		55.3239			
10b	Base for line 10a	43.1698		54.0886			
11	Lesser of 5,7,8,10, 10a	36.5315	85.3785	39.6177	13.6500		175.1777
12/13	Medicaid Adjustment Rate		2.2678	1.0523			
14	Prospective Per Diem 11	36.5315	87.6463	40.6700	13.6500		178.4978
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005381-00 - 2012/01
192.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Brynwood Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,684,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed [2]	80% Capital(1):	2,830,778	10.6075
Indexed Asset Value	3,538,472	< 60% of Base:	False	20% ROE(2):	707,694	0.6385
FRVS Base Asset:	1,720,920	Interest Rate:	10.4500 %	Insurance Cost(3):	33,562	0.6846
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	51,302	1.0464
ROE Factor	0.028750	Amortization Rate:	10.4500 %	Home Office(3):	45,510	0.9283
		Interest Only:	False	Replacement(3&4):	49,062	0.0000
		Yearly Payment:	338,003	Total FRVS PD:		13.9053

- (1) 80% Capital (\$2,830,778) amortized at 10.4500% for 20 years Principal & Interest of \$338,003 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$10.6075
- (2) 20% ROE (\$707,694) times the ROE factor (0.028750) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.6385
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5315	36.5315	2.6494	33.8821
Patient Care				
Direct Care	87.6463	87.6463	6.3565	81.2898
Indirect Care	40.6700	40.6700	2.9496	37.7204
Property	13.6500	13.9053	1.0085	12.8968
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8420
Supplemental Rate Add-on				\$8.1747
Totals	178.4978	178.7531	12.9640	192.8058

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005383-00 - 2012/01

199.34

Nursing Pavilion at Chipola Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4294 3rd Avenue Marianna FL 32446 County: Jackson [32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/7/1991 Acquired Date: 5/7/1991 Entered Medicaid 5/7/1991 Med # Active Date: 12/4/2008 Previous Med # 212237	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 32,940 Max Annualized: 21,900 Total Patient: 30,162 Medicare: 6,139 Medicaid: 21,802	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 72.28301% Occupancy: 91.56649% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.47986% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,813	1,538,090	1,119,999	553,335	0	4,147,237
1a	Audit Adjustments						
2	Cost Per Diem	42.9233	70.5481	51.3714	25.3800		190.2228
3	Cost Per Diem Inflated	45.0441	72.7480	53.9096			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0441	72.7480	53.9096	25.3800		197.0817
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1038		56.5497			
7	Provider Target Rate	42.0425		57.8412			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	46.0759		55.5327			
10b	Base for line 10a	45.0471		54.2927			
11	Lesser of 5,7,8,10, 10a	42.0425	72.7480	53.9096	13.6500		182.3501
12/13	Medicaid Adjustment Rate		1.8237	1.3514			
14	Prospective Per Diem 11	42.0425	74.5717	55.2610	13.6500		185.5252
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005383-00 - 2012/01
199.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Nursing Pavilion at Chipola Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	2,017,458	12.4699
Indexed Asset Value	2,521,823	< 60% of Base:	False	20% ROE(2):	504,365	0.7357
FRVS Base Asset:	1,711,770	Interest Rate:	10.7500 %	Insurance Cost(3):	28,520	0.9456
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	29,053	0.9632
ROE Factor	0.028750	Amortization Rate:	10.7500 %	Home Office(3):	28,861	0.9569
		Interest Only:	False	Replacement(3&4):	28,927	0.0000
		Yearly Payment:	245,782	Total FRVS PD:		16.0713

- (1) 80% Capital (\$2,017,458) amortized at 10.7500% for 20 years Principal & Interest of \$245,782 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.4699
- (2) 20% ROE (\$504,365) times the ROE factor (0.028750) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7357
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0425	42.0425	3.0491	38.9934
Patient Care				
Direct Care	74.5717	74.5717	5.4083	69.1634
Indirect Care	55.2610	55.2610	4.0078	51.2532
Property	13.6500	16.0713	1.1656	14.9057
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8453
Supplemental Rate Add-on				\$8.1747
Totals	185.5252	187.9465	13.6308	199.3357

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005384-00 - 2012/01

209.95

Glencove Nursing Pavilion

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1027 East Highway Business 9 Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1992 Acquired Date: 9/1/1992 Entered Medicaid 9/1/1992 Med # Active Date: 12/4/2008 Previous Med # 212181	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 115 Maximum: 63,135 Max Annualized: 41,975 Total Patient: 60,850 Medicare: 9,334 Medicaid: 35,341	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.07888% Occupancy: 96.38077% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.49886% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,355,868	3,071,221	1,682,494	1,019,234	0	7,128,817
1a	Audit Adjustments						
2	Cost Per Diem	38.3653	86.9025	47.6074	28.8400		201.7152
3	Cost Per Diem Inflated	40.2609	89.6124	49.9596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.2609	89.6124	49.9596	28.8400		208.6729
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4174		54.5783			
7	Provider Target Rate	41.3405		55.8248			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	44.2713		55.4215			
10b	Base for line 10a	43.2828		54.1840			
11	Lesser of 5,7,8,10, 10a	40.2609	89.6124	49.9596	13.6500		193.4829
12/13	Medicaid Adjustment Rate		0.8145	0.4541			
14	Prospective Per Diem 11	40.2609	90.4269	50.4137	13.6500		194.7515
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005384-00 - 2012/01
209.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Glencove Nursing Pavilion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/07 Indexed Asset Value 4,967,114 FRVS Base Asset: 3,635,035 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,600,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,973,691	12.8146
	< 60% of Base:	False	20% ROE(2):	993,423	0.7560
	Interest Rate:	10.7500 %	Insurance Cost(3):	56,184	0.9233
	Chase Rate:	8.2500 %	Taxes Cost(3):	101,134	1.6620
	Amortization Rate:	10.7500 %	Home Office(3):	59,954	0.9853
	Interest Only:	False	Replacement(3&4):	95,658	0.0000
Yearly Payment:	484,105	Total FRVS PD:		17.1412	

(1) 80% Capital (\$3,973,691) amortized at 10.7500% for 20 years Principal & Interest of \$484,105 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$12.8146

(2) 20% ROE (\$993,423) times the ROE factor (0.028750) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$0.7560

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	49,785
Comparison Bed 115	Effective PBS Limitation	3,635,035

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.2609	40.2609	2.9199	37.3410
Patient Care				
Direct Care	90.4269	90.4269	6.5581	83.8688
Indirect Care	50.4137	50.4137	3.6562	46.7575
Property	13.6500	17.1412	1.2432	15.8980
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9057
Supplemental Rate Add-on				\$8.1747
Totals	194.7515	198.2427	14.3774	209.9457

***Medicaid Trend Adjustment :**



0 005385-00 - 2012/01
197.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Panama City Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
924 West 13th Street Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 12/4/2008 Previous Med # 211851	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,968 Medicare: 10,362 Medicaid: 41,981	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.74626% Occupancy: 94.06193% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.59976% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,971	3,669,912	1,913,556	802,677	0	7,799,116
1a	Audit Adjustments						
2	Cost Per Diem	33.6574	87.4184	45.5815	19.1200		185.7773
3	Cost Per Diem Inflated	35.3204	90.1444	47.8336			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.3204	90.1444	47.8336	19.1200		192.4184
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9988		53.6556			
7	Provider Target Rate	39.8895		54.8810			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.6363		53.6725			
10b	Base for line 10a	41.6843		52.4741			
11	Lesser of 5,7,8,10, 10a	35.3204	90.1444	47.8336	13.6500		186.9484
12/13	Medicaid Adjustment Rate		1.7997	0.9550			
14	Prospective Per Diem 11	35.3204	91.9441	48.7886	13.6500		189.7031
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005385-00 - 2012/01
197.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Panama City Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	1,946,430	6.1389
Indexed Asset Value	2,433,037	< 60% of Base:	True	20% ROE(2):	486,607	0.3549
FRVS Base Asset:	1,395,468	Interest Rate:	12.5000 %	Insurance Cost(3):	52,040	0.8398
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	39,482	0.6371
ROE Factor	0.028750	Amortization Rate:	12.5000 %	Home Office(3):	59,239	0.9560
		Interest Only:	True	Replacement(3&4):	107,676	0.0000
		Yearly Payment:	241,995	Total FRVS PD:		8.9267

(1) 80% Capital (\$1,946,430) amortized at 12.5000% for 20 years Interest of \$241,995 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.1389

(2) 20% ROE (\$486,607) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3549

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.3204	35.3204	2.5616	32.7588
Patient Care				
Direct Care	91.9441	91.9441	6.6682	85.2759
Indirect Care	48.7886	48.7886	3.5384	45.2502
Property	13.6500	8.9267	0.6474	8.2793
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6134
Supplemental Rate Add-on				\$8.1747
Totals	189.7031	184.9798	13.4156	197.3523

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005386-00 - 2012/01

198.46

Riverchase Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1017 Strong Road Quincy FL 32351 County: Gadsden [20] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/19/1985 Acquired Date: 11/19/1985 Entered Medicaid 11/19/1985 Med # Active Date: 12/4/2008 Previous Med # 253413	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 63,744 Medicare: 6,208 Medicaid: 54,062	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 84.81112% Occupancy: 96.75774% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.97017% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,157,841	3,857,416	2,478,104	1,147,196	0	9,640,557
1a	Audit Adjustments						
2	Cost Per Diem	39.9142	71.3517	45.8382	21.2200		178.3241
3	Cost Per Diem Inflated	41.8863	73.5767	48.1030			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8863	73.5767	48.1030	21.2200		184.7860
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2671		49.8892			
7	Provider Target Rate	41.1867		51.0286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.5344		50.3139			
10b	Base for line 10a	41.5847		49.1905			
11	Lesser of 5,7,8,10, 10a	41.1867	73.5767	48.1030	13.6500		176.5164
12/13	Medicaid Adjustment Rate		2.8814	1.8838			
14	Prospective Per Diem 11	41.1867	76.4581	49.9868	13.6500		181.2816
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005386-00 - 2012/01
198.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riverchase Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,459,023	13.5063
Indexed Asset Value	5,573,779	< 60% of Base:	False	20% ROE(2):	1,114,756	0.8130
FRVS Base Asset:	3,420,000	Interest Rate:	10.4500 %	Insurance Cost(3):	47,543	0.7458
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	62,980	0.9880
ROE Factor	0.028750	Amortization Rate:	10.4500 %	Home Office(3):	56,930	0.8931
		Interest Only:	False	Replacement(3&4):	54,622	0.0000
		Yearly Payment:	532,420	Total FRVS PD:		16.9462

- (1) 80% Capital (\$4,459,023) amortized at 10.4500% for 20 years Principal & Interest of \$532,420 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.5063
- (2) 20% ROE (\$1,114,756) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8130
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1867	41.1867	2.9870	38.1997
Patient Care				
Direct Care	76.4581	76.4581	5.5451	70.9130
Indirect Care	49.9868	49.9868	3.6253	46.3615
Property	13.6500	16.9462	1.2290	15.7172
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0902
Supplemental Rate Add-on				\$8.1747
Totals	181.2816	184.5778	13.3864	198.4563

***Medicaid Trend Adjustment :**



0 005387-00 - 2012/01

201.75

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Suwannee Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1620 Helvenston Streets E Live Oak FL 32064 County: Suwannee [61] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1982 Acquired Date: 4/1/1982 Entered Medicaid 9/1/1983 Med # Active Date: 12/4/2008 Previous Med # 223719	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 98,820 Max Annualized: 65,700 Total Patient: 95,678 Medicare: 15,513 Medicaid: 74,284 Medicaid Utilization 77.63958% Occupancy: 96.82048% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.04861% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,798,245	5,721,376	3,381,132	2,373,374	0	14,274,127
1a	Audit Adjustments						
2	Cost Per Diem	37.6696	77.0203	45.5163	31.9500		192.1562
3	Cost Per Diem Inflated	39.5308	79.4220	47.7652			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5308	79.4220	47.7652	31.9500		198.6680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8900		52.8827			
7	Provider Target Rate	41.8239		54.0905			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	46.1066		54.7370			
10b	Base for line 10a	45.0771		53.5148			
11	Lesser of 5,7,8,10, 10a	39.5308	79.4220	47.7652	13.6500		180.3680
12/13	Medicaid Adjustment Rate		2.4696	1.4852			
14	Prospective Per Diem 11	39.5308	81.8916	49.2504	13.6500		184.3228
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005387-00 - 2012/01
201.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Suwannee Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	6,813,416	15.0327
Indexed Asset Value	8,516,770	< 60% of Base:	False	20% ROE(2):	1,703,354	0.8282
FRVS Base Asset:	3,332,561	Interest Rate:	11.8000 %	Insurance Cost(3):	86,562	0.9047
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	116,676	1.2195
ROE Factor	0.028750	Amortization Rate:	11.8000 %	Home Office(3):	90,549	0.9464
		Interest Only:	False	Replacement(3&4):	55,552	0.0000
		Yearly Payment:	888,885	Total FRVS PD:		18.9315

(1) 80% Capital (\$6,813,416) amortized at 11.8000% for 20 years Principal & Interest of \$888,885 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.0327

(2) 20% ROE (\$1,703,354) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8282

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.5308	39.5308	2.8669	36.6639
Patient Care				
Direct Care	81.8916	81.8916	5.9391	75.9525
Indirect Care	49.2504	49.2504	3.5718	45.6786
Property	13.6500	18.9315	1.3730	17.5585
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7208
Supplemental Rate Add-on				\$8.1747
Totals	184.3228	189.6043	13.7508	201.7490

***Medicaid Trend Adjustment :**



0 005388-00 - 2012/01
229.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Berkshire Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1255 NE 135th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 12/4/2008 Previous Med # 228915	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 245 Maximum: 134,505 Max Annualized: 89,425 Total Patient: 59,970 Medicare: 4,393 Medicaid: 51,571	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 85.99466% Occupancy: 44.58570% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 55.74272% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,422,818	4,383,061	2,907,979	1,385,713	0	11,099,571
1a	Audit Adjustments						
2	Cost Per Diem	46.9802	84.9908	56.3879	26.8700		215.2289
3	Cost Per Diem Inflated	49.3014	87.6411	59.1739			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.3014	87.6411	59.1739	26.8700		222.9864
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9317		56.6245			
7	Provider Target Rate	49.0264		57.9177			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	51.4685		58.4941			
10b	Base for line 10a	50.3193		57.1880			
11	Lesser of 5,7,8,10, 10a	49.0264	87.6411	57.9177	13.6500		208.2352
12/13	Medicaid Adjustment Rate		3.5489	2.3453			
14	Prospective Per Diem 11	49.0264	91.1900	60.2630	13.6500		214.1294
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005388-00 - 2012/01
229.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Berkshire Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/1/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 10,100,000.00	Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Fixed [2]	80% Capital(1): 7,589,094	12.0671
Indexed Asset Value 9,486,368	< 60% of Base: False	20% ROE(2): 1,897,274	0.6777
FRVS Base Asset: 5,509,033	Interest Rate: 11.5000 %	Insurance Cost(3): 64,608	1.0773
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 143,982	2.4009
ROE Factor 0.028750	Amortization Rate: 11.5000 %	Home Office(3): 62,234	1.0378
	Interest Only: False	Replacement(3&4): 131,109	0.0000
	Yearly Payment: 971,188	Total FRVS PD:	17.2608

- (1) 80% Capital (\$7,589,094) amortized at 11.5000% for 20 years Principal & Interest of \$971,188 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$12.0671
- (2) 20% ROE (\$1,897,274) times the ROE factor (0.028750) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = \$0.6777
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 245	Effective PBS Limitation	6,982,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0264	49.0264	3.5556	45.4708
Patient Care				
Direct Care	91.1900	91.1900	6.6135	84.5765
Indirect Care	60.2630	60.2630	4.3705	55.8925
Property	13.6500	17.2608	1.2518	16.0090
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6007
Supplemental Rate Add-on				\$8.1747
Totals	214.1294	217.7402	15.7914	229.7242

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005519-00 - 2012/01

197.89

Carnegie Gardens Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1415 South Hickory Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 12/4/2008 Previous Med # 212008	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 75,762 Max Annualized: 50,370 Total Patient: 66,125 Medicare: 10,356 Medicaid: 43,615	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 65.95841% Occupancy: 87.27990% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.12062% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,611,503	3,531,271	1,926,931	1,086,450	0	8,156,155
1a	Audit Adjustments						
2	Cost Per Diem	36.9484	80.9646	44.1805	24.9100		187.0035
3	Cost Per Diem Inflated	38.7740	83.4893	46.3634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7740	83.4893	46.3634	24.9100		193.5367
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8472		51.7586			
7	Provider Target Rate	44.8486		52.9407			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	44.9332		52.4456			
10b	Base for line 10a	43.9299		51.2746			
11	Lesser of 5,7,8,10, 10a	38.7740	83.4893	46.3634	13.6500		182.2767
12/13	Medicaid Adjustment Rate		1.4989	0.8324			
14	Prospective Per Diem 11	38.7740	84.9882	47.1958	13.6500		184.6080
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005519-00 - 2012/01
197.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Carnegie Gardens Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 6,656,896 FRVS Base Asset: 3,933,000 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,595,040.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,325,517	10.4838
	< 60% of Base:	False	20% ROE(2):	1,331,379	0.8444
	Interest Rate:	6.4680 %	Insurance Cost(3):	58,938	0.8913
	Chase Rate:	13.0000 %	Taxes Cost(3):	78,528	1.1876
	Amortization Rate:	6.4680 %	Home Office(3):	63,222	0.9561
	Interest Only:	False	Replacement(3&4):	89,477	0.0000
Yearly Payment:	475,264	Total FRVS PD:		14.3632	

(1) 80% Capital (\$5,325,517) amortized at 6.4680% for 20 years Principal & Interest of \$475,264 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$10.4838

(2) 20% ROE (\$1,331,379) times the ROE factor (0.028750) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.8444

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7740	38.7740	2.8121	35.9619
Patient Care				
Direct Care	84.9882	84.9882	6.1637	78.8245
Indirect Care	47.1958	47.1958	3.4228	43.7730
Property	13.6500	14.3632	1.0417	13.3215
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8376
Supplemental Rate Add-on				\$8.1747
Totals	184.6080	185.3212	13.4403	197.8932

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005523-00 - 2012/01

186.51

Fountainhead Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
390 NE 135th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1984 Med # Active Date: 12/4/2008 Previous Med # 228907	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 146 Maximum: 80,154 Max Annualized: 53,290 Total Patient: 64,698 Medicare: 3,624 Medicaid: 58,745	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 90.79879% Occupancy: 80.71712% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 100.91558% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,855,357	4,127,682	2,361,516	1,384,032	0	9,728,587
1a	Audit Adjustments						
2	Cost Per Diem	31.5832	70.2644	40.1994	23.5600		165.6070
3	Cost Per Diem Inflated	33.1437	72.4555	42.1856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.1437	72.4555	42.1856	23.5600		171.3448
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6318		49.5978			
7	Provider Target Rate	41.5598		50.7305			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	46.8672		54.3660			
10b	Base for line 10a	45.8207		53.1521			
11	Lesser of 5,7,8,10, 10a	33.1437	72.4555	42.1856	13.6500		161.4348
12/13	Medicaid Adjustment Rate		3.2605	1.8984			
14	Prospective Per Diem 11	33.1437	75.7160	44.0840	13.6500		166.5937
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005523-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

186.51

Fountainhead Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 6,859,217 FRVS Base Asset: 4,161,000 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,100,000.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	5,487,374 14.6416
	Interest Rate:	11.5000 %	20% ROE(2):	1,371,843 0.8223
	Chase Rate:	8.5000 %	Insurance Cost(3):	45,675 0.7060
	Amortization Rate:	11.5000 %	Taxes Cost(3):	50,769 0.7847
	Interest Only:	False	Home Office(3):	55,225 0.8536
Yearly Payment:	702,228	Replacement(3&4):	96,606 0.0000	
		Total FRVS PD:	17.8082	

(1) 80% Capital (\$5,487,374) amortized at 11.5000% for 20 years Principal & Interest of \$702,228 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$14.6416

(2) 20% ROE (\$1,371,843) times the ROE factor (0.028750) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = \$0.8223

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.1437	33.1437	2.4037	30.7400
Patient Care				
Direct Care	75.7160	75.7160	5.4912	70.2248
Indirect Care	44.0840	44.0840	3.1972	40.8868
Property	13.6500	17.8082	1.2915	16.5167
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9653
Supplemental Rate Add-on				\$8.1747
Totals	166.5937	170.7519	12.3836	186.5083

***Medicaid Trend Adjustment :**



0 005543-00 - 2012/01
214.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor on the Green

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
324 Wilder Boulevard Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1981 Acquired Date: 8/1/1981 Entered Medicaid 8/1/1981 Med # Active Date: 12/4/2008 Previous Med # 213527	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 192 Maximum: 105,408 Max Annualized: 70,080 Total Patient: 65,564 Medicare: 6,812 Medicaid: 53,943	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 82.27533% Occupancy: 62.20021% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 77.76504% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,233,079	4,565,957	2,793,505	1,024,378	0	10,616,919
1a	Audit Adjustments						
2	Cost Per Diem	41.3970	84.6441	51.7862	18.9900		196.8173
3	Cost Per Diem Inflated	43.4424	87.2836	54.3449			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4424	87.2836	54.3449	18.9900		204.0609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5246		57.9618			
7	Provider Target Rate	45.5415		59.2856			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	44.4199		54.8615			
10b	Base for line 10a	43.4281		53.6365			
11	Lesser of 5,7,8,10, 10a	43.4424	87.2836	54.3449	13.6500		198.7209
12/13	Medicaid Adjustment Rate		3.1692	1.9732			
14	Prospective Per Diem 11	43.4424	90.4528	56.3181	13.6500		203.8633
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005543-00 - 2012/01
214.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Manor on the Green

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/19/2004	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,495,865.00	Total Amount	Per Diem
RS to Start Calcs: 1981/07	Type: Variable [3]	80% Capital(1): 4,975,350	8.1401
Indexed Asset Value 6,219,187	< 60% of Base: False	20% ROE(2): 1,243,837	0.5670
FRVS Base Asset: 3,805,960	Interest Rate: 8.3750 %	Insurance Cost(3): 64,684	0.9866
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 71,831	1.0956
ROE Factor 0.028750	Amortization Rate: 8.3750 %	Home Office(3): 64,823	0.9887
	Interest Only: False	Replacement(3&4): 113,872	0.0000
	Yearly Payment: 513,413	Total FRVS PD:	11.7780

(1) 80% Capital (\$4,975,350) amortized at 8.3750% for 20 years Principal & Interest of \$513,413 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$8.1401

(2) 20% ROE (\$1,243,837) times the ROE factor (0.028750) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = \$0.5670

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 192	Effective PBS Limitation 5,472,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4424	43.4424	3.1506	40.2918
Patient Care				
Direct Care	90.4528	90.4528	6.5600	83.8928
Indirect Care	56.3181	56.3181	4.0844	52.2337
Property	13.6500	11.7780	0.8542	10.9238
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9525
Supplemental Rate Add-on				\$8.1747
Totals	203.8633	201.9913	14.6492	214.4693

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005547-00 - 2012/01

201.40

Oakwood Garden of Deland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
451 South Amelia Avenue Deland FL 32724 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 1/1/1978 Med # Active Date: 12/4/2008 Previous Med # 213543	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 122 Maximum: 66,978 Max Annualized: 44,530 Total Patient: 57,981 Medicare: 8,251 Medicaid: 42,095	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.60137% Occupancy: 86.56723% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.22960% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,716,619	3,299,271	2,051,874	982,076	0	8,049,840
1a	Audit Adjustments						
2	Cost Per Diem	40.7796	78.3768	48.7439	23.3300		191.2303
3	Cost Per Diem Inflated	42.7945	80.8208	51.1523			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7945	80.8208	51.1523	23.3300		198.0976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7261		53.6423			
7	Provider Target Rate	45.7476		54.8674			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	48.4355		56.4398			
10b	Base for line 10a	47.3540		55.1796			
11	Lesser of 5,7,8,10, 10a	42.7945	80.8208	51.1523	13.6500		188.4176
12/13	Medicaid Adjustment Rate		2.0550	1.3006			
14	Prospective Per Diem 11	42.7945	82.8758	52.4529	13.6500		191.7732
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005547-00 - 2012/01
201.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Oakwood Garden of Deland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1978/01 Indexed Asset Value 3,535,423 FRVS Base Asset: 2,076,193 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,586,938.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,828,338	7.2825
	< 60% of Base:	False	20% ROE(2):	707,085	0.5072
	Interest Rate:	8.3750 %	Insurance Cost(3):	55,907	0.9642
	Chase Rate:	8.5000 %	Taxes Cost(3):	54,602	0.9417
	Amortization Rate:	8.3750 %	Home Office(3):	55,658	0.9599
	Interest Only:	False	Replacement(3&4):	105,445	0.0000
Yearly Payment:	291,860	Total FRVS PD:		10.6555	

(1) 80% Capital (\$2,828,338) amortized at 8.3750% for 20 years Principal & Interest of \$291,860 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$7.2825

(2) 20% ROE (\$707,085) times the ROE factor (0.028750) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.5072

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 122	Effective PBS Limitation	3,477,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7945	42.7945	3.1036	39.6909
Patient Care				
Direct Care	82.8758	82.8758	6.0105	76.8653
Indirect Care	52.4529	52.4529	3.8041	48.6488
Property	13.6500	10.6555	0.7728	9.8827
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1402
Supplemental Rate Add-on				\$8.1747
Totals	191.7732	188.7787	13.6910	201.4026

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005549-00 - 2012/01

213.34

Oaks Of Kissimmee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
320 North Mitchell Avenue Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/1/1985 Acquired Date: 11/1/1985 Entered Medicaid 11/1/1985 Med # Active Date: 12/4/2008 Previous Med # 213501	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 75.87642% Occupancy: 90.53132% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.18566% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 59 Maximum: 32,391 Max Annualized: 21,535 Total Patient: 29,324 Medicare: 5,090 Medicaid: 22,250	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21497768		
			Semester Index: 1.27500780		
			Cost: 1.04940841		
			Target: 1.01598689		
			DC FY Index: 1.17050000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03118326		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,071,675	1,803,983	1,118,642	534,000	0	4,528,300
1a	Audit Adjustments						
2	Cost Per Diem	48.1652	81.0779	50.2760	24.0000		203.5191
3	Cost Per Diem Inflated	50.5450	83.6062	52.7601			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5450	83.6062	52.7601	24.0000		210.9113
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6694		58.7910			
7	Provider Target Rate	50.8038		60.1337			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	53.0932		58.8006			
10b	Base for line 10a	51.9077		57.4877			
11	Lesser of 5,7,8,10, 10a	50.5450	83.6062	52.7601	13.6500		200.5613
12/13	Medicaid Adjustment Rate		2.4339	1.5359			
14	Prospective Per Diem 11	50.5450	86.0401	54.2960	13.6500		204.5311
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005549-00 - 2012/01
213.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Oaks Of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Variable [3]	80% Capital(1):	1,388,098	7.2557
Indexed Asset Value	1,735,123	< 60% of Base:	False	20% ROE(2):	347,025	0.5148
FRVS Base Asset:	923,314	Interest Rate:	8.1250 %	Insurance Cost(3):	30,865	1.0526
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	47,776	1.6292
ROE Factor	0.028750	Amortization Rate:	8.1250 %	Home Office(3):	30,314	1.0338
		Interest Only:	False	Replacement(3&4):	101,855	0.0000
		Yearly Payment:	140,626	Total FRVS PD:		11.4861

- (1) 80% Capital (\$1,388,098) amortized at 8.1250% for 20 years Principal & Interest of \$140,626 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$7.2557
- (2) 20% ROE (\$347,025) times the ROE factor (0.028750) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.5148
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5450	50.5450	3.6657	46.8793
Patient Care				
Direct Care	86.0401	86.0401	6.2400	79.8001
Indirect Care	54.2960	54.2960	3.9378	50.3582
Property	13.6500	11.4861	0.8330	10.6531
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4788
Supplemental Rate Add-on				\$8.1747
Totals	204.5311	202.3672	14.6765	213.3442

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005701-00 - 2012/01
201.92

Avante at Ocala, Inc.

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2021 SW 1 Avenue Ocala FL 34474 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 11/1/1980 Med # Active Date: 11/15/2008 Previous Med # 228699	12/01/2009-05/31/2011 Days In CR 547 First Used: 2008/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 133 Maximum: 72,751 Max Annualized: 48,545 Total Patient: 30,594 Medicare: 11,821 Medicaid: 13,349	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 43.63274% Occupancy: 42.05303% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 52.57628% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	853,946	1,320,419	1,058,738	117,738	0	3,350,841
1a	Audit Adjustments						
2	Cost Per Diem	63.9708	98.9152	79.3122	8.8200		251.0182
3	Cost Per Diem Inflated	66.6270	101.5515	82.6054			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.6270	101.5515	82.6054	8.8200		259.6039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.3913		82.3132			
7	Provider Target Rate	67.9076		84.1931			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	40.0891		46.3317			
10b	Base for line 10a	39.1940		45.2972			
11	Lesser of 5,7,8,10, 10a	40.0891	95.5570	46.3317	8.8200		190.7978
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.0891	95.5570	46.3317	8.8200		190.7978
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005701-00 - 2012/01
201.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Ocala, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1992 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,468,992 FRVS Base Asset: 1,786,469 Occup Adj Factor: 0.9000 ROE Factor 0.028130	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	2,775,194	7.8972
	< 60% of Base:	True	20% ROE(2):	693,798	0.4467
	Interest Rate:	12.5000 %	Insurance Cost(3):	47,891	1.5654
	Chase Rate:	12.5000 %	Taxes Cost(3):	59,151	1.9334
	Amortization Rate:	12.5000 %	Home Office(3):	33,028	1.0796
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	345,033	Total FRVS PD:	12.9223		

(1) 80% Capital (\$2,775,194) amortized at 12.5000% for 20 years Interest of \$345,033 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$7.8972

(2) 20% ROE (\$693,798) times the ROE factor (0.028130) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.4467

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 133	Effective PBS Limitation	3,790,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.0891	40.0891	2.9074	37.1817
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	8.8200	12.9223	0.9372	11.9851
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.9780
Supplemental Rate Add-on				\$8.1747
Totals	190.7978	194.9001	14.1350	201.9178

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005811-00 - 2012/01

210.43

Palatka Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Kay Larkin Dr. Palatka FL 32177 County: Putnam [54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1989 Acquired Date: 5/26/1989 Entered Medicaid 5/26/1989 Med # Active Date: 1/1/2009 Previous Med # 226025	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,157 Medicare: 13,528 Medicaid: 39,018	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.79973% Occupancy: 93.08524% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.37866% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,724,903	3,322,285	1,971,787	670,719	0	7,689,694
1a	Audit Adjustments						
2	Cost Per Diem	44.2079	85.1475	50.5353	17.1900		197.0807
3	Cost Per Diem Inflated	45.6714	87.1327	52.2082			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6714	87.1327	52.2082	17.1900		202.2023
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6428		56.6455			
7	Provider Target Rate	49.7537		57.9392			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.9863		51.6170			
10b	Base for line 10a	42.0265		50.4645			
11	Lesser of 5,7,8,10, 10a	42.9863	87.1327	51.6170	13.6500		195.3860
12/13	Medicaid Adjustment Rate		1.3527	0.8013			
14	Prospective Per Diem 11	42.9863	88.4854	52.4183	13.6500		197.5400
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005811-00 - 2012/01
210.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palatka Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/26/1986 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 7,889,598 FRVS Base Asset: 1,778,760 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,164,874.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	6,311,678	12.0843
	< 60% of Base:	False	20% ROE(2):	1,577,920	0.6893
	Interest Rate:	9.6724 %	Insurance Cost(3):	43,486	0.7111
	Chase Rate:	8.5000 %	Taxes Cost(3):	179,592	2.9366
	Amortization Rate:	9.6724 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	714,546	Total FRVS PD:	16.4213		

(1) 80% Capital (\$6,311,678) amortized at 9.6724% for 20 years Principal & Interest of \$714,546 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.0843

(2) 20% ROE (\$1,577,920) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6893

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9863	42.9863	3.1175	39.8688
Patient Care				
Direct Care	88.4854	88.4854	6.4173	82.0681
Indirect Care	52.4183	52.4183	3.8016	48.6167
Property	13.6500	16.4213	1.1909	15.2304
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4716
Supplemental Rate Add-on				\$8.1747
Totals	197.5400	200.3113	14.5273	210.4303

***Medicaid Trend Adjustment :**



0 005814-00 - 2012/01
222.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bovnton Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7900 Venture Center Way Boynton Beach FL 33437 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/14/1999 Acquired Date: 9/1/1983 Entered Medicaid 9/14/1999 Med # Active Date: 12/4/2008 Previous Med # 218952	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 81 Maximum: 44,469 Max Annualized: 29,565 Total Patient: 40,333 Medicare: 15,435 Medicaid: 13,820 Medicaid Utilization 34.26475% Occupancy: 90.69914% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.39546% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	643,639	1,215,047	822,757	555,564	0	3,237,007
1a	Audit Adjustments						
2	Cost Per Diem	46.5730	87.9195	59.5338	40.2000		234.2263
3	Cost Per Diem Inflated	48.8741	90.6611	62.4753			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.8741	90.6611	62.4753	40.2000		242.2105
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5307		64.0910			
7	Provider Target Rate	48.6162		65.5547			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	56.1818		64.8897			
10b	Base for line 10a	54.9273		63.4408			
11	Lesser of 5,7,8,10, 10a	48.6162	90.6611	62.4753	13.6500		215.4026
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6162	90.6611	62.4753	13.6500		215.4026
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005814-00 - 2012/01
222.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bovnton Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/14/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,280,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	2,512,886	10.2619
Indexed Asset Value	3,141,107	< 60% of Base:	False	20% ROE(2):	628,221	0.6788
FRVS Base Asset:	0	Interest Rate:	9.0898 %	Insurance Cost(3):	43,601	1.0810
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	95,027	2.3561
ROE Factor	0.028750	Amortization Rate:	9.0898 %	Home Office(3):	53,436	1.3249
		Interest Only:	False	Replacement(3&4):	82,181	0.0000
		Yearly Payment:	273,053	Total FRVS PD:		15.7027

(1) 80% Capital (\$2,512,886) amortized at 9.0898% for 20 years Principal & Interest of \$273,053 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.2619

(2) 20% ROE (\$628,221) times the ROE factor (0.028750) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.6788

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 71	Effective PBS Limitation	2,758,066

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6162	48.6162	3.5259	45.0903
Patient Care				
Direct Care	90.6611	90.6611	6.5751	84.0860
Indirect Care	62.4753	62.4753	4.5310	57.9443
Property	13.6500	15.7027	1.1388	14.5639
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.0561
Supplemental Rate Add-on				\$8.1747
Totals	215.4026	217.4553	15.7708	222.9153

***Medicaid Trend Adjustment :**



0 005826-00 - 2012/01
184.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Accentia Health & Rehabilitation Center of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1818 East Fletcher Avenue Tampa FL 33612 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 8/1/1981 Med # Active Date: 12/4/2008 Previous Med # 213039	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 266 Maximum: 146,034 Max Annualized: 97,090 Total Patient: 125,515 Medicare: 14,552 Medicaid: 102,504	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 81.66673% Occupancy: 85.94916% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.45687% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,563,209	8,929,103	4,295,723	1,973,202	0	18,761,236
1a	Audit Adjustments						
2	Cost Per Diem	34.7617	87.1098	41.9079	19.2500		183.0294
3	Cost Per Diem Inflated	36.4792	89.8262	43.9785			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.4792	89.8262	43.9785	19.2500		189.5339
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7712		51.9308			
7	Provider Target Rate	43.7480		53.1168			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	44.9332		52.9924			
10b	Base for line 10a	43.9299		51.8092			
11	Lesser of 5,7,8,10, 10a	36.4792	89.8262	43.9785	13.6500		183.9339
12/13	Medicaid Adjustment Rate		3.2001	1.5667			
14	Prospective Per Diem 11	36.4792	93.0263	45.5452	13.6500		188.7007
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005826-00 - 2012/01
184.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Accentia Health & Rehabilitation Center of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,371,412.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed [2]	80% Capital(1):	5,649,107	8.0377
Indexed Asset Value	7,061,384	< 60% of Base:	True	20% ROE(2):	1,412,277	0.4647
FRVS Base Asset:	3,288,408	Interest Rate:	9.5000 %	Insurance Cost(3):	76,463	0.6092
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	181,850	1.4488
ROE Factor	0.028750	Amortization Rate:	12.5000 %	Home Office(3):	112,251	0.8943
		Interest Only:	True	Replacement(3&4):	112,375	0.0000
		Yearly Payment:	702,339	Total FRVS PD:		11.4547

(1) 80% Capital (\$5,649,107) amortized at 12.5000% for 20 years Interest of \$702,339 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$8.0377

(2) 20% ROE (\$1,412,277) times the ROE factor (0.028750) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = \$0.4647

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 266	Effective PBS Limitation	7,581,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.4792	36.4792	2.6456	33.8336
Patient Care				
Direct Care	93.0263	93.0263	6.7467	86.2796
Indirect Care	45.5452	45.5452	3.3031	42.2421
Property	13.6500	11.4547	0.8307	10.6240
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6247
Supplemental Rate Add-on				\$8.1747
Totals	188.7007	186.5054	13.5261	184.7787

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 005849-00 - 2012/01

227.98

Glen Oaks Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 Pine Street Clearwater FL 33756 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/6/1989 Acquired Date: 2/6/1989 Entered Medicaid 2/6/1989 Med # Active Date: 12/4/2008 Previous Med # 255840	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 76 Maximum: 41,724 Max Annualized: 27,740 Total Patient: 36,018 Medicare: 4,222 Medicaid: 28,112	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.04986% Occupancy: 86.32442% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.92603% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,371,979	2,388,207	1,523,716	675,812	0	5,959,714
1a	Audit Adjustments						
2	Cost Per Diem	48.8040	84.9533	54.2016	24.0400		211.9989
3	Cost Per Diem Inflated	51.2153	87.6024	56.8796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2153	87.6024	56.8796	24.0400		219.7373
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5483		61.2324			
7	Provider Target Rate	50.6799		62.6309			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	53.8575		63.9219			
10b	Base for line 10a	52.6549		62.4946			
11	Lesser of 5,7,8,10, 10a	50.6799	87.6024	56.8796	13.6500		208.8119
12/13	Medicaid Adjustment Rate		2.7644	1.7949			
14	Prospective Per Diem 11	50.6799	90.3668	58.6745	13.6500		213.3712
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005849-00 - 2012/01
227.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Glen Oaks Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/6/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,715,349.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Fixed [2]	80% Capital(1):	2,796,016	13.3723
Indexed Asset Value	3,495,020	< 60% of Base:	False	20% ROE(2):	699,004	0.8049
FRVS Base Asset:	2,253,096	Interest Rate:	10.4500 %	Insurance Cost(3):	36,755	1.0205
Occup Adj Factor:	0.9000	Chase Rate:	11.0000 %	Taxes Cost(3):	32,988	0.9159
ROE Factor	0.028750	Amortization Rate:	10.4500 %	Home Office(3):	36,841	1.0228
		Interest Only:	False	Replacement(3&4):	100,997	0.0000
		Yearly Payment:	333,852	Total FRVS PD:		17.1364

(1) 80% Capital (\$2,796,016) amortized at 10.4500% for 20 years Principal & Interest of \$333,852 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$13.3723

(2) 20% ROE (\$699,004) times the ROE factor (0.028750) divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = \$0.8049

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	49,785
Comparison Bed 76	Effective PBS Limitation	2,253,096

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.6799	50.6799	3.6755	47.0044
Patient Care				
Direct Care	90.3668	90.3668	6.5538	83.8130
Indirect Care	58.6745	58.6745	4.2553	54.4192
Property	13.6500	17.1364	1.2428	15.8936
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6708
Supplemental Rate Add-on				\$8.1747
Totals	213.3712	216.8576	15.7274	227.9757

***Medicaid Trend Adjustment :**



0 005850-00 - 2012/01
201.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heritage Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
37135 Coleman Avenue Dade City FL 33525 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/4/2008 Previous Med # 214132	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 63,091 Medicare: 14,213 Medicaid: 40,010	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.41634% Occupancy: 95.76654% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.73094% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,522,786	3,457,720	1,841,275	908,627	0	7,730,408
1a	Audit Adjustments						
2	Cost Per Diem	38.0601	86.4214	46.0204	22.7100		193.2119
3	Cost Per Diem Inflated	39.9406	89.1163	48.2942			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.9406	89.1163	48.2942	22.7100		200.0611
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3293		51.1351			
7	Provider Target Rate	42.2732		52.3029			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	45.2712		52.8133			
10b	Base for line 10a	44.2604		51.6341			
11	Lesser of 5,7,8,10, 10a	39.9406	89.1163	48.2942	13.6500		191.0011
12/13	Medicaid Adjustment Rate		1.3451	0.7289			
14	Prospective Per Diem 11	39.9406	90.4614	49.0231	13.6500		193.0751
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 005850-00 - 2012/01
201.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heritage Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,455,094.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,036,460	7.5526
Indexed Asset Value	3,795,575	< 60% of Base:	False	20% ROE(2):	759,115	0.5536
FRVS Base Asset:	2,122,271	Interest Rate:	7.6872 %	Insurance Cost(3):	61,932	0.9816
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	83,316	1.3206
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	62,938	0.9976
		Interest Only:	False	Replacement(3&4):	119,219	0.0000
		Yearly Payment:	297,723	Total FRVS PD:		11.4060

- (1) 80% Capital (\$3,036,460) amortized at 7.6872% for 20 years Principal & Interest of \$297,723 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5526
- (2) 20% ROE (\$759,115) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5536
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9406	39.9406	2.8967	37.0439
Patient Care				
Direct Care	90.4614	90.4614	6.5606	83.9008
Indirect Care	49.0231	49.0231	3.5554	45.4677
Property	13.6500	11.4060	0.8272	10.5788
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3854
Supplemental Rate Add-on				\$8.1747
Totals	193.0751	190.8311	13.8399	201.5513

***Medicaid Trend Adjustment :**



0 005851-00 - 2012/01
213.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Eustis Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
411 W. Woodward Avenue Eustis FL 32726 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 2/1/1982 Med # Active Date: 12/4/2008 Previous Med # 213870	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 49,410 Max Annualized: 32,850 Total Patient: 45,964 Medicare: 12,966 Medicaid: 29,839	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 64.91820% Occupancy: 93.02570% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.30423% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,706	2,525,385	1,810,163	795,508	0	6,348,762
1a	Audit Adjustments						
2	Cost Per Diem	40.8092	84.6337	60.6643	26.6600		212.7672
3	Cost Per Diem Inflated	42.8255	87.2729	63.6616			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8255	87.2729	63.6616	26.6600		220.4200
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6236		59.9809			
7	Provider Target Rate	41.5514		61.3508			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	46.2806		61.3734			
10b	Base for line 10a	45.2472		60.0030			
11	Lesser of 5,7,8,10, 10a	41.5514	87.2729	60.7689	13.6500		203.2432
12/13	Medicaid Adjustment Rate		1.4647	1.0199			
14	Prospective Per Diem 11	41.5514	88.7376	61.7888	13.6500		205.7278
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 005851-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

213.44

Lake Eustis Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,624,895.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	2,492,093	9.2640
Indexed Asset Value	3,115,116	< 60% of Base:	False	20% ROE(2):	623,023	0.6058
FRVS Base Asset:	1,010,008	Interest Rate:	9.5350 %	Insurance Cost(3):	41,863	0.9108
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	44,271	0.9632
ROE Factor	0.028750	Amortization Rate:	9.2500 %	Home Office(3):	51,694	1.1247
		Interest Only:	False	Replacement(3&4):	100,287	0.0000
		Yearly Payment:	273,891	Total FRVS PD:		12.8685

(1) 80% Capital (\$2,492,093) amortized at 9.2500% for 20 years Principal & Interest of \$273,891 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$9.2640

(2) 20% ROE (\$623,023) times the ROE factor (0.028750) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.6058

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5514	41.5514	3.0135	38.5379
Patient Care				
Direct Care	88.7376	88.7376	6.4356	82.3020
Indirect Care	61.7888	61.7888	4.4812	57.3076
Property	13.6500	12.8685	0.9333	11.9352
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1838
Supplemental Rate Add-on				\$8.1747
Totals	205.7278	204.9463	14.8636	213.4412

***Medicaid Trend Adjustment :**



0 006339-00 - 2012/01
200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Placid Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
125 Tomoka Boulevard South Lake Placid FL 33852	07/01/2009-12/31/2010	Number of Beds: 180	Superior: 0
County: Highlands[28]	Days In CR 549	Maximum: 98,820	Standard: 181
Region: Central[3] Area: 6	First Used: 2012/01	Max Annualized: 65,700	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 87,140	Total: 181
Current Class Central Large [6]	Unaudited [3]	Medicare: 21,625	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 60,204	FY Index: 1.21497768
Operating Ex > 18 months [1]	Medicaid Utilization 69.08882%		Semester Index: 1.27500780
Open Date: 1/1/1984	Occupancy: 88.18053%		Cost: 1.04940841
Acquired Date: 1/1/1984	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 1/1/1984	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17050000
Med # Active Date: 12/4/2008	Low Occupancy Adjustment Factor: 110.24661%		DC Sem Index: 1.20700000
Previous Med # 214124	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03118326
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,094,291	5,017,895	2,859,967	1,792,875	0	11,765,028
1a	Audit Adjustments						
2	Cost Per Diem	34.7866	83.3482	47.5046	29.7800		195.4194
3	Cost Per Diem Inflated	36.5054	85.9473	49.8517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.5054	85.9473	49.8517	29.7800		202.0844
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.1936		53.6599			
7	Provider Target Rate	39.0659		54.8854			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	44.4915		52.4456			
10b	Base for line 10a	43.4981		51.2746			
11	Lesser of 5,7,8,10, 10a	36.5054	85.9473	49.8517	13.6500		185.9544
12/13	Medicaid Adjustment Rate		1.8457	1.0706			
14	Prospective Per Diem 11	36.5054	87.7930	50.9223	13.6500		188.8707
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 006339-00 - 2012/01
200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Placid Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,129,560.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable [3]	80% Capital(1):	6,366,995	10.5578
Indexed Asset Value	7,958,744	< 60% of Base:	False	20% ROE(2):	1,591,749	0.7739
FRVS Base Asset:	2,984,578	Interest Rate:	7.6872 %	Insurance Cost(3):	82,692	0.9490
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	136,537	1.5669
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	86,684	0.9948
		Interest Only:	False	Replacement(3&4):	64,050	0.0000
		Yearly Payment:	624,280	Total FRVS PD:		14.8424

(1) 80% Capital (\$6,366,995) amortized at 7.6872% for 20 years Principal & Interest of \$624,280 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.5578

(2) 20% ROE (\$1,591,749) times the ROE factor (0.028750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7739

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5054	36.5054	2.6475	33.8579
Patient Care				
Direct Care	87.7930	87.7930	6.3671	81.4259
Indirect Care	50.9223	50.9223	3.6931	47.2292
Property	13.6500	14.8424	1.0764	13.7660
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9013
Supplemental Rate Add-on				\$8.1747
Totals	188.8707	190.0631	13.7841	200.3550

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 006340-00 - 2012/01

201.48

Windsor Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
602 East Laura Street Starke FL 32091 County: Bradford [4] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/25/1990 Acquired Date: 6/25/1990 Entered Medicaid 7/2/1990 Med # Active Date: 12/4/2008 Previous Med # 213888	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 61,789 Medicare: 12,732 Medicaid: 41,732	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.53953% Occupancy: 93.79023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.26006% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,548,822	3,324,288	1,950,284	1,628,383	0	8,451,777
1a	Audit Adjustments						
2	Cost Per Diem	37.1135	79.6580	46.7335	39.0200		202.5250
3	Cost Per Diem Inflated	38.9472	82.1420	49.0425			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.9472	82.1420	49.0425	39.0200		209.1517
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6925		51.0439			
7	Provider Target Rate	40.5990		52.2097			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.5344		52.1014			
10b	Base for line 10a	41.5847		50.9381			
11	Lesser of 5,7,8,10, 10a	38.9472	82.1420	49.0425	13.6500		183.7817
12/13	Medicaid Adjustment Rate		1.6208	0.9677			
14	Prospective Per Diem 11	38.9472	83.7628	50.0102	13.6500		186.3702
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006340-00 - 2012/01
201.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Windsor Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/2/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,618,667.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	4,316,581	14.0132
Indexed Asset Value	5,395,726	< 60% of Base:	False	20% ROE(2):	1,079,145	0.7870
FRVS Base Asset:	3,595,587	Interest Rate:	11.5000 %	Insurance Cost(3):	46,651	0.7550
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	63,888	1.0340
ROE Factor	0.028750	Amortization Rate:	11.5000 %	Home Office(3):	62,501	1.0115
		Interest Only:	False	Replacement(3&4):	56,185	0.0000
		Yearly Payment:	552,400	Total FRVS PD:		17.6007

- (1) 80% Capital (\$4,316,581) amortized at 11.5000% for 20 years Principal & Interest of \$552,400 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.0132
- (2) 20% ROE (\$1,079,145) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7870
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9472	38.9472	2.8246	36.1226
Patient Care				
Direct Care	83.7628	83.7628	6.0748	77.6880
Indirect Care	50.0102	50.0102	3.6269	46.3833
Property	13.6500	17.6007	1.2765	16.3242
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7919
Supplemental Rate Add-on				\$8.1747
Totals	186.3702	190.3209	13.8028	201.4847

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 006408-00 - 2012/01
215.89

Rehabilitation Center of St. Pete

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
435 42nd Avenue S St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 1/1/2009 Previous Med # 228362	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 50,379 Medicare: 4,318 Medicaid: 38,182	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 75.78952% Occupancy: 86.80796% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.53058% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423	Semester Index: 1.27500780
		Cost: 1.05662968	Target: 1.01598689
		DC FY Index: 1.16650000	DC Sem Index: 1.20700000
		DC Inflation: 1.03471925	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,769,530	3,206,975	1,853,379	519,657	0	7,349,541
1a	Audit Adjustments						
2	Cost Per Diem	46.3446	83.9918	48.5406	13.6100		192.4870
3	Cost Per Diem Inflated	48.9691	86.9079	51.2894			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.9691	86.9079	51.2894	13.6100		200.7764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7851		57.2686			
7	Provider Target Rate	50.9221		58.5765			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	47.2914		53.4576			
10b	Base for line 10a	46.2355		52.2640			
11	Lesser of 5,7,8,10, 10a	47.2914	86.9079	51.2894	13.6100		199.0987
12/13	Medicaid Adjustment Rate		2.5215	1.4881			
14	Prospective Per Diem 11	47.2914	89.4294	52.7775	13.6100		203.1083
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006408-00 - 2012/01
215.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rehabilitation Center of St. Pete

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
RS to Start Calcs: 1984/07	Type:	5,800,000.00	80% Capital(1):	2,512,374	4.1262
Indexed Asset Value: 3,140,468	< 60% of Base:	Fixed [2]	20% ROE(2):	628,094	0.3795
FRVS Base Asset: 1,587,729	Interest Rate:	5.9728 %	Insurance Cost(3):	79,231	1.5727
Occup Adj Factor: 0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	61,390	1.2186
ROE Factor: 0.031560	Amortization Rate:	5.9728 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	56,452	0.0000
	Yearly Payment:	215,520	Total FRVS PD:		7.2970

(1) 80% Capital (\$2,512,374) amortized at 5.9728% for 20 years Principal & Interest of \$215,520 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$4.1262

(2) 20% ROE (\$628,094) times the ROE factor (0.031560) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.3795

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed: 159	Effective PBS Limitation	4,531,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2914	47.2914	3.4298	43.8616
Patient Care				
Direct Care	89.4294	89.4294	6.4858	82.9436
Indirect Care	52.7775	52.7775	3.8276	48.9499
Property	13.6100	7.2970	0.9871	12.6229
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3372
Supplemental Rate Add-on				\$8.1747
Totals	203.1083	196.7953	14.7303	215.8899

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 006483-00 - 2012/01 204.65

Salerno Bay Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4801 S.E. Cove Road Stuart FL 34997 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 12/4/2008 Previous Med # 214141	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 58,582 Medicare: 10,921 Medicaid: 40,362	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
	Medicaid Utilization 68.89830% Occupancy: 88.92228% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.17398% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,634,721	3,223,596	1,917,547	1,116,413	0	7,892,277
1a	Audit Adjustments						
2	Cost Per Diem	40.5015	79.8671	47.5087	27.6600		195.5373
3	Cost Per Diem Inflated	42.5026	82.3576	49.8560			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5026	82.3576	49.8560	27.6600		202.3762
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1766		57.3452			
7	Provider Target Rate	44.1627		58.6549			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	48.1994		59.4840			
10b	Base for line 10a	47.1232		58.1558			
11	Lesser of 5,7,8,10, 10a	42.5026	82.3576	49.8560	13.6500		188.3662
12/13	Medicaid Adjustment Rate		1.7510	1.0600			
14	Prospective Per Diem 11	42.5026	84.1086	50.9160	13.6500		191.1772
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 006483-00 - 2012/01
204.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Salerno Bay Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,162,740.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable [3]	80% Capital(1):	4,237,669	10.5404
Indexed Asset Value	5,297,086	< 60% of Base:	False	20% ROE(2):	1,059,417	0.7727
FRVS Base Asset:	3,321,973	Interest Rate:	7.6872 %	Insurance Cost(3):	51,394	0.8773
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	151,860	2.5923
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	57,417	0.9801
		Interest Only:	False	Replacement(3&4):	80,121	0.0000
		Yearly Payment:	415,501	Total FRVS PD:		15.7628

(1) 80% Capital (\$4,237,669) amortized at 7.6872% for 20 years Principal & Interest of \$415,501 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5404

(2) 20% ROE (\$1,059,417) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7727

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5026	42.5026	3.0825	39.4201
Patient Care				
Direct Care	84.1086	84.1086	6.0999	78.0087
Indirect Care	50.9160	50.9160	3.6926	47.2234
Property	13.6500	15.7628	1.1432	14.6196
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2072
Supplemental Rate Add-on				\$8.1747
Totals	191.1772	193.2900	14.0182	204.6537

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 006489-00 - 2012/01

208.60

Royal Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 Business Parkway Royal Palm Beach FL 33411 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1985 Acquired Date: 2/1/1985 Entered Medicaid 2/1/1985 Med # Active Date: 12/4/2008 Previous Med # 214108	07/01/2009-12/31/2010 Days In CR 549 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,880 Max Annualized: 43,800 Total Patient: 62,317 Medicare: 15,391 Medicaid: 37,383	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 59.98845% Occupancy: 94.59168% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.26208% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,455,484	3,279,928	1,761,773	1,090,462	0	7,587,647
1a	Audit Adjustments						
2	Cost Per Diem	38.9344	87.7385	47.1277	29.1700		202.9706
3	Cost Per Diem Inflated	40.8581	90.4745	49.4562			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8581	90.4745	49.4562	29.1700		209.9588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5011		57.0667			
7	Provider Target Rate	46.5403		58.3700			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	48.4722		56.7299			
10b	Base for line 10a	47.3899		55.4632			
11	Lesser of 5,7,8,10, 10a	40.8581	90.4745	49.4562	13.6500		194.4388
12/13	Medicaid Adjustment Rate		1.0167	0.5557			
14	Prospective Per Diem 11	40.8581	91.4912	50.0119	13.6500		196.0112
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 006489-00 - 2012/01
208.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Royal Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,446,928.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Variable [3]	80% Capital(1):	4,672,636	11.6222
Indexed Asset Value	5,840,795	< 60% of Base:	False	20% ROE(2):	1,168,159	0.8520
FRVS Base Asset:	3,420,000	Interest Rate:	7.6872 %	Insurance Cost(3):	59,770	0.9591
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	130,492	2.0940
ROE Factor	0.028750	Amortization Rate:	7.6872 %	Home Office(3):	64,869	1.0410
		Interest Only:	False	Replacement(3&4):	98,392	0.0000
		Yearly Payment:	458,149	Total FRVS PD:		16.5683

(1) 80% Capital (\$4,672,636) amortized at 7.6872% for 20 years Principal & Interest of \$458,149 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6222

(2) 20% ROE (\$1,168,159) times the ROE factor (0.028750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8520

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8581	40.8581	2.9632	37.8949
Patient Care				
Direct Care	91.4912	91.4912	6.6353	84.8559
Indirect Care	50.0119	50.0119	3.6271	46.3848
Property	13.6500	16.5683	1.2016	15.3667
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9264
Supplemental Rate Add-on				\$8.1747
Totals	196.0112	198.9295	14.4272	208.6034

***Medicaid Trend Adjustment :**



0 006767-00 - 2012/01

220.11

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Oakbrook of LaBelle

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
250 Broward Avenue	07/01/2009-12/31/2010	Number of Beds: 93	Superior: 0
Labelle FL 33935	Days In CR 549	Maximum: 51,057	Standard: 181
County: Hendry [26]	First Used: 2012/01	Max Annualized: 33,945	Conditional: 0
Region: South [2] Area: 8	Last Used: 2012/01	Total Patient: 44,808	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 6,610	Inflation
Current Class South Small [3]	Initial CR? False	Medicaid: 29,049	FY Index: 1.21497768
Class at 1/94: South Small [3]	Medicaid Utilization 64.82994%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 87.76074%		Cost: 1.04940841
Open Date: 11/1/1986	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 11/1/1986	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17050000
Entered Medicaid 11/25/1986	Low Occupancy Adjustment Factor: 109.72178%		DC Sem Index: 1.20700000
Med # Active Date: 12/4/2008	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03118326
Previous Med # 213497			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,530	2,558,987	1,556,579	725,935	0	6,010,031
1a	Audit Adjustments						
2	Cost Per Diem	40.2262	88.0921	53.5846	24.9900		206.8929
3	Cost Per Diem Inflated	42.2137	90.8391	56.2321			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2137	90.8391	56.2321	24.9900		214.2749
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6758		59.9316			
7	Provider Target Rate	46.7190		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	52.9900		61.3003			
10b	Base for line 10a	51.8068		59.9316			
11	Lesser of 5,7,8,10, 10a	42.2137	90.8391	56.2321	13.6500		202.9349
12/13	Medicaid Adjustment Rate		1.5155	0.9382			
14	Prospective Per Diem 11	42.2137	92.3546	57.1703	13.6500		205.3886
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 006767-00 - 2012/01
220.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oakbrook of LaBelle

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed [2]	80% Capital(1):	3,073,045	12.8725
Indexed Asset Value	3,841,306	< 60% of Base:	False	20% ROE(2):	768,261	0.7230
FRVS Base Asset:	1,397,653	Interest Rate:	11.5000 %	Insurance Cost(3):	44,989	1.0040
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	75,800	1.6917
ROE Factor	0.028750	Amortization Rate:	11.5000 %	Home Office(3):	46,431	1.0362
		Interest Only:	False	Replacement(3&4):	78,933	0.0000
		Yearly Payment:	393,262	Total FRVS PD:		17.3274

(1) 80% Capital (\$3,073,045) amortized at 11.5000% for 20 years Principal & Interest of \$393,262 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$12.8725

(2) 20% ROE (\$768,261) times the ROE factor (0.028750) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.7230

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,737
Comparison Date:	1/1/1986	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2137	42.2137	3.0615	39.1522
Patient Care				
Direct Care	92.3546	92.3546	6.6979	85.6567
Indirect Care	57.1703	57.1703	4.1462	53.0241
Property	13.6500	17.3274	1.2567	16.0707
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0300
Supplemental Rate Add-on				\$8.1747
Totals	205.3886	209.0660	15.1623	220.1084

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 007012-00 - 2012/01 227.35

Crosswinds Health & Rehab Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
P.O. Box 445 Greenville FL 33231 County: Madison[40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1983 Acquired Date: 6/1/1983 Entered Medicaid 6/1/1983 Med # Active Date: 4/1/2009 Previous Med # 214019	04/01/2009-09/30/2009 Days In CR 183 First Used: 2009/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 58 Maximum: 10,614 Max Annualized: 21,170 Total Patient: 8,081 Medicare: 329 Medicaid: 7,664	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 94.83975% Occupancy: 76.13530% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.18721% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.19387802 Semester Index: 1.27500780 Cost: 1.06795483 Target: 1.01598689 DC FY Index: 1.15950000 DC Sem Index: 1.20700000 DC Inflation: 1.04096593 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	342,198	711,410	418,242	51,655	0	1,523,505
1a	Audit Adjustments						
2	Cost Per Diem	44.6501	92.8249	54.5723	6.7400		198.7872
3	Cost Per Diem Inflated	47.6843	96.6276	58.2808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.6843	96.6276	58.2808	6.7400		209.3327
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0532		58.7317			
7	Provider Target Rate	49.1507		60.0730			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	47.2162		57.2876			
10b	Base for line 10a	46.1619		56.0085			
11	Lesser of 5,7,8,10, 10a	47.2162	94.3159	57.2876	6.7400		205.5597
12/13	Medicaid Adjustment Rate		4.2442	2.5779			
14	Prospective Per Diem 11	47.2162	98.5601	59.8655	6.7400		212.3818
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 007012-00 - 2012/01
227.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Crosswinds Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	1,333,613	6.1393
Indexed Asset Value	1,667,016	< 60% of Base:	False	20% ROE(2):	333,403	0.5323
FRVS Base Asset:	721,404	Interest Rate:	6.5000 %	Insurance Cost(3):	9,642	1.1932
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	7,550	0.9343
ROE Factor	0.030420	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	116,973	Total FRVS PD:		8.7991

- (1) 80% Capital (\$1,333,613) amortized at 6.2500% for 20 years Principal & Interest of \$116,973 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$6.1393
- (2) 20% ROE (\$333,403) times the ROE factor (0.030420) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.5323
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 58	Effective PBS Limitation	1,653,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2162	47.2162	3.4243	43.7919
Patient Care				
Direct Care	98.5601	98.5601	7.1480	91.4121
Indirect Care	59.8655	59.8655	4.3417	55.5238
Property	6.7400	8.7991	0.6381	8.1610
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2889
Supplemental Rate Add-on				\$8.1747
Totals	212.3818	214.4409	15.5521	227.3524

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 007014-00 - 2012/01
224.92

Cross Landings Health & Rehab Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1780 N. Jefferson St. Monticello FL 32344 County: Jefferson[33] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/1/1980 Acquired Date: 5/1/1980 Entered Medicaid 5/1/1980 Med # Active Date: 4/1/2009 Previous Med # 214001	04/01/2009-09/30/2009 Days In CR 183 First Used: 2009/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 10,980 Max Annualized: 21,900 Total Patient: 9,765 Medicare: 1,154 Medicaid: 6,522	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.78955% Occupancy: 88.93443% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.18916% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.19387802 Semester Index: 1.27500780 Cost: 1.06795483 Target: 1.01598689 DC FY Index: 1.15950000 DC Sem Index: 1.20700000 DC Inflation: 1.04096593 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	399,597	617,177	379,129	76,894	0	1,472,797
1a	Audit Adjustments						
2	Cost Per Diem	61.2691	94.6300	58.1308	11.7899		225.8198
3	Cost Per Diem Inflated	65.4326	98.5066	62.0811			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	65.4326	98.5066	62.0811	11.7899		237.8102
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.9390		62.5615			
7	Provider Target Rate	67.4449		63.9903			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	47.2162		56.3744			
10b	Base for line 10a	46.1619		55.1156			
11	Lesser of 5,7,8,10, 10a	47.2162	94.3159	56.3744	11.7899		209.6964
12/13	Medicaid Adjustment Rate		1.7815	1.0648			
14	Prospective Per Diem 11	47.2162	96.0974	57.4392	11.7899		212.5427
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 007014-00 - 2012/01
224.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Cross Landings Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	2,258,563	10.0508
Indexed Asset Value	2,823,204	< 60% of Base:	False	20% ROE(2):	564,641	0.8715
FRVS Base Asset:	752,956	Interest Rate:	6.5000 %	Insurance Cost(3):	10,673	1.0930
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	7,965	0.8157
ROE Factor	0.030420	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	198,102	Total FRVS PD:		12.8310

(1) 80% Capital (\$2,258,563) amortized at 6.2500% for 20 years Principal & Interest of \$198,102 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.0508

(2) 20% ROE (\$564,641) times the ROE factor (0.030420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8715

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.2162	47.2162	3.4243	43.7919
Patient Care				
Direct Care	96.0974	96.0974	6.9694	89.1280
Indirect Care	57.4392	57.4392	4.1657	53.2735
Property	11.7899	12.8310	0.9306	11.9004
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6506
Supplemental Rate Add-on				\$8.1747
Totals	212.5427	213.5838	15.4900	224.9191

***Medicaid Trend Adjustment :**



0 008793-00 - 2012/01
223.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woods of Manatee Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5627 9th Street East Bradenton FL 34203 County: Manatee[41] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 7/1/2007 Previous Med # 316610	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,765 Medicare: 7,756 Medicaid: 23,469	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.14484% Occupancy: 86.22146% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.79731% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	871,857	2,211,036	1,105,878	1,362,141	0	5,550,912
1a	Audit Adjustments						
2	Cost Per Diem	37.1493	94.2109	47.1208	58.0400		236.5210
3	Cost Per Diem Inflated	38.7993	96.8591	49.2137			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7993	96.8591	49.2137	58.0400		242.9121
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5822		49.3731			
7	Provider Target Rate	46.6232		50.5007			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	51.7045		56.7244			
10b	Base for line 10a	50.5500		55.4578			
11	Lesser of 5,7,8,10, 10a	38.7993	96.4295	49.2137	13.6500		198.0925
12/13	Medicaid Adjustment Rate		1.3175	0.6724			
14	Prospective Per Diem 11	38.7993	97.7470	49.8861	13.6500		200.0824
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 008793-00 - 2012/01
223.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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Woods of Manatee Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 7,067,335 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,800,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,653,868	20.4653
	< 60% of Base:	False	20% ROE(2):	1,413,467	0.9896
	Interest Rate:	13.2450 %	Insurance Cost(3):	37,263	0.9867
	Chase Rate:	13.0000 %	Taxes Cost(3):	165,973	4.3949
	Amortization Rate:	13.2450 %	Home Office(3):	10,353	0.2741
	Interest Only:	False	Replacement(3&4):	17,800	0.0000
Yearly Payment:	806,743	Total FRVS PD:		27.1106	

- (1) 80% Capital (\$5,653,868) amortized at 13.2450% for 20 years Principal & Interest of \$806,743 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$20.4653
- (2) 20% ROE (\$1,413,467) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9896
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7993	38.7993	2.8139	35.9854
Patient Care				
Direct Care	97.7470	97.7470	7.0890	90.6580
Indirect Care	49.8861	49.8861	3.6179	46.2682
Property	13.6500	27.1106	1.9662	25.1444
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8063
Supplemental Rate Add-on				\$8.1747
Totals	200.0824	213.5430	15.4870	223.0370

***Medicaid Trend Adjustment :**



0 010082-00 - 2012/01
215.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Courtvard Gardens Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17781 Thelma Ave Jupiter FL 33458 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 7/8/1986 Med # Active Date: 6/1/2009 Previous Med # 224928	06/01/2009-06/30/2010 Days In CR 395 First Used: 2009/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 47,400 Max Annualized: 43,800 Total Patient: 27,013 Medicare: 3,604 Medicaid: 16,082	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.53430% Occupancy: 56.98945% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 71.25035% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	758,308	1,300,212	904,348	252,487	0	3,215,355	
1a	Audit Adjustments							
2	Cost Per Diem	47.1526	80.8489	56.2336	15.7000		199.9351	
3	Cost Per Diem Inflated	49.8228	83.6559	59.4181				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	49.8228	83.6559	59.4181	15.7000		208.5968	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	49.7185		59.2936				
7	Provider Target Rate	50.8540		60.6478				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500			
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210				
10	Target Rate Class Ceiling	51.9713		58.7454				
10a	New Provider Target Limitation	47.7752		55.2985				
10b	Base for line 10a	46.7085		54.0638				
11	Lesser of 5,7,8,10, 10a	47.7752	83.6559	55.2985	13.6500		200.3796	
12/13	Medicaid Adjustment Rate		0.8973	0.5931				
14	Prospective Per Diem 11	47.7752	84.5532	55.8916	13.6500		201.8700	
15	Inflated Usual & Customary Charge		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 010082-00 - 2012/01
215.05

Florida Agency For Health Care Administration
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Courtvard Gardens Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/8/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,580,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,360,026	8.7593
Indexed Asset Value	5,450,033	< 60% of Base:	False	20% ROE(2):	1,090,007	0.8746
FRVS Base Asset:	3,289,560	Interest Rate:	5.0000 %	Insurance Cost(3):	67,377	2.4942
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	79,407	2.9396
ROE Factor	0.031630	Amortization Rate:	5.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	1,725,798	0.0000
		Yearly Payment:	345,291	Total FRVS PD:		15.0677

(1) 80% Capital (\$4,360,026) amortized at 5.0000% for 20 years Principal & Interest of \$345,291 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7593

(2) 20% ROE (\$1,090,007) times the ROE factor (0.031630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8746

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.7752	47.7752	3.4649	44.3103
Patient Care				
Direct Care	84.5532	84.5532	6.1322	78.4210
Indirect Care	55.8916	55.8916	4.0535	51.8381
Property	13.6500	15.0677	1.0928	13.9749
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3282
Supplemental Rate Add-on				\$8.1747
Totals	201.8700	203.2877	14.7434	215.0472

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

0 010453-00 - 2012/01
212.38

HHCC - Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5401 Sawyer Road Sarasota FL 34233 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/10/2009 Acquired Date: 7/10/2009 Entered Medicaid 7/10/2009 Med # Active Date: 7/10/2009 Previous Med #	07/10/2009-12/31/2010 Days In CR 540 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 140 Maximum: 75,600 Max Annualized: 51,100 Total Patient: 46,629 Medicare: 24,780 Medicaid: 500	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 1.07229% Occupancy: 61.67857% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 77.11287% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	38,366	46,900	33,936	11,120	2,084	132,406
1a	Audit Adjustments						
2	Cost Per Diem	76.7320	93.8000	67.8720	22.2400	4.1680	264.8120
3	Cost Per Diem Inflated	80.5232	96.7250	71.2254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	80.5232	96.7250	71.2254	22.2400	4.1680	274.8816
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.5101		50.4020			
7	Provider Target Rate	62.9149		51.5531			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	48.6461		55.5381			
10b	Base for line 10a	47.5599		54.2980			
11	Lesser of 5,7,8,10, 10a	48.6461	96.7250	51.5531	13.6500	4.1680	214.7422
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6461	96.7250	51.5531	13.6500	4.1680	214.7422
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 010453-00 - 2012/01
212.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

HHCC - Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/10/2009 Year of Phase-In/ Full: RS to Start Calcs: 2009/07 Indexed Asset Value 6,666,380 FRVS Base Asset: 6,666,380 Occup Adj Factor: 0.9000 ROE Factor 0.028750	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,959,885.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,333,104	7.8154
	< 60% of Base:	False	20% ROE(2):	1,333,276	0.8335
	Interest Rate:	3.1400 %	Insurance Cost(3):	12,598	0.2702
	Chase Rate:	3.2500 %	Taxes Cost(3):	121,746	2.6110
	Amortization Rate:	3.1400 %	Home Office(3):	48,024	1.0299
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	359,429	Total FRVS PD:		12.5600	

- (1) 80% Capital (\$5,333,104) amortized at 3.1400% for 20 years Principal & Interest of \$359,429 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$7.8154
- (2) 20% ROE (\$1,333,276) times the ROE factor (0.028750) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.8335
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	47,617
Comparison Date:	1/1/2009	Current RS PBS:	49,785
Comparison Bed	140	Effective PBS Limitation	6,666,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6461	48.6461	3.5280	45.1181
Patient Care				
Direct Care	96.7250	96.7250	7.0149	89.7101
Indirect Care	51.5531	51.5531	3.7388	47.8143
Property	13.6500	12.5600	0.9109	11.6491
ROE	4.1680	2.8980	0.2102	2.6878
ROE Adjustment	-2.8980	-2.8980	-0.2102	-2.6878
Quality Assess-Medicaid Share				\$9.9102
Supplemental Rate Add-on				\$8.1747
Totals	211.8442	209.4842	15.1926	212.3765

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 011997-00 - 2012/01
202.62

Heartland Health & Rehab of Boca Raton

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider [2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7225 Boca Del Mar Drive Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/5/2009 Acquired Date: 8/5/2009 Entered Medicaid 8/5/2009 Med # Active Date: 8/5/2009 Previous Med #	01/01/2009-12/31/2009 Days In CR 365 First Used: 2009/07 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 30,080 Medicare: 18,927 Medicaid: 2,444	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 8.12500% Occupancy: 68.67580% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 85.86106% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.19387802 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.15950000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	142,094	204,266	140,824	66,917	7,854	561,955
1a	Audit Adjustments						
2	Cost Per Diem	58.1399	83.5786	57.6203	27.3801	3.2136	229.9325
3	Cost Per Diem Inflated	58.1399	83.5786	57.6203			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.1399	83.5786	57.6203	27.3801	3.2136	229.9325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	49.3812		55.1764			
10b	Base for line 10a	48.2786		53.9444			
11	Lesser of 5,7,8,10, 10a	49.3812	83.5786	55.1764	13.6500	3.2136	204.9998
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.3812	83.5786	55.1764	13.6500	3.2136	204.9998
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 011997-00 - 2012/01
202.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland Health & Rehab of Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/5/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	12,580,755.00		Total Amount	Per Diem
RS to Start Calcs:	2009/07	Type:	Variable [3]	80% Capital(1):	4,571,232	7.8154
Indexed Asset Value	5,714,040	< 60% of Base:	False	20% ROE(2):	1,142,808	0.8697
FRVS Base Asset:	5,714,040	Interest Rate:	3.1400 %	Insurance Cost(3):	4,773	0.1587
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	101,768	3.3832
ROE Factor	0.030000	Amortization Rate:	3.1400 %	Home Office(3):	25,171	0.8368
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	308,082	Total FRVS PD:		13.0638

(1) 80% Capital (\$4,571,232) amortized at 3.1400% for 20 years Principal & Interest of \$308,082 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8154

(2) 20% ROE (\$1,142,808) times the ROE factor (0.030000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8697

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	47,617
Comparison Date: 1/1/2009	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,714,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.3812	49.3812	3.5813	45.7999
Patient Care				
Direct Care	83.5786	83.5786	6.0615	77.5171
Indirect Care	55.1764	55.1764	4.0016	51.1748
Property	13.6500	13.0638	0.9474	12.1164
ROE	3.2136	0.2001	0.0145	0.1856
ROE Adjustment	-0.2001	-0.2001	-0.0145	-0.1856
Quality Assess-Medicaid Share				\$7.8420
Supplemental Rate Add-on				\$8.1747
Totals	204.7997	201.2000	14.5918	202.6249

***Medicaid Trend Adjustment :**



0 011998-00 - 2012/01
216.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Royal Palm Healthcare & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2180 10th Avenue Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/2004 Acquired Date: 4/1/2004 Entered Medicaid 3/7/2009 Med # Active Date: 3/7/2009 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 72 Maximum: 26,280 Max Annualized: 26,280 Total Patient: 20,832 Medicare: 10,704 Medicaid: 2,664	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 12.78802% Occupancy: 79.26941% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.10560% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	131,178	206,166	201,878	112,714	0	651,936
1a	Audit Adjustments						
2	Cost Per Diem	49.2410	77.3896	75.7800	42.3101		244.7207
3	Cost Per Diem Inflated	50.8711	79.1939	78.2887			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8711	79.1939	78.2887	42.3101		250.6638
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5768		74.8956			
7	Provider Target Rate	50.7091		76.6061			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	63.0072		69.8880			
10b	Base for line 10a	61.6003		68.3275			
11	Lesser of 5,7,8,10, 10a	50.7091	79.1939	69.8880	13.6500		213.4410
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.7091	79.1939	69.8880	13.6500		213.4410
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 011998-00 - 2012/01
216.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Royal Palm Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/7/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,207.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable [3]	80% Capital(1):	2,586,229	8.8418
Indexed Asset Value	3,232,786	< 60% of Base:	False	20% ROE(2):	646,557	0.7061
FRVS Base Asset:	0	Interest Rate:	7.0000 %	Insurance Cost(3):	13,730	0.6591
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	77,144	3.7031
ROE Factor	0.025830	Amortization Rate:	5.2500 %	Home Office(3):	4,336	0.2081
		Interest Only:	False	Replacement(3&4):	11,782	0.0000
		Yearly Payment:	209,126	Total FRVS PD:		14.1182

- (1) 80% Capital (\$2,586,229) amortized at 5.2500% for 20 years Principal & Interest of \$209,126 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$8.8418
- (2) 20% ROE (\$646,557) times the ROE factor (0.025830) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$0.7061
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	49,785
Comparison Bed 72	Effective PBS Limitation	3,098,232

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.7091	50.7091	3.6776	47.0315
Patient Care				
Direct Care	79.1939	79.1939	5.7435	73.4504
Indirect Care	69.8880	69.8880	5.0686	64.8194
Property	13.6500	14.1182	1.0239	13.0943
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.2826
Supplemental Rate Add-on				\$8.1747
Totals	213.4410	213.9092	15.5136	216.8529

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 014169-00 - 2012/01 216.66

Gulf Shore Rehab & Nursing

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6767 86th Avenue North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/6/1998 Acquired Date: 2/6/1998 Entered Medicaid 2/6/1998 Med # Active Date: 7/31/2009 Previous Med # 264351	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,382 Medicare: 12,216 Medicaid: 24,995	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
	Medicaid Utilization 61.89639% Occupancy: 92.19635% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.26734% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	953,269	2,476,212	1,583,587	741,102	0	5,754,170
1a	Audit Adjustments						
2	Cost Per Diem	38.1384	99.0683	63.3562	29.6500		230.2129
3	Cost Per Diem Inflated	39.7771	101.7808	66.0785			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7771	101.7808	66.0785	29.6500		237.2864
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2441		64.4140			
7	Provider Target Rate	47.3002		65.8851			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	50.9495		59.3042			
10b	Base for line 10a	49.8119		57.9800			
11	Lesser of 5,7,8,10, 10a	39.7771	96.4295	56.9334	13.6500		206.7900
12/13	Medicaid Adjustment Rate		1.2906	0.7620			
14	Prospective Per Diem 11	39.7771	97.7201	57.6954	13.6500		208.8426
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 014169-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.66

Gulf Shore Rehab & Nursing

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/6/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	2,287,954	6.3970
Indexed Asset Value	2,859,942	< 60% of Base:	False	20% ROE(2):	571,988	0.3929
FRVS Base Asset:	2,246,700	Interest Rate:	9.2900 %	Insurance Cost(3):	102,902	2.5482
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	162,403	4.0217
ROE Factor	0.027080	Amortization Rate:	9.2900 %	Home Office(3):	13,144	0.3255
		Interest Only:	False	Replacement(3&4):	13,857	0.0000
		Yearly Payment:	252,168	Total FRVS PD:		13.6853

(1) 80% Capital (\$2,287,954) amortized at 9.2900% for 20 years Principal & Interest of \$252,168 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.3970

(2) 20% ROE (\$571,988) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7771	39.7771	2.8848	36.8923
Patient Care				
Direct Care	97.7201	97.7201	7.0871	90.6330
Indirect Care	57.6954	57.6954	4.1843	53.5111
Property	13.6500	13.6853	0.9925	12.6928
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7519
Supplemental Rate Add-on				\$8.1747
Totals	208.8426	208.8779	15.1487	216.6558

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 015613-00 - 2012/01
210.29

St. James Health And Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
239 Crooked River Road Carrabelle FL 32322 County: Franklin [19] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/26/2009 Acquired Date: 5/26/2009 Entered Medicaid 5/26/2009 Med # Active Date: 5/26/2009 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 16,208 Medicare: 2,630 Medicaid: 10,744	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.28825% Occupancy: 49.33942% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 61.68600% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	509,498	811,637	570,333	741,014	0	2,632,482
1a	Audit Adjustments						
2	Cost Per Diem	47.4216	75.5433	53.0839	68.9700		245.0188
3	Cost Per Diem Inflated	49.5278	77.6667	55.4416			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.5278	77.6667	55.4416	68.9700		251.6061
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	98.4309		99.1467			
7	Provider Target Rate	100.6789		101.4111			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	46.9487		55.0763			
10b	Base for line 10a	45.9004		53.8465			
11	Lesser of 5,7,8,10, 10a	46.9487	77.6667	55.0763	13.6500		193.3417
12/13	Medicaid Adjustment Rate		1.4232	1.0092			
14	Prospective Per Diem 11	46.9487	79.0899	56.0855	13.6500		195.7741
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 015613-00 - 2012/01
210.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. James Health And Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/26/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,799,191.00		Total Amount	Per Diem
RS to Start Calcs:	2009/01	Type:	Variable [3]	80% Capital(1):	3,434,624	7.5472
Indexed Asset Value	4,293,280	< 60% of Base:	False	20% ROE(2):	858,656	0.8016
FRVS Base Asset:	4,229,370	Interest Rate:	2.7341 %	Insurance Cost(3):	101,531	6.2643
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	22,635	1.3965
ROE Factor	0.027600	Amortization Rate:	2.7341 %	Home Office(3):	11,127	0.6865
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	223,133	Total FRVS PD:		16.6961

(1) 80% Capital (\$3,434,624) amortized at 2.7341% for 20 years Principal & Interest of \$223,133 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$7.5472

(2) 20% ROE (\$858,656) times the ROE factor (0.027600) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.8016

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	46,993
Comparison Date: 7/1/2008	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	4,229,370

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9487	46.9487	3.4049	43.5438
Patient Care				
Direct Care	79.0899	79.0899	5.7359	73.3540
Indirect Care	56.0855	56.0855	4.0676	52.0179
Property	13.6500	16.6961	1.2109	15.4852
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7181
Supplemental Rate Add-on				\$8.1747
Totals	195.7741	198.8202	14.4193	210.2937

***Medicaid Trend Adjustment :**



0 016016-00 - 2012/01
216.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Whitehall Boca Raton

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider [2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7300 Del Prado Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/2009 Acquired Date: 12/1/2009 Entered Medicaid 12/1/2009 Med # Active Date: 12/1/2009 Previous Med #	11/01/2009-10/31/2010 Days In CR 365 First Used: 2009/07 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 154 Maximum: 56,210 Max Annualized: 56,210 Total Patient: 52,050 Medicare: 36,734 Medicaid: 2,556	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 4.91066% Occupancy: 92.59918% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.77098% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	133,116	323,726	232,206	69,268	0	758,316
1a	Audit Adjustments						
2	Cost Per Diem	52.0798	126.6534	90.8474	27.1002		296.6808
3	Cost Per Diem Inflated	52.0798	126.6534	90.8474			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0798	126.6534	90.8474	27.1002		296.6808
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	49.3812		55.1219			
10b	Base for line 10a	48.2786		53.8911			
11	Lesser of 5,7,8,10, 10a	49.3812	97.3020	55.1219	13.6500		215.4551
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.3812	97.3020	55.1219	13.6500		215.4551
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 016016-00 - 2012/01
216.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Whitehall Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2009 Year of Phase-In/ Full: RS to Start Calcs: 2009/07 Indexed Asset Value 7,333,018 FRVS Base Asset: 7,333,018 Occup Adj Factor: 0.9000 ROE Factor 0.030000	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	9,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,866,414	10.1712
	< 60% of Base:	False	20% ROE(2):	1,466,604	0.8697
	Interest Rate:	7.1000 %	Insurance Cost(3):	105,300	2.0231
	Chase Rate:	3.2500 %	Taxes Cost(3):	183,600	3.5274
	Amortization Rate:	6.2500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	514,551	Total FRVS PD:	16.5914		

- (1) 80% Capital (\$5,866,414) amortized at 6.2500% for 20 years Principal & Interest of \$514,551 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$10.1712
- (2) 20% ROE (\$1,466,604) times the ROE factor (0.030000) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$0.8697
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	47,617
Comparison Date:	1/1/2009	Current RS PBS:	49,785
Comparison Bed	154	Effective PBS Limitation	7,333,018

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.3812	49.3812	3.5813	45.7999
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	55.1219	55.1219	3.9977	51.1242
Property	13.6500	16.5914	1.2033	15.3881
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$6.2235
Supplemental Rate Add-on				\$8.1747
Totals	215.4551	218.3965	15.8390	216.9557

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017221-00 - 2012/01

206.05

Bayside Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4343 Langley Avenue Pensacola FL 32504-8511 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1979 Acquired Date: 10/1/1979 Entered Medicaid 10/1/1979 Med # Active Date: 1/1/2010 Previous Med # 213853	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,991 Medicare: 5,249 Medicaid: 12,760	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.78796% Occupancy: 96.64364% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.82752% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	507,057	1,114,546	674,749	331,760	0	2,628,112
1a	Audit Adjustments						
2	Cost Per Diem	39.7380	87.3469	52.8800	26.0000		205.9649
3	Cost Per Diem Inflated	41.7014	90.0707	55.4927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7014	90.0707	55.4927	26.0000		213.2648
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7249		55.5240			
7	Provider Target Rate	42.6778		56.7921			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.2246		51.3836			
10b	Base for line 10a	41.2818		50.2363			
11	Lesser of 5,7,8,10, 10a	41.7014	90.0707	51.3836	13.6500		196.8057
12/13	Medicaid Adjustment Rate		1.0931	0.6236			
14	Prospective Per Diem 11	41.7014	91.1638	52.0072	13.6500		198.5224
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017221-00 - 2012/01
206.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bayside Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,652,500.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	2,367,664	7.6863
Indexed Asset Value	2,959,580	< 60% of Base:	False	20% ROE(2):	591,916	0.4817
FRVS Base Asset:	1,740,980	Interest Rate:	11.5000 %	Insurance Cost(3):	20,209	0.9627
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	25,494	1.2145
ROE Factor	0.032080	Amortization Rate:	11.5000 %	Home Office(3):	21,622	1.0301
		Interest Only:	False	Replacement(3&4):	128,828	0.0000
		Yearly Payment:	302,994	Total FRVS PD:		11.3753

- (1) 80% Capital (\$2,367,664) amortized at 11.5000% for 20 years Principal & Interest of \$302,994 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6863
- (2) 20% ROE (\$591,916) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4817
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7014	41.7014	3.0244	38.6770
Patient Care				
Direct Care	91.1638	91.1638	6.6116	84.5522
Indirect Care	52.0072	52.0072	3.7718	48.2354
Property	13.6500	11.3753	0.8250	10.5503
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8612
Supplemental Rate Add-on				\$8.1747
Totals	198.5224	196.2477	14.2328	206.0508

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017222-00 - 2012/01

218.41

Margate Health Care Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5951 Colonial Drive Margate FL 33063 County: Broward[6] Region: South[2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/10/1985 Acquired Date: 6/10/1985 Entered Medicaid 6/10/1985 Med # Active Date: 1/1/2010 Previous Med # 214931	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 30,770 Max Annualized: 62,050 Total Patient: 28,372 Medicare: 7,577 Medicaid: 16,578	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.43085% Occupancy: 92.20669% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.28027% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	690,057	1,419,062	858,640	692,629	0	3,660,388
1a	Audit Adjustments						
2	Cost Per Diem	41.6249	85.5991	51.7939	41.7800		220.7979
3	Cost Per Diem Inflated	43.6815	88.2684	54.3530			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6815	88.2684	54.3530	41.7800		228.0829
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7061		54.3835			
7	Provider Target Rate	44.7043		55.6255			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	44.8200		53.6962			
10b	Base for line 10a	43.8192		52.4972			
11	Lesser of 5,7,8,10, 10a	43.6815	88.2684	53.6962	13.6500		199.2961
12/13	Medicaid Adjustment Rate		0.8372	0.5093			
14	Prospective Per Diem 11	43.6815	89.1056	54.2055	13.6500		200.6426
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017222-00 - 2012/01
218.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Margate Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	13,125,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	6,385,464	13.9301
Indexed Asset Value	7,981,830	< 60% of Base:	False	20% ROE(2):	1,596,366	0.9170
FRVS Base Asset:	3,420,000	Interest Rate:	10.7500 %	Insurance Cost(3):	26,692	0.9408
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	173,810	6.1261
ROE Factor	0.032080	Amortization Rate:	10.7500 %	Home Office(3):	29,881	1.0532
		Interest Only:	False	Replacement(3&4):	92,817	0.0000
		Yearly Payment:	777,925	Total FRVS PD:		22.9672

- (1) 80% Capital (\$6,385,464) amortized at 10.7500% for 20 years Principal & Interest of \$777,925 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$13.9301
- (2) 20% ROE (\$1,596,366) times the ROE factor (0.032080) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.9170
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6815	43.6815	3.1680	40.5135
Patient Care				
Direct Care	89.1056	89.1056	6.4623	82.6433
Indirect Care	54.2055	54.2055	3.9312	50.2743
Property	13.6500	22.9672	1.6657	21.3015
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.5017
Supplemental Rate Add-on				\$8.1747
Totals	200.6426	209.9598	15.2272	218.4090

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017223-00 - 2012/01
210.08

Rosewood Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3107 North H Street Pensacola FL 32501 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2010 Previous Med # 211842	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 28,055 Max Annualized: 56,575 Total Patient: 27,502 Medicare: 3,345 Medicaid: 19,703	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 71.64206% Occupancy: 98.02887% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.55938% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	764,324	1,865,387	932,133	407,261	0	3,969,105
1a	Audit Adjustments						
2	Cost Per Diem	38.7923	94.6753	47.3092	20.6700		201.4468
3	Cost Per Diem Inflated	40.7090	97.6276	49.6467			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.7090	97.6276	49.6467	20.6700		208.6533
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7319		49.6747			
7	Provider Target Rate	41.6622		50.8092			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	41.4647		51.1260			
10b	Base for line 10a	40.5389		49.9844			
11	Lesser of 5,7,8,10, 10a	40.7090	95.5570	49.6467	13.6500		199.5627
12/13	Medicaid Adjustment Rate		2.3266	1.2088			
14	Prospective Per Diem 11	40.7090	97.8836	50.8555	13.6500		203.0981
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017223-00 - 2012/01
210.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rosewood Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,259,962 FRVS Base Asset: 1,485,746 Occup Adj Factor: 0.9000 ROE Factor 0.032080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,487,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,607,970	5.5300
	< 60% of Base:	False	20% ROE(2):	651,992	0.4108
	Interest Rate:	9.0000 %	Insurance Cost(3):	23,508	0.8548
	Chase Rate:	6.0000 %	Taxes Cost(3):	12,819	0.4661
	Amortization Rate:	9.0000 %	Home Office(3):	26,100	0.9490
	Interest Only:	False	Replacement(3&4):	71,260	0.0000
Yearly Payment:	281,575	Total FRVS PD:		8.2107	

(1) 80% Capital (\$2,607,970) amortized at 9.0000% for 20 years Principal & Interest of \$281,575 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$5.5300

(2) 20% ROE (\$651,992) times the ROE factor (0.032080) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.4108

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 155	Effective PBS Limitation	4,417,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.7090	40.7090	2.9524	37.7566
Patient Care				
Direct Care	97.8836	97.8836	7.0989	90.7847
Indirect Care	50.8555	50.8555	3.6883	47.1672
Property	13.6500	8.2107	0.5955	7.6152
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5776
Supplemental Rate Add-on				\$8.1747
Totals	203.0981	197.6588	14.3351	210.0760

***Medicaid Trend Adjustment :**



0 017225-00 - 2012/01
213.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Breeze Nursing & Retirement Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3387 Gulf Breeze Parkway Gulf Breeze FL 32563 County: Santa Rosa[57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 1/1/2010 Previous Med # 213861	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 18,966 Medicare: 5,163 Medicaid: 10,756 Medicaid Utilization 56.71201% Occupancy: 87.32044% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.17130% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	408,901	1,019,180	549,685	357,960	0	2,335,726
1a	Audit Adjustments						
2	Cost Per Diem	38.0161	94.7546	51.1050	33.2800		217.1557
3	Cost Per Diem Inflated	39.8944	97.7094	53.6300			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.8944	97.7094	53.6300	33.2800		224.5138
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.9169		53.6603			
7	Provider Target Rate	40.8285		54.8858			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	40.5291		51.3836			
10b	Base for line 10a	39.6241		50.2363			
11	Lesser of 5,7,8,10, 10a	39.8944	95.5570	51.3836	13.6500		200.4850
12/13	Medicaid Adjustment Rate		0.7216	0.3880			
14	Prospective Per Diem 11	39.8944	96.2786	51.7716	13.6500		201.5946
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017225-00 - 2012/01
213.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Breeze Nursing & Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/30/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,767,000.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Fixed [2]	80% Capital(1): 3,874,185	12.5770
Indexed Asset Value: 4,842,731	< 60% of Base: False	20% ROE(2): 968,546	0.7882
FRVS Base Asset: 1,698,423	Interest Rate: 11.5000 %	Insurance Cost(3): 24,873	1.3115
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 28,096	1.4814
ROE Factor: 0.032080	Amortization Rate: 11.5000 %	Home Office(3): 20,800	1.0967
	Interest Only: False	Replacement(3&4): 197,950	0.0000
	Yearly Payment: 495,786	Total FRVS PD:	17.2548

(1) 80% Capital (\$3,874,185) amortized at 11.5000% for 20 years Principal & Interest of \$495,786 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5770

(2) 20% ROE (\$968,546) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7882

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8944	39.8944	2.8933	37.0011
Patient Care				
Direct Care	96.2786	96.2786	6.9825	89.2961
Indirect Care	51.7716	51.7716	3.7547	48.0169
Property	13.6500	17.2548	1.2514	16.0034
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3925
Supplemental Rate Add-on				\$8.1747
Totals	201.5946	205.1994	14.8819	213.8847

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017230-00 - 2012/01

217.78

Silvercrest Manor

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
103 Ruby Lane Crestview FL 32539 County: Okaloosa[46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 8/1/1988 Med # Active Date: 1/1/2010 Previous Med # 213926	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 10,860 Max Annualized: 21,900 Total Patient: 10,284 Medicare: 2,591 Medicaid: 6,479	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.00078% Occupancy: 94.69613% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.39267% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	288,956	545,575	336,729	203,894	0	1,375,154
1a	Audit Adjustments						
2	Cost Per Diem	44.5989	84.2067	51.9724	31.4700		212.2480
3	Cost Per Diem Inflated	46.8025	86.8325	54.5403			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8025	86.8325	54.5403	31.4700		219.6453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8289		54.5710			
7	Provider Target Rate	47.8984		55.8173			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	47.0232		56.1195			
10b	Base for line 10a	45.9732		54.8664			
11	Lesser of 5,7,8,10, 10a	46.8025	86.8325	54.5403	13.6500		201.8253
12/13	Medicaid Adjustment Rate		1.2700	0.7977			
14	Prospective Per Diem 11	46.8025	88.1025	55.3380	13.6500		203.8930
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017230-00 - 2012/01
217.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Silvercrest Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 2,800,876 FRVS Base Asset: 1,779,720 Occup Adj Factor: 0.9000 ROE Factor 0.032080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,309,333.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,240,701	14.5483
	< 60% of Base:	False	20% ROE(2):	560,175	0.9117
	Interest Rate:	11.5000 %	Insurance Cost(3):	11,395	1.1080
	Chase Rate:	8.5000 %	Taxes Cost(3):	11,289	1.0977
	Amortization Rate:	11.5000 %	Home Office(3):	10,574	1.0282
	Interest Only:	False	Replacement(3&4):	43,333	0.0000
Yearly Payment:	286,746	Total FRVS PD:		18.6939	

(1) 80% Capital (\$2,240,701) amortized at 11.5000% for 20 years Principal & Interest of \$286,746 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.5483

(2) 20% ROE (\$560,175) times the ROE factor (0.032080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.9117

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,779,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8025	46.8025	3.3943	43.4082
Patient Care				
Direct Care	88.1025	88.1025	6.3896	81.7129
Indirect Care	55.3380	55.3380	4.0133	51.3247
Property	13.6500	18.6939	1.3558	17.3381
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8214
Supplemental Rate Add-on				\$8.1747
Totals	203.8930	208.9369	15.1530	217.7800

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017236-00 - 2012/01 214.65

Specialty Center of Pensacola

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6984 Pine Forest Road Pensacola FL 32526 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/9/1991 Acquired Date: 12/9/1991 Entered Medicaid 12/16/1991 Med # Active Date: 1/1/2010 Previous Med # 213918	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,532 Medicare: 6,192 Medicaid: 11,725	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.10598% Occupancy: 94.53039% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.18544% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	458,316	1,104,992	606,492	348,819	0	2,518,619
1a	Audit Adjustments						
2	Cost Per Diem	39.0888	94.2424	51.7264	29.7500		214.8076
3	Cost Per Diem Inflated	41.0201	97.1812	54.2821			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0201	97.1812	54.2821	29.7500		222.2334
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0432		54.3127			
7	Provider Target Rate	41.9806		55.5531			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.2246		51.3884			
10b	Base for line 10a	41.2818		50.2410			
11	Lesser of 5,7,8,10, 10a	41.0201	95.5570	51.3884	13.6500		201.6155
12/13	Medicaid Adjustment Rate		0.7639	0.4108			
14	Prospective Per Diem 11	41.0201	96.3209	51.7992	13.6500		202.7902
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017236-00 - 2012/01
214.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Specialty Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/16/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/07 Indexed Asset Value 5,240,059 FRVS Base Asset: 3,576,837 Occup Adj Factor: 0.9000 ROE Factor 0.032080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,652,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,192,047	13.6089
	< 60% of Base:	False	20% ROE(2):	1,048,012	0.8529
	Interest Rate:	11.5000 %	Insurance Cost(3):	20,975	1.0216
	Chase Rate:	8.5000 %	Taxes Cost(3):	18,174	0.8852
	Amortization Rate:	11.5000 %	Home Office(3):	24,329	1.1849
	Interest Only:	False	Replacement(3&4):	137,372	0.0000
Yearly Payment:	536,463	Total FRVS PD:		17.5535	

(1) 80% Capital (\$4,192,047) amortized at 11.5000% for 20 years Principal & Interest of \$536,463 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.6089

(2) 20% ROE (\$1,048,012) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8529

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0201	41.0201	2.9749	38.0452
Patient Care				
Direct Care	96.3209	96.3209	6.9856	89.3353
Indirect Care	51.7992	51.7992	3.7567	48.0425
Property	13.6500	17.5535	1.2731	16.2804
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7716
Supplemental Rate Add-on				\$8.1747
Totals	202.7902	206.6937	14.9903	214.6497

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017242-00 - 2012/01
225.13

Grand Boulevard Health & Rehab. Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
138 Sandestin Lane Destin FL 32550 County: Walton[66] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/24/1988 Acquired Date: 2/24/1988 Entered Medicaid 2/24/1988 Med # Active Date: 1/1/2010 Previous Med # 211621	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 17,557 Max Annualized: 35,405 Total Patient: 14,657 Medicare: 2,881 Medicaid: 9,471	Superior: 145 Standard: 0 Conditional: 36 Total: 181
	Medicaid Utilization 64.61759% Occupancy: 83.48237% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 104.37280% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	419,805	889,861	503,225	341,808	0	2,154,699
1a	Audit Adjustments						
2	Cost Per Diem	44.3253	93.9564	53.1332	36.0900		227.5049
3	Cost Per Diem Inflated	46.5153	96.8863	55.7584			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5153	96.8863	55.7584	36.0900		235.2500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5416		55.7899			
7	Provider Target Rate	47.6045		57.0641			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	45.5084		56.4170			
10b	Base for line 10a	44.4923		55.1573			
11	Lesser of 5,7,8,10, 10a	45.5084	94.3159	55.7584	13.6500		209.2327
12/13	Medicaid Adjustment Rate		1.2425	0.7346			
14	Prospective Per Diem 11	45.5084	95.5584	56.4930	13.6500		211.2098
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 017242-00 - 2012/01
225.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Grand Boulevard Health & Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/24/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	3,708,077	13.9418
Indexed Asset Value	4,635,096	< 60% of Base:	False	20% ROE(2):	927,019	0.9333
FRVS Base Asset:	1,765,380	Interest Rate:	11.5000 %	Insurance Cost(3):	19,828	1.3528
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	11,421	0.7792
ROE Factor	0.032080	Amortization Rate:	10.5000 %	Home Office(3):	15,060	1.0275
		Interest Only:	False	Replacement(3&4):	31,111	0.0000
		Yearly Payment:	444,248	Total FRVS PD:		18.0346

(1) 80% Capital (\$3,708,077) amortized at 10.5000% for 20 years Principal & Interest of \$444,248 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$13.9418

(2) 20% ROE (\$927,019) times the ROE factor (0.032080) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.9333

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.5084	45.5084	3.3005	42.2079
Patient Care				
Direct Care	95.5584	95.5584	6.9303	88.6281
Indirect Care	56.4930	56.4930	4.0971	52.3959
Property	13.6500	18.0346	1.3079	16.7267
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9927
Supplemental Rate Add-on				\$8.1747
Totals	211.2098	215.5944	15.6358	225.1260

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 017301-00 - 2012/01

218.62

Lake Bennett Health and Rehabilitation

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1901 Kelton Avenue Ocoee FL 34761 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/6/1997 Acquired Date: 9/8/1997 Entered Medicaid 9/8/1997 Med # Active Date: 1/1/2010 Previous Med # 318761	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 53.93571% Occupancy: 96.10037% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.14829% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 20,873 Medicare: 4,675 Medicaid: 11,258	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21497768		
			Semester Index: 1.27500780		
			Cost: 1.04940841		
			Target: 1.01598689		
			DC FY Index: 1.17050000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03118326		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	528,037	1,135,739	625,026	347,534	0	2,636,336
1a	Audit Adjustments						
2	Cost Per Diem	46.9033	100.8828	55.5184	30.8700		234.1745
3	Cost Per Diem Inflated	49.2207	104.0287	58.2615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.2207	104.0287	58.2615	30.8700		242.3809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2485		58.2944			
7	Provider Target Rate	50.3733		59.6258			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	43.1782		55.7733			
10b	Base for line 10a	42.2141		54.5280			
11	Lesser of 5,7,8,10, 10a	43.1782	96.4295	55.7733	13.6500		209.0310
12/13	Medicaid Adjustment Rate		0.4270	0.2469			
14	Prospective Per Diem 11	43.1782	96.8565	56.0202	13.6500		209.7049
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 017301-00 - 2012/01
218.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Bennett Health and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/8/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed [2]	80% Capital(1):	4,230,545	9.9846
Indexed Asset Value	5,288,181	< 60% of Base:	False	20% ROE(2):	1,057,636	0.8607
FRVS Base Asset:	4,407,879	Interest Rate:	7.9000 %	Insurance Cost(3):	8,884	0.4256
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	39,205	1.8783
ROE Factor	0.032080	Amortization Rate:	7.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	393,592	Total FRVS PD:		13.1492

(1) 80% Capital (\$4,230,545) amortized at 7.0000% for 20 years Principal & Interest of \$393,592 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9846

(2) 20% ROE (\$1,057,636) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8607

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 119	Effective PBS Limitation	4,407,879

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1782	43.1782	3.1315	40.0467
Patient Care				
Direct Care	96.8565	96.8565	7.0244	89.8321
Indirect Care	56.0202	56.0202	4.0628	51.9574
Property	13.6500	13.1492	0.9536	12.1956
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4130
Supplemental Rate Add-on				\$8.1747
Totals	209.7049	209.2041	15.1723	218.6195

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 018066-00 - 2012/01

205.80

The Park Summit at Coral Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8500 Royal Palm Blvd. Coral Springs FL 33065 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 1/1/2010 Previous Med # 254134	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 35 Maximum: 12,775 Max Annualized: 12,775 Total Patient: 11,792 Medicare: 6,100 Medicaid: 4,297	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 36.43996% Occupancy: 92.30528% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.40353% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	177,124	361,391	382,027	87,100	0	1,007,642
1a	Audit Adjustments						
2	Cost Per Diem	41.2204	84.1031	88.9055	20.2700		234.4990
3	Cost Per Diem Inflated	42.5850	86.0640	91.8487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5850	86.0640	91.8487	20.2700		240.7677
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	114.9122		100.5112			
7	Provider Target Rate	117.5366		102.8067			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5850	86.0640	72.5715	13.6500		214.8705
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.5850	86.0640	72.5715	13.6500		214.8705
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 018066-00 - 2012/01
205.80

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Park Summit at Coral Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	None [1]	80% Capital(1):	1,045,652	8.5713
Indexed Asset Value	1,307,065	< 60% of Base:	True	20% ROE(2):	261,413	0.5873
FRVS Base Asset:	997,500	Interest Rate:	9.5000 %	Insurance Cost(3):	7,545	0.6398
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	22,807	1.9341
ROE Factor	0.025830	Amortization Rate:	9.5000 %	Home Office(3):	1,515	0.1285
		Interest Only:	True	Replacement(3&4):	7,748,675	0.0000
		Yearly Payment:	98,549	Total FRVS PD:		11.8610

- (1) 80% Capital (\$1,045,652) amortized at 9.5000% for 20 years Interest of \$98,549 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$8.5713
- (2) 20% ROE (\$261,413) times the ROE factor (0.025830) divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = \$0.5873
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 35	Effective PBS Limitation	997,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5850	42.5850	3.0884	39.4966
Patient Care				
Direct Care	86.0640	86.0640	6.2417	79.8223
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	11.8610	0.8602	11.0008
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	214.8705	213.0815	15.4535	205.8027

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 018777-00 - 2012/01

213.02

Bay Village of Sarasota

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider [2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8400 Vamo Road Sarasota FL 34231-7899 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/5/1975 Acquired Date: 12/5/1975 Entered Medicaid 2/22/2010 Med # Active Date: 2/22/2010 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 26,590 Medicare: 1,132 Medicaid: 3,828	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 14.39639% Occupancy: 76.68349% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.87258% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	175,552	404,146	235,408	62,396	0	877,502
1a	Audit Adjustments						
2	Cost Per Diem	45.8600	105.5763	61.4963	16.2999		229.2325
3	Cost Per Diem Inflated	45.8600	105.5763	61.4963			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8600	105.5763	61.4963	16.2999		229.2325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	56.2310		67.4280			
10b	Base for line 10a	54.9754		65.9224			
11	Lesser of 5,7,8,10, 10a	45.8600	102.9097	61.4963	13.6500		223.9160
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8600	102.9097	61.4963	13.6500		223.9160
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 018777-00 - 2012/01
213.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Village of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/22/2010	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 12,300,000.00	Total Amount	Per Diem
RS to Start Calcs: 1975/07	Type: Fixed [2]	80% Capital(1): 3,643,668	8.6498
Indexed Asset Value 4,554,585	< 60% of Base: False	20% ROE(2): 910,917	0.9305
FRVS Base Asset: 0	Interest Rate: 4.2150 %	Insurance Cost(3): 5,000	0.1880
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 22,063	0.8297
ROE Factor 0.031880	Amortization Rate: 4.2150 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 269,939	Total FRVS PD:	10.5980

(1) 80% Capital (\$3,643,668) amortized at 4.2150% for 20 years Principal & Interest of \$269,939 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$8.6498

(2) 20% ROE (\$910,917) times the ROE factor (0.031880) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.9305

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 47,943
Comparison Date: 7/1/2009	Current RS PBS: 49,785
Comparison Bed 95	Effective PBS Limitation 4,554,585

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8600	45.8600	3.3260	42.5340
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	61.4963	61.4963	4.4600	57.0363
Property	13.6500	10.5980	0.7686	9.8294
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	223.9160	220.8640	16.0180	213.0207

***Medicaid Trend Adjustment :**



0 019085-00 - 2012/01
217.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Golfview Healthcare Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3636 10th Avenue North St. Petersburg FL 33713 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 12/15/1986 Entered Medicaid 12/15/1986 Med # Active Date: 4/1/2010 Previous Med # 262722	04/01/2010-09/30/2010 Days In CR 183 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 56 Maximum: 10,248 Max Annualized: 20,440 Total Patient: 8,505 Medicare: 1,593 Medicaid: 5,335	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.72781% Occupancy: 82.99180% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.75947% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	317,555	436,462	339,995	68,448	0	1,162,460
1a	Audit Adjustments						
2	Cost Per Diem	59.5230	81.8111	63.7291	12.8300		217.8932
3	Cost Per Diem Inflated	62.1667	84.1107	66.5596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.1667	84.1107	66.5596	12.8300		225.6670
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.5290		66.9476			
7	Provider Target Rate	63.9571		68.4766			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	52.3513		56.6140			
10b	Base for line 10a	51.1824		55.3499			
11	Lesser of 5,7,8,10, 10a	52.3513	84.1107	56.6140	12.8300		205.9060
12/13	Medicaid Adjustment Rate		1.2044	0.8106			
14	Prospective Per Diem 11	52.3513	85.3151	57.4246	12.8300		207.9210
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 019085-00 - 2012/01
217.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Golfview Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/15/1986	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1986/07	Type: Fixed [2]		80% Capital(1): 1,385,782	9.7437
Indexed Asset Value 1,732,227	< 60% of Base: True		20% ROE(2): 346,445	0.5258
FRVS Base Asset: 1,114,559	Interest Rate: 0.0000 %		Insurance Cost(3): 3,975	0.4674
Occup Adj Factor: 0.9000	Chase Rate: 0.0000 %		Taxes Cost(3): 8,490	0.9982
ROE Factor 0.027920	Amortization Rate: 13.0000 %		Home Office(3): 7,282	0.8562
	Interest Only: True		Replacement(3&4): 27,833	0.0000
	Yearly Payment: 179,245		Total FRVS PD:	12.5913

(1) 80% Capital (\$1,385,782) amortized at 13.0000% for 20 years Interest of \$179,245 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$9.7437

(2) 20% ROE (\$346,445) times the ROE factor (0.027920) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = \$0.5258

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 20,572
Comparison Date: 7/1/1979	Current RS PBS: 49,785
Comparison Bed 56	Effective PBS Limitation 1,152,032

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3513	52.3513	3.7967	48.5546
Patient Care				
Direct Care	85.3151	85.3151	6.1874	79.1277
Indirect Care	57.4246	57.4246	4.1647	53.2599
Property	12.8300	12.5913	0.9132	11.6781
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1886
Supplemental Rate Add-on				\$8.1747
Totals	207.9210	207.6823	15.0620	217.9836

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 019282-00 - 2012/01

198.16

Southern Pines Healthcare Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6140 Congress Street New Port Richey FL 34653 County: Pasco[51] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 4/1/2010 Previous Med # 262706	04/01/2010-09/30/2010 Days In CR 183 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,960 Max Annualized: 43,800 Total Patient: 14,985 Medicare: 1,260 Medicaid: 8,954	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.75309% Occupancy: 68.23770% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 85.31334% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	396,116	695,384	409,999	167,082	0	1,668,581
1a	Audit Adjustments						
2	Cost Per Diem	44.2390	77.6618	45.7895	18.6600		186.3503
3	Cost Per Diem Inflated	46.2039	79.8448	47.8232			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2039	79.8448	47.8232	18.6600		192.5319
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4732		48.1020			
7	Provider Target Rate	47.5346		49.2006			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	44.2190		47.7147			
10b	Base for line 10a	43.2317		46.6493			
11	Lesser of 5,7,8,10, 10a	44.2190	79.8448	47.7147	13.6500		185.4285
12/13	Medicaid Adjustment Rate		0.8761	0.5235			
14	Prospective Per Diem 11	44.2190	80.7209	48.2382	13.6500		186.8281
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 019282-00 - 2012/01
198.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Southern Pines Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	2,509,142	8.2331
Indexed Asset Value	3,136,427	< 60% of Base:	True	20% ROE(2):	627,285	0.4443
FRVS Base Asset:	1,765,696	Interest Rate:	0.0000 %	Insurance Cost(3):	7,878	0.5257
Occup Adj Factor:	0.9000	Chase Rate:	0.0000 %	Taxes Cost(3):	12,591	0.8402
ROE Factor	0.027920	Amortization Rate:	13.0000 %	Home Office(3):	11,018	0.7353
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	324,547	Total FRVS PD:		10.7786

(1) 80% Capital (\$2,509,142) amortized at 13.0000% for 20 years Interest of \$324,547 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.2331

(2) 20% ROE (\$627,285) times the ROE factor (0.027920) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4443

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2190	44.2190	3.2069	41.0121
Patient Care				
Direct Care	80.7209	80.7209	5.8542	74.8667
Indirect Care	48.2382	48.2382	3.4984	44.7398
Property	13.6500	10.7786	0.7817	9.9969
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3716
Supplemental Rate Add-on				\$8.1747
Totals	186.8281	183.9567	13.3412	198.1618

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 019284-00 - 2012/01

197.34

Cedar Hills Healthcare Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2061 Hyde Park Rd Jacksonville FL 32210 County: Duval[16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 4/1/2010 Previous Med # 262714	04/01/2010-09/30/2010 Days In CR 183 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 32,940 Max Annualized: 65,700 Total Patient: 27,176 Medicare: 2,015 Medicaid: 23,065	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 84.87268% Occupancy: 82.50152% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.14651% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,944	1,883,642	932,981	304,458	0	4,024,025
1a	Audit Adjustments						
2	Cost Per Diem	39.1478	81.6667	40.4501	13.2000		174.4646
3	Cost Per Diem Inflated	40.8865	83.9623	42.2467			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8865	83.9623	42.2467	13.2000		180.2955
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1249		44.2764			
7	Provider Target Rate	42.0641		45.2876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	39.9433		45.7293			
10b	Base for line 10a	39.0514		44.7082			
11	Lesser of 5,7,8,10, 10a	39.9433	83.9623	42.2467	13.2000		179.3523
12/13	Medicaid Adjustment Rate		3.2940	1.6574			
14	Prospective Per Diem 11	39.9433	87.2563	43.9041	13.2000		184.3037
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 019284-00 - 2012/01
197.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cedar Hills Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Fixed [2]	80% Capital(1):	4,200,528	9.1886
Indexed Asset Value	5,250,660	< 60% of Base:	True	20% ROE(2):	1,050,132	0.4959
FRVS Base Asset:	2,853,841	Interest Rate:	0.0000 %	Insurance Cost(3):	13,923	0.5123
Occup Adj Factor:	0.9000	Chase Rate:	0.0000 %	Taxes Cost(3):	24,123	0.8877
ROE Factor	0.027920	Amortization Rate:	13.0000 %	Home Office(3):	17,799	0.6550
		Interest Only:	True	Replacement(3&4):	17,356	0.0000
		Yearly Payment:	543,320	Total FRVS PD:		11.7395

(1) 80% Capital (\$4,200,528) amortized at 13.0000% for 20 years Interest of \$543,320 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.1886

(2) 20% ROE (\$1,050,132) times the ROE factor (0.027920) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4959

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9433	39.9433	2.8969	37.0464
Patient Care				
Direct Care	87.2563	87.2563	6.3282	80.9281
Indirect Care	43.9041	43.9041	3.1841	40.7200
Property	13.2000	11.7395	0.8514	10.8881
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5818
Supplemental Rate Add-on				\$8.1747
Totals	184.3037	182.8432	13.2606	197.3391

***Medicaid Trend Adjustment :**



0 019287-00 - 2012/01
206.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Golfcrest Healthcare Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 North 17th Avenue Hollywood FL 33020	04/01/2010-09/30/2010	Number of Beds: 67	Superior: 0
County: Broward[6]	Days In CR 183	Maximum: 12,261	Standard: 181
Region: South[2] Area: 10	First Used: 2010/01	Max Annualized: 24,455	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 11,021	Total: 181
Current Class South Small [3]	Unaudited [3]	Medicare: 1,260	Inflation
Class at 1/94: South Small [3]	Initial CR? False	Medicaid: 7,479	FY Index: 1.22078676
Operating Ex > 18 months [1]	Medicaid Utilization 67.86136%		Semester Index: 1.27500780
Open Date: 3/1/1980	Occupancy: 89.88663%		Cost: 1.04441483
Acquired Date: 3/1/1980	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 3/1/1980	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17400000
Med # Active Date: 4/1/2010	Low Occupancy Adjustment Factor: 112.37965%		DC Sem Index: 1.20700000
Previous Med # 262064	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02810903
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	361,755	518,887	383,281	134,547	0	1,398,470
1a	Audit Adjustments						
2	Cost Per Diem	48.3694	69.3792	51.2476	17.9900		186.9862
3	Cost Per Diem Inflated	50.5177	71.3294	53.5238			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5177	71.3294	53.5238	17.9900		193.3609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8122		59.9316			
7	Provider Target Rate	51.9727		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	52.4705		61.3003			
10b	Base for line 10a	51.2989		59.9316			
11	Lesser of 5,7,8,10, 10a	50.5177	71.3294	53.5238	13.6500		189.0209
12/13	Medicaid Adjustment Rate		1.4333	1.0755			
14	Prospective Per Diem 11	50.5177	72.7627	54.5993	13.6500		191.5297
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 019287-00 - 2012/01
206.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Golfcrest Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1980/01	Type: Fixed [2]		80% Capital(1): 1,595,046	9.3738	
Indexed Asset Value 1,993,808	< 60% of Base: True		20% ROE(2): 398,762	0.5058	
FRVS Base Asset: 1,178,716	Interest Rate: 0.0000 %		Insurance Cost(3): 5,728	0.5197	
Occup Adj Factor: 0.9000	Chase Rate: 0.0000 %		Taxes Cost(3): 47,569	4.3162	
ROE Factor 0.027920	Amortization Rate: 13.0000 %		Home Office(3): 7,945	0.7209	
	Interest Only: True		Replacement(3&4): 31,056	0.0000	
	Yearly Payment: 206,312		Total FRVS PD:	15.4364	

(1) 80% Capital (\$1,595,046) amortized at 13.0000% for 20 years Interest of \$206,312 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$9.3738

(2) 20% ROE (\$398,762) times the ROE factor (0.027920) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = \$0.5058

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 67	Effective PBS Limitation 1,909,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5177	50.5177	3.6638	46.8539
Patient Care				
Direct Care	72.7627	72.7627	5.2771	67.4856
Indirect Care	54.5993	54.5993	3.9598	50.6395
Property	13.6500	15.4364	1.1195	14.3169
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7320
Supplemental Rate Add-on				\$8.1747
Totals	191.5297	193.3161	14.0202	206.2026

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 021261-00 - 2012/01

214.22

Coastal Health and Rehabilitation Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
820 N Clyde Morris Blvd Daytona Beach FL 32117 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/5/1987 Acquired Date: 2/5/1987 Entered Medicaid 2/6/1987 Med # Active Date: 1/10/2010 Previous Med # 283134	01/01/2010-06/30/2010 Days In CR 181 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 21,720 Max Annualized: 43,800 Total Patient: 17,917 Medicare: 1,502 Medicaid: 15,259	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 85.16493% Occupancy: 82.49079% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.13308% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	624,720	1,377,848	881,539	348,210	0	3,232,317
1a	Audit Adjustments						
2	Cost Per Diem	40.9411	90.2974	57.7717	22.8200		211.8302
3	Cost Per Diem Inflated	42.9639	93.1132	60.6261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9639	93.1132	60.6261	22.8200		219.5232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9881		60.6604			
7	Provider Target Rate	43.9699		62.0458			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	40.8733		51.5936			
10b	Base for line 10a	39.9607		50.4416			
11	Lesser of 5,7,8,10, 10a	40.8733	93.1132	51.5936	13.6500		199.2301
12/13	Medicaid Adjustment Rate		3.6836	2.0411			
14	Prospective Per Diem 11	40.8733	96.7968	53.6347	13.6500		204.9548
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 021261-00 - 2012/01
214.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Coastal Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/19/2004	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount Per Diem	
RS to Start Calcs: 1987/01	Type: None [1]	80% Capital(1): 4,319,268	5.6766	
Indexed Asset Value 5,399,085	< 60% of Base: True	20% ROE(2): 1,079,817	0.8788	
FRVS Base Asset: 2,020,491	Interest Rate: 5.2500 %	Insurance Cost(3): 17,876	0.9977	
Occup Adj Factor: 0.9000	Chase Rate: 5.2500 %	Taxes Cost(3): 24,853	1.3871	
ROE Factor 0.032080	Amortization Rate: 5.2500 %	Home Office(3): 18,235	1.0177	
	Interest Only: True	Replacement(3&4): 26,042	0.0000	
	Yearly Payment: 223,771	Total FRVS PD:	9.9579	

- (1) 80% Capital (\$4,319,268) amortized at 5.2500% for 20 years Interest of \$223,771 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.6766
- (2) 20% ROE (\$1,079,817) times the ROE factor (0.032080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8788
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,682
Comparison Date: 7/1/1986	Current RS PBS: 49,785
Comparison Bed 84	Effective PBS Limitation 2,409,288

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8733	40.8733	2.9643	37.9090
Patient Care				
Direct Care	96.7968	96.7968	7.0201	89.7767
Indirect Care	53.6347	53.6347	3.8898	49.7449
Property	13.6500	9.9579	0.7222	9.2357
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3770
Supplemental Rate Add-on				\$8.1747
Totals	204.9548	201.2627	14.5964	214.2180

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 022138-00 - 2012/01

230.81

Carlton Shores Health and Rehab Center

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1350 South Nova Road Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 7/1/1987 Med # Active Date: 5/1/2010 Previous Med # 223905	05/01/2010-12/31/2010 Days In CR 245 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 84 Maximum: 20,580 Max Annualized: 30,660 Total Patient: 17,553 Medicare: 3,301 Medicaid: 9,501	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 54.12750% Occupancy: 85.29155% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.63470% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	676,407	872,263	679,616	192,015	12,552	2,432,853
1a	Audit Adjustments						
2	Cost Per Diem	71.1932	91.8075	71.5310	20.2100	1.3211	256.0628
3	Cost Per Diem Inflated	74.1493	94.2544	74.5011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	74.1493	94.2544	74.5011	20.2100	1.3211	264.4359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.8870		74.2376			
7	Provider Target Rate	75.5745		75.9331			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	51.0860		60.5246			
10b	Base for line 10a	49.9453		59.1732			
11	Lesser of 5,7,8,10, 10a	49.9961	94.2544	60.5246	13.6500	1.3211	219.7462
12/13	Medicaid Adjustment Rate		0.4377	0.2810			
14	Prospective Per Diem 11	49.9961	94.6921	60.8056	13.6500	1.3211	220.4649
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 022138-00 - 2012/01
230.81

Florida Agency For Health Care Administration
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Carlton Shores Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	2,730,985	8.6808
Indexed Asset Value	3,413,731	< 60% of Base:	False	20% ROE(2):	682,746	0.6186
FRVS Base Asset:	813,756	Interest Rate:	6.2500 %	Insurance Cost(3):	63,850	3.6376
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	35,045	1.9965
ROE Factor	0.025000	Amortization Rate:	6.2500 %	Home Office(3):	19,276	1.0982
		Interest Only:	False	Replacement(3&4):	25,825	0.0000
		Yearly Payment:	239,539	Total FRVS PD:		16.0317

(1) 80% Capital (\$2,730,985) amortized at 6.2500% for 20 years Principal & Interest of \$239,539 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$8.6808

(2) 20% ROE (\$682,746) times the ROE factor (0.025000) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.6186

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	49,785
Comparison Bed 55	Effective PBS Limitation	1,395,075

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	94.6921	94.6921	6.8675	87.8246
Indirect Care	60.8056	60.8056	4.4099	56.3957
Property	13.6500	16.0317	1.1627	14.8690
ROE	1.3211	1.3211	0.0958	1.2253
ROE Adjustment	-1.3211	-1.3211	-0.0958	-1.2253
Quality Assess-Medicaid Share				\$17.1726
Supplemental Rate Add-on				\$8.1747
Totals	219.1438	221.5255	16.0660	230.8068

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 022293-00 - 2012/01 207.57

San Marco Terrace Rehabilitation and Care

Type of Cost Report: **Interim Change of Ownership [1] - Budget**
 Type of Cost: **Estimated[1]**
 Type of Rate: **Interim[2]**
 Type of Ownership: **Private Non-Profit [3]**
 CHOW Status based on this Cost Report: **Non-Related Party (NRP) CHOW[4]**

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
189 San Marco Avenue St. Augustine FL 32084 County: St Johns[55] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 6/1/2010 Previous Med # 316601	06/01/2010-05/31/2011 Days In CR 365 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 21,383 Medicare: 4,617 Medicaid: 11,247	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.59786% Occupancy: 86.15230% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.71084% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,449	1,071,051	520,336	244,510	0	2,360,346
1a	Audit Adjustments						
2	Cost Per Diem	46.6301	95.2299	46.2644	21.7400		209.8644
3	Cost Per Diem Inflated	46.6301	95.2299	46.2644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6301	95.2299	46.2644	21.7400		209.8644
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	45.6247		50.9938			
10b	Base for line 10a	44.6060		49.8552			
11	Lesser of 5,7,8,10, 10a	45.6247	94.3159	46.2644	13.6500		199.8550
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.6247	94.3159	46.2644	13.6500		199.8550
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 022293-00 - 2012/01
207.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

San Marco Terrace Rehabilitation and Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	989,015	3.5801
Indexed Asset Value	1,236,269	< 60% of Base:	False	20% ROE(2):	247,254	0.3529
FRVS Base Asset:	722,452	Interest Rate:	6.5000 %	Insurance Cost(3):	75,700	3.5402
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	43,400	2.0296
ROE Factor	0.031880	Amortization Rate:	5.2500 %	Home Office(3):	30,000	1.4030
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	79,973	Total FRVS PD:	10.9058	

(1) 80% Capital (\$989,015) amortized at 5.2500% for 20 years Principal & Interest of \$79,973 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$3.5801

(2) 20% ROE (\$247,254) times the ROE factor (0.031880) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.3529

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 68	Effective PBS Limitation	1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.6247	45.6247	3.3089	42.3158
Patient Care				
Direct Care	94.3159	94.3159	6.8402	87.4757
Indirect Care	46.2644	46.2644	3.3553	42.9091
Property	13.6500	10.9058	0.7909	10.1149
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5833
Supplemental Rate Add-on				\$8.1747
Totals	199.8550	197.1108	14.2953	207.5735

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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0 022987-00 - 2012/01
204.45

Blountstown Health and Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
Type of Cost: Estimated[1]
Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16690 S.W. Chipola Road Blountstown FL 32424 County: Calhoun[7] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1996 Acquired Date: 8/1/1996 Entered Medicaid 8/1/1996 Med # Active Date: 4/1/2011 Previous Med # 264067	04/01/2011-03/31/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,136 Max Annualized: 35,040 Total Patient: 33,066 Medicare: 3,762 Medicaid: 24,330 Medicaid Utilization 73.58011% Occupancy: 94.10861% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.65811% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.26061260 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19550000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,054,635	2,114,579	1,212,623	526,745	0	4,908,582
1a	Audit Adjustments						
2	Cost Per Diem	43.3471	86.9124	49.8406	21.6500		201.7501
3	Cost Per Diem Inflated	43.3471	86.9124	49.8406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3471	86.9124	49.8406	21.6500		201.7501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	44.5400		52.5765			
10b	Base for line 10a	43.5455		51.4025			
11	Lesser of 5,7,8,10, 10a	43.3471	86.9124	49.8406	13.6500		193.7501
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3471	86.9124	49.8406	13.6500		193.7501
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 022987-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

204.45

Blountstown Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,991,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	2,881,063	7.3873
Indexed Asset Value	3,601,329	< 60% of Base:	False	20% ROE(2):	720,266	0.5710
FRVS Base Asset:	2,919,807	Interest Rate:	6.9500 %	Insurance Cost(3):	42,000	1.2702
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	69,060	2.0886
ROE Factor	0.025000	Amortization Rate:	5.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	232,967	Total FRVS PD:		11.3171

(1) 80% Capital (\$2,881,063) amortized at 5.2500% for 20 years Principal & Interest of \$232,967 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$7.3873

(2) 20% ROE (\$720,266) times the ROE factor (0.025000) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.5710

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	1/1/1996	Current RS PBS:	49,785
Comparison Bed	81	Effective PBS Limitation	2,919,807

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3471	43.3471	3.1437	40.2034
Patient Care				
Direct Care	86.9124	86.9124	6.3033	80.6091
Indirect Care	49.8406	49.8406	3.6146	46.2260
Property	13.6500	11.3171	0.8208	10.4963
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7437
Supplemental Rate Add-on				\$8.1747
Totals	193.7501	191.4172	13.8824	204.4532

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 022994-00 - 2012/01

213.07

The Home Association, Inc.

Type of Cost Report: Cost Settled Interim CHOW[5] Type of Cost: Actual[2] Type of Rate: Prospective[1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1203 East 22nd Avenue Tampa FL 33605 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 3/1/2009 Previous Med # 201154	03/01/2009-06/30/2010 Days In CR 487 First Used: 2009/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 68.77572% Occupancy: 93.03345% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.31392% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 96 Maximum: 46,752 Max Annualized: 35,040 Total Patient: 43,495 Medicare: 5,307 Medicaid: 29,914	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20140174		
			Semester Index: 1.27500780		
			Cost: 1.06126682		
			Target: 1.01598689		
			DC FY Index: 1.16416550		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03679417		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,614,182	2,736,065	1,090,131	418,497	0	5,858,875
1a	Audit Adjustments						
2	Cost Per Diem	53.9608	91.4644	36.4422	13.9900		195.8574
3	Cost Per Diem Inflated	57.2668	94.8298	38.6749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.2668	94.8298	38.6749	13.9900		204.7615
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2179		54.8934			
7	Provider Target Rate	58.5247		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	56.8770		60.6702			
10b	Base for line 10a	55.6070		59.3155			
11	Lesser of 5,7,8,10, 10a	56.0709	94.8298	38.6749	13.6500		203.2256
12/13	Medicaid Adjustment Rate		2.0031	0.8169			
14	Prospective Per Diem 11	56.0709	96.8329	39.4918	13.6500		206.0456
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 022994-00 - 2012/01
213.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Home Association, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,255,478 FRVS Base Asset: 1,040,889 Occup Adj Factor: 0.9000 ROE Factor 0.030860	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,804,382	7.1136
	< 60% of Base:	True	20% ROE(2):	451,096	0.4414
	Interest Rate:	12.5000 %	Insurance Cost(3):	6,700	0.1540
	Chase Rate:	12.5000 %	Taxes Cost(3):	1,970	0.0453
	Amortization Rate:	12.5000 %	Home Office(3):	32,567	0.7488
	Interest Only:	True	Replacement(3&4):	99,877	0.0000
Yearly Payment:	224,334	Total FRVS PD:		8.5031	

(1) 80% Capital (\$1,804,382) amortized at 12.5000% for 20 years Interest of \$224,334 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$7.1136

(2) 20% ROE (\$451,096) times the ROE factor (0.030860) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.4414

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 96	Effective PBS Limitation	2,736,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.0709	56.0709	4.0665	52.0044
Patient Care				
Direct Care	96.8329	96.8329	7.0227	89.8102
Indirect Care	39.4918	39.4918	2.8641	36.6277
Property	13.6500	8.5031	0.6167	7.8864
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5694
Supplemental Rate Add-on				\$8.1747
Totals	206.0456	200.8987	14.5700	213.0728

***Medicaid Trend Adjustment :**



0 023067-00 - 2012/01
228.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Okeechobee Health Care Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1646 Highway 441 North Okeechobee FL 34972 County: Okeechobee[47] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 12/1/1984 Med # Active Date: 4/1/2009 Previous Med # 009495	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,365 Medicare: 14,985 Medicaid: 43,407	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,231,316	4,121,994	2,339,594	687,567	0	9,380,471
1a	Audit Adjustments						
2	Cost Per Diem	51.4045	94.9615	53.8990	15.8400		216.1050
3	Cost Per Diem Inflated	53.9443	97.9227	56.5621			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.9443	97.9227	56.5621	15.8400		224.2691
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2434		49.0670			
7	Provider Target Rate	58.5507		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	50.1876	13.6500		212.0971
12/13	Medicaid Adjustment Rate		2.2698	1.1708			
14	Prospective Per Diem 11	50.9575	99.5718	51.3584	13.6500		215.5377
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 023067-00 - 2012/01
228.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Okeechobee Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	5,952,783	12.8833
Indexed Asset Value	7,440,979	< 60% of Base:	False	20% ROE(2):	1,488,196	0.7445
FRVS Base Asset:	2,565,000	Interest Rate:	11.5000 %	Insurance Cost(3):	108,808	1.7731
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	103,216	1.6820
ROE Factor	0.029580	Amortization Rate:	11.5000 %	Home Office(3):	82,925	1.3513
		Interest Only:	False	Replacement(3&4):	100,892	0.0000
		Yearly Payment:	761,787	Total FRVS PD:		18.4342

- (1) 80% Capital (\$5,952,783) amortized at 11.5000% for 20 years Principal & Interest of \$761,787 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.8833
- (2) 20% ROE (\$1,488,196) times the ROE factor (0.029580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7445
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.5718	99.5718	7.2214	92.3504
Indirect Care	51.3584	51.3584	3.7247	47.6337
Property	13.6500	18.4342	1.3369	17.0973
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9853
Supplemental Rate Add-on				\$8.1747
Totals	215.5377	220.3219	15.9787	228.5032

***Medicaid Trend Adjustment :**



0 023255-00 - 2012/01
235.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Astoria Health & Rehabilitation Center

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: New Provider [2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Overlook Drive Winter Haven FL 33844 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/3/2010 Acquired Date: 6/3/2010 Entered Medicaid 6/3/2010 Med # Active Date: 6/3/2010 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 12,599 Medicare: 4,131 Medicaid: 5,783 Medicaid Utilization 45.90047% Occupancy: 28.76484% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 35.96289% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 150 Conditional: 31 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	476,288	556,072	308,156	465,416	0	1,805,932
1a	Audit Adjustments						
2	Cost Per Diem	82.3600	96.1563	53.2865	80.4800		312.2828
3	Cost Per Diem Inflated	82.3600	96.1563	53.2865			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	82.3600	96.1563	53.2865	80.4800		312.2828
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	45.4034		52.7749			
10b	Base for line 10a	44.3896		51.5965			
11	Lesser of 5,7,8,10, 10a	45.4034	96.1563	52.7749	13.6500		207.9846
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.4034	96.1563	52.7749	13.6500		207.9846
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 023255-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

235.39

Astoria Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/3/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	14,250,000.00		Total Amount	Per Diem
RS to Start Calcs:	2010/01	Type:	Variable [3]	80% Capital(1):	4,618,719	9.1090
Indexed Asset Value	5,773,399	< 60% of Base:	False	20% ROE(2):	1,154,680	0.8085
FRVS Base Asset:	5,753,160	Interest Rate:	4.7800 %	Insurance Cost(3):	115,000	9.1277
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	205,000	16.2711
ROE Factor	0.027600	Amortization Rate:	4.7800 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	359,076	Total FRVS PD:		35.3163

(1) 80% Capital (\$4,618,719) amortized at 4.7800% for 20 years Principal & Interest of \$359,076 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1090

(2) 20% ROE (\$1,154,680) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8085

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	47,943
Comparison Date: 7/1/2009	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,753,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4034	45.4034	3.2928	42.1106
Patient Care				
Direct Care	96.1563	96.1563	6.9737	89.1826
Indirect Care	52.7749	52.7749	3.8275	48.9474
Property	13.6500	35.3163	2.5613	32.7550
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.2153
Supplemental Rate Add-on				\$8.1747
Totals	207.9846	229.6509	16.6553	235.3856

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 024167-00 - 2012/01
185.14

Key West Convalescent Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5860 W. Junior College Road Key West FL 33040 County: Monroe[44] Region: South[2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1984 Acquired Date: 3/1/1984 Entered Medicaid 3/1/1984 Med # Active Date: 8/12/2010 Previous Med # 207756	10/01/2010-09/30/2011 Days In CR 365 First Used: 2010/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 15,879 Medicare: 2,556 Medicaid: 10,860	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.39222% Occupancy: 36.25343% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 45.32540% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	730,226	787,656	422,838	121,415	0	2,062,135
1a	Audit Adjustments						
2	Cost Per Diem	67.2400	72.5282	38.9354	11.1800		189.8836
3	Cost Per Diem Inflated	67.2400	72.5282	38.9354			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.2400	72.5282	38.9354	11.1800		189.8836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	49.3492		56.6952			
10b	Base for line 10a	48.2473		55.4293			
11	Lesser of 5,7,8,10, 10a	49.3492	72.5282	38.9354	11.1800		171.9928
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.3492	72.5282	38.9354	11.1800		171.9928
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 024167-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

185.14

Key West Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/12/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,591,437.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,379,516	8.7984
Indexed Asset Value	5,474,395	< 60% of Base:	False	20% ROE(2):	1,094,879	0.8855
FRVS Base Asset:	2,696,041	Interest Rate:	5.0000 %	Insurance Cost(3):	4,094	0.2578
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031880	Amortization Rate:	5.0000 %	Home Office(3):	14,470	0.9113
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	346,834	Total FRVS PD:		10.8530

(1) 80% Capital (\$4,379,516) amortized at 5.0000% for 20 years Principal & Interest of \$346,834 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7984

(2) 20% ROE (\$1,094,879) times the ROE factor (0.031880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8855

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.3492	49.3492	3.5790	45.7702
Patient Care				
Direct Care	72.5282	72.5282	5.2600	67.2682
Indirect Care	38.9354	38.9354	2.8238	36.1116
Property	11.1800	10.8530	0.7871	10.0659
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7455
Supplemental Rate Add-on				\$8.1747
Totals	171.9928	171.6658	12.4499	185.1361

***Medicaid Trend Adjustment :**



0 026536-00 - 2012/01
227.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Broward Rehabilitation and Healthcare

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7751 W. Broward Blvd. Plantation FL 33324 County: Broward[6] Region: South[2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1971 Acquired Date: 11/1/1971 Entered Medicaid 11/1/1971 Med # Active Date: 6/1/2010 Previous Med # 002419	07/01/2010-06/30/2011 Days In CR 365 First Used: 2010/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,610 Medicare: 4,697 Medicaid: 29,117	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 69.97597% Occupancy: 95.00000% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.77257% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,810	2,927,400	1,566,279	146,750	0	6,018,239
1a	Audit Adjustments						
2	Cost Per Diem	47.3198	100.5392	53.7926	5.0400		206.6916
3	Cost Per Diem Inflated	47.3198	100.5392	53.7926			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3198	100.5392	53.7926	5.0400		206.6916
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	51.1180		57.1954			
10b	Base for line 10a	49.9766		55.9183			
11	Lesser of 5,7,8,10, 10a	47.3198	97.3020	53.7926	5.0400		203.4544
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.3198	97.3020	53.7926	5.0400		203.4544
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 026536-00 - 2012/01
227.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Broward Rehabilitation and Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,682,212 FRVS Base Asset: 2,206,339 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,745,770	12.1601
	< 60% of Base:	False	20% ROE(2):	936,442	0.6557
	Interest Rate:	13.0000 %	Insurance Cost(3):	123,068	2.9577
	Chase Rate:	8.5000 %	Taxes Cost(3):	86,773	2.0854
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	479,352	Total FRVS PD:	17.8589		

(1) 80% Capital (\$3,745,770) amortized at 11.5000% for 20 years Principal & Interest of \$479,352 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1601

(2) 20% ROE (\$936,442) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6557

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.3198	47.3198	3.4318	43.8880
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	53.7926	53.7926	3.9013	49.8913
Property	5.0400	17.8589	1.2952	16.5637
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7626
Supplemental Rate Add-on				\$8.1747
Totals	203.4544	216.2733	15.6850	227.5256

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 028602-00 - 2012/01
204.47

Wuesthoff Progressive Care Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8050 Spyglass Rd Viera FL 32940 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/30/1995 Acquired Date: 5/30/1995 Entered Medicaid 5/30/1995 Med # Active Date: 10/1/2010 Previous Med # 253472	10/01/2010-09/30/2011 Days In CR 365 First Used: 2010/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 41,610 Max Annualized: 41,610 Total Patient: 38,400 Medicare: 19,201 Medicaid: 8,852 Medicaid Utilization 23.05208% Occupancy: 92.28551% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.37881% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	485,818	966,044	419,839	93,212	0	1,964,913
1a	Audit Adjustments						
2	Cost Per Diem	54.8823	109.1329	47.4287	10.5300		221.9740
3	Cost Per Diem Inflated	54.8823	109.1329	47.4287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8823	109.1329	47.4287	10.5300		221.9739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	50.3859		55.8983			
10b	Base for line 10a	49.2609		54.6502			
11	Lesser of 5,7,8,10, 10a	49.1418	96.4295	47.4287	10.5300		203.5300
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	96.4295	47.4287	10.5300		203.5300
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 028602-00 - 2012/01
204.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Wuesthoff Progressive Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/30/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1995/01	Type: Fixed [2]		80% Capital(1): 3,709,800	3.1666	
Indexed Asset Value 4,637,250	< 60% of Base: True		20% ROE(2): 927,450	0.6835	
FRVS Base Asset: 3,917,154	Interest Rate: 0.0000 %		Insurance Cost(3): 0	0.0000	
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %		Taxes Cost(3): 40,281	1.0490	
ROE Factor 0.027600	Amortization Rate: 3.2500 %		Home Office(3): 90,032	2.3446	
	Interest Only: True		Replacement(3&4): 0	0.0000	
	Yearly Payment: 118,585		Total FRVS PD:	7.2437	

- (1) 80% Capital (\$3,709,800) amortized at 3.2500% for 20 years Interest of \$118,585 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$3.1666
- (2) 20% ROE (\$927,450) times the ROE factor (0.027600) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.6835
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 34,361
Comparison Date: 7/1/1994	Current RS PBS: 49,785
Comparison Bed 114	Effective PBS Limitation 3,917,154

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	47.4287	47.4287	3.4397	43.9890
Property	10.5300	7.2437	0.5253	6.7184
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.5744
Supplemental Rate Add-on				\$8.1747
Totals	203.5300	200.2437	14.5225	204.4703

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030479-00 - 2012/01

213.28

The Health Center Of Windermere

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4875 Cason Cove Drive	01/01/2011-12/31/2011	Number of Beds: 120	Superior: 0
Orlando FL 32811	Days In CR 365	Maximum: 43,800	Standard: 181
County: Orange[48]	First Used: 2011/01	Max Annualized: 43,800	Conditional: 0
Region: Central[3] Area: 7	Last Used: 2012/01	Total Patient: 41,484	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 12,352	Inflation
Current Class Central Large [6]	Initial CR? False	Medicaid: 17,491	FY Index: 1.25399206
Class at 1/94: North Large [2]	Medicaid Utilization 42.16324%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 94.71233%		Cost: 1.00000000
Open Date: 4/4/1997	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 4/4/1997	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.19050000
Entered Medicaid 5/20/1997	Low Occupancy Adjustment Factor: 118.41291%		DC Sem Index: 1.20700000
Med # Active Date: 1/1/2011	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.00000000
Previous Med # 228877			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	791,993	1,715,056	894,337	487,824	0	3,889,210
1a	Audit Adjustments						
2	Cost Per Diem	45.2800	98.0536	51.1313	27.8900		222.3549
3	Cost Per Diem Inflated	45.2800	98.0536	51.1313			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2800	98.0536	51.1313	27.8900		222.3549
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	46.9654		52.9844			
10b	Base for line 10a	45.9167		51.8013			
11	Lesser of 5,7,8,10, 10a	45.2800	96.4295	51.1313	13.6500		206.4908
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.2800	96.4295	51.1313	13.6500		206.4908
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030479-00 - 2012/01
213.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Health Center Of Windermere

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/20/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1997/01	Type: None [1]		80% Capital(1): 4,200,532	8.9761	
Indexed Asset Value 5,250,665	< 60% of Base: True		20% ROE(2): 1,050,133	0.7353	
FRVS Base Asset: 4,383,120	Interest Rate: 8.5000 %		Insurance Cost(3): 25,035	0.6035	
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 82,092	1.9789	
ROE Factor 0.027600	Amortization Rate: 8.5000 %		Home Office(3): 0	0.0000	
	Interest Only: True		Replacement(3&4): 0	0.0000	
	Yearly Payment: 353,838		Total FRVS PD:	12.2938	

- (1) 80% Capital (\$4,200,532) amortized at 8.5000% for 20 years Interest of \$353,838 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9761
- (2) 20% ROE (\$1,050,133) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7353
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 36,526
Comparison Date: 7/1/1996	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.2800	45.2800	3.2839	41.9961
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	51.1313	51.1313	3.7083	47.4230
Property	13.6500	12.2938	0.8916	11.4022
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.8525
Supplemental Rate Add-on				\$8.1747
Totals	206.4908	205.1346	14.8773	213.2845

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030484-00 - 2012/01 220.35

The Health Center of Plant City

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 North Wilder Road Plant City FL 33566 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/27/1985 Med # Active Date: 1/1/2011 Previous Med # 226343	01/01/2011-12/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 61.99222% Occupancy: 92.39878% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.52043% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,706 Medicare: 7,631 Medicaid: 37,633	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.25399206 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19050000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,811,204	3,652,365	1,919,808	812,120	0	8,195,497
1a	Audit Adjustments						
2	Cost Per Diem	48.1281	97.0522	51.0140	21.5800		217.7743
3	Cost Per Diem Inflated	48.1281	97.0522	51.0140			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1281	97.0522	51.0140	21.5800		217.7743
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	48.7618		52.9844			
10b	Base for line 10a	47.6730		51.8013			
11	Lesser of 5,7,8,10, 10a	48.1281	96.4295	51.0140	13.6500		209.2216
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.1281	96.4295	51.0140	13.6500		209.2216
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030484-00 - 2012/01
220.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Health Center of Plant City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 8,346,448 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,050,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	6,677,158	9.0180
	< 60% of Base:	False	20% ROE(2):	1,669,290	0.7792
	Interest Rate:	5.1000 %	Insurance Cost(3):	64,965	1.0702
	Chase Rate:	6.0000 %	Taxes Cost(3):	144,800	2.3853
	Amortization Rate:	5.1000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	533,232	Total FRVS PD:		13.2527	

(1) 80% Capital (\$6,677,158) amortized at 5.1000% for 20 years Principal & Interest of \$533,232 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0180

(2) 20% ROE (\$1,669,290) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7792

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.1281	48.1281	3.4905	44.6376
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	51.0140	51.0140	3.6997	47.3143
Property	13.6500	13.2527	0.9611	12.2916
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4914
Supplemental Rate Add-on				\$8.1747
Totals	209.2216	208.8243	15.1448	220.3456

***Medicaid Trend Adjustment :**



0 030487-00 - 2012/01
210.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Health Center of Pensacola

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8475 University Pkwy Pensacola FL 32514 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/28/1987 Acquired Date: 5/28/1987 Entered Medicaid 5/28/1987 Med # Active Date: 1/1/2011 Previous Med # 229571	01/01/2011-12/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,759 Medicare: 12,855 Medicaid: 32,267	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 50.60776% Occupancy: 97.04566% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.33013% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25399206 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19050000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,299,388	3,063,745	1,527,444	760,211	0	6,650,788
1a	Audit Adjustments						
2	Cost Per Diem	40.2699	94.9498	47.3377	23.5600		206.1174
3	Cost Per Diem Inflated	40.2699	94.9498	47.3377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.2699	94.9498	47.3377	23.5600		206.1174
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.5980		50.6649			
10b	Base for line 10a	41.6469		49.5336			
11	Lesser of 5,7,8,10, 10a	40.2699	94.9498	47.3377	13.6500		196.2074
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.2699	94.9498	47.3377	13.6500		196.2074
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030487-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.87

The Health Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/28/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/01 Indexed Asset Value 8,842,078 FRVS Base Asset: 3,441,840 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,086,035.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	7,073,662	14.5741
	< 60% of Base:	False	20% ROE(2):	1,768,416	0.8254
	Interest Rate:	10.7500 %	Insurance Cost(3):	85,541	1.3416
	Chase Rate:	7.7500 %	Taxes Cost(3):	66,390	1.0413
	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	861,766	Total FRVS PD:	17.7824		

(1) 80% Capital (\$7,073,662) amortized at 10.7500% for 20 years Principal & Interest of \$861,766 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.5741

(2) 20% ROE (\$1,768,416) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8254

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.2699	40.2699	2.9205	37.3494
Patient Care				
Direct Care	94.9498	94.9498	6.8862	88.0636
Indirect Care	47.3377	47.3377	3.4331	43.9046
Property	13.6500	17.7824	1.2897	16.4927
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8858
Supplemental Rate Add-on				\$8.1747
Totals	196.2074	200.3398	14.5295	210.8708

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030490-00 - 2012/01 215.90

Parkway Health & Rehab

Type of Cost Report: Interim Change of Ownership [1] - Budget
Type of Cost: Estimated[1]
Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
800 SE Central Pkwy Stuart FL 34994 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/10/1989 Acquired Date: 10/10/1989 Entered Medicaid 3/22/1990 Med # Active Date: 1/1/2011 Previous Med # 228885	01/01/2011-12/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 64,605 Max Annualized: 64,605 Total Patient: 59,812 Medicare: 14,458 Medicaid: 34,614	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.87133% Occupancy: 92.58107% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.74833% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.25399206 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19050000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,496,648	3,447,198	1,864,528	1,073,034	0	7,881,408
1a	Audit Adjustments						
2	Cost Per Diem	43.2382	99.5897	53.8663	31.0000		227.6942
3	Cost Per Diem Inflated	43.2382	99.5897	53.8663			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2382	99.5897	53.8663	31.0000		227.6942
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	45.9316		58.2093			
10b	Base for line 10a	44.9060		56.9096			
11	Lesser of 5,7,8,10, 10a	43.2382	97.3020	53.8663	13.6500		208.0565
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.2382	97.3020	53.8663	13.6500		208.0565
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030490-00 - 2012/01
215.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Parkway Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/22/1990 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 6,317,233 FRVS Base Asset: 3,101,384 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	10,937,005.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,053,786	8.2627
	< 60% of Base:	False	20% ROE(2):	1,263,447	0.5997
	Interest Rate:	7.2800 %	Insurance Cost(3):	90,464	1.5125
	Chase Rate:	9.5000 %	Taxes Cost(3):	113,565	1.8987
	Amortization Rate:	7.2800 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	480,430	Total FRVS PD:	12.2736		

(1) 80% Capital (\$5,053,786) amortized at 7.2800% for 20 years Principal & Interest of \$480,430 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$8.2627

(2) 20% ROE (\$1,263,447) times the ROE factor (0.027600) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.5997

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	3,101,384

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2382	43.2382	3.1358	40.1024
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	53.8663	53.8663	3.9066	49.9597
Property	13.6500	12.2736	0.8901	11.3835
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.0375
Supplemental Rate Add-on				\$8.1747
Totals	208.0565	206.6801	14.9892	215.9031

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030491-00 - 2012/01 215.68

The Health Center of Merritt Island

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
500 Crockett Boulevard Merritt Island FL 32953 County: Brevard[5] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1990 Acquired Date: 6/1/1990 Entered Medicaid 8/1/1990 Med # Active Date: 1/1/2011 Previous Med # 226700	01/01/2011-12/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,116 Medicare: 16,117 Medicaid: 23,978	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.56093% Occupancy: 89.97869% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.49474% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.25399206 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19050000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,006,697	2,333,155	1,318,189	815,732	0	5,473,773
1a	Audit Adjustments						
2	Cost Per Diem	41.9842	97.3040	54.9749	34.0200		228.2831
3	Cost Per Diem Inflated	41.9842	97.3040	54.9749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9842	97.3040	54.9749	34.0200		228.2831
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	45.2312		57.5284			
10b	Base for line 10a	44.2213		56.2439			
11	Lesser of 5,7,8,10, 10a	41.9842	96.4295	54.9749	13.6500		207.0386
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.9842	96.4295	54.9749	13.6500		207.0386
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030491-00 - 2012/01
215.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Health Center of Merritt Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,886,699.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable [3]	80% Capital(1):	6,308,900	10.2909
Indexed Asset Value	7,886,125	< 60% of Base:	False	20% ROE(2):	1,577,225	0.7362
FRVS Base Asset:	3,602,760	Interest Rate:	7.4700 %	Insurance Cost(3):	56,389	0.9539
Occup Adj Factor:	0.9000	Chase Rate:	8.8800 %	Taxes Cost(3):	104,765	1.7722
ROE Factor	0.027600	Amortization Rate:	7.4700 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	608,501	Total FRVS PD:		13.7532

(1) 80% Capital (\$6,308,900) amortized at 7.4700% for 20 years Principal & Interest of \$608,501 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.2909

(2) 20% ROE (\$1,577,225) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7362

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9842	41.9842	3.0449	38.9393
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	54.9749	54.9749	3.9870	50.9879
Property	13.6500	13.7532	0.9974	12.7558
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3838
Supplemental Rate Add-on				\$8.1747
Totals	207.0386	207.1418	15.0228	215.6775

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030527-00 - 2012/01

208.32

The Health Center of Lake City

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
560 S.W. McFarlane Ave. Lake City FL 32025 County: Columbia[12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1992 Acquired Date: 5/26/1992 Entered Medicaid 5/26/1992 Med # Active Date: 1/1/2011 Previous Med # 226173	10/01/2010-09/30/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,365 Medicare: 11,452 Medicaid: 26,440	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.41001% Occupancy: 96.72375% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.92767% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,096,438	2,492,583	1,231,136	887,062	0	5,707,219
1a	Audit Adjustments						
2	Cost Per Diem	41.4689	94.2732	46.5634	33.5500		215.8555
3	Cost Per Diem Inflated	41.4689	94.2732	46.5634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4689	94.2732	46.5634	33.5500		215.8555
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	43.6389		50.2546			
10b	Base for line 10a	42.6645		49.1325			
11	Lesser of 5,7,8,10, 10a	41.4689	94.2732	46.5634	13.6500		195.9555
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.4689	94.2732	46.5634	13.6500		195.9555
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030527-00 - 2012/01
208.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Health Center of Lake City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,815,265.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	4,283,230	13.2373
Indexed Asset Value	5,354,037	< 60% of Base:	False	20% ROE(2):	1,070,807	0.7497
FRVS Base Asset:	1,859,160	Interest Rate:	10.7500 %	Insurance Cost(3):	19,796	0.4673
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	101,634	2.3990
ROE Factor	0.027600	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	521,815	Total FRVS PD:		16.8533

- (1) 80% Capital (\$4,283,230) amortized at 10.7500% for 20 years Principal & Interest of \$521,815 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.2373
- (2) 20% ROE (\$1,070,807) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7497
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4689	41.4689	3.0075	38.4614
Patient Care				
Direct Care	94.2732	94.2732	6.8371	87.4361
Indirect Care	46.5634	46.5634	3.3770	43.1864
Property	13.6500	16.8533	1.2223	15.6310
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4328
Supplemental Rate Add-on				\$8.1747
Totals	195.9555	199.1588	14.4439	208.3224

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030530-00 - 2012/01 224.95

Imperial Health Care Center

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 Imperial Golf Course Naples FL 34110 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1991 Acquired Date: 6/1/1991 Entered Medicaid 6/1/1991 Med # Active Date: 1/1/2011 Previous Med # 226378	10/01/2010-09/30/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 36,651 Medicare: 13,728 Medicaid: 18,709	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.04636% Occupancy: 88.86168% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.09822% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	945,056	1,908,247	1,129,980	741,251	0	4,724,534
1a	Audit Adjustments						
2	Cost Per Diem	50.5134	101.9962	60.3977	39.6200		252.5273
3	Cost Per Diem Inflated	50.5134	101.9962	60.3977			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5134	101.9962	60.3977	39.6200		252.5273
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	51.4785		59.5458			
10b	Base for line 10a	50.3291		58.2162			
11	Lesser of 5,7,8,10, 10a	50.5134	97.3020	58.7454	13.6500		220.2108
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.5134	97.3020	58.7454	13.6500		220.2108
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030530-00 - 2012/01
224.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Imperial Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,464,928.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	3,445,521	9.4676
Indexed Asset Value	4,306,901	< 60% of Base:	False	20% ROE(2):	861,380	0.6405
FRVS Base Asset:	1,821,120	Interest Rate:	8.2640 %	Insurance Cost(3):	48,040	1.3107
Occup Adj Factor:	0.9000	Chase Rate:	6.2170 %	Taxes Cost(3):	54,205	1.4790
ROE Factor	0.027600	Amortization Rate:	8.2170 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	351,441	Total FRVS PD:		12.8978

(1) 80% Capital (\$3,445,521) amortized at 8.2170% for 20 years Principal & Interest of \$351,441 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$9.4676

(2) 20% ROE (\$861,380) times the ROE factor (0.027600) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.6405

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,821,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5134	50.5134	3.6634	46.8500
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	12.8978	0.9354	11.9624
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.2281
Supplemental Rate Add-on				\$8.1747
Totals	220.2108	219.4586	15.9160	224.9454

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030535-00 - 2012/01

217.02

The Health Center of Daytona Beach

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 National Healthcare Drive Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/11/1996 Acquired Date: 7/11/1996 Entered Medicaid 7/11/1996 Med # Active Date: 1/1/2011 Previous Med # 229091	10/01/2010-09/30/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 73 Maximum: 26,645 Max Annualized: 26,645 Total Patient: 24,284 Medicare: 13,085 Medicaid: 4,901	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 20.18201% Occupancy: 91.13905% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.94546% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	263,375	452,902	309,008	162,027	0	1,187,312
1a	Audit Adjustments						
2	Cost Per Diem	53.7390	92.4101	63.0500	33.0600		242.2591
3	Cost Per Diem Inflated	53.7390	92.4101	63.0500			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.7390	92.4101	63.0500	33.0600		242.2591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	50.6298		61.1925			
10b	Base for line 10a	49.4993		59.8262			
11	Lesser of 5,7,8,10, 10a	49.9961	92.4101	60.7689	13.6500		216.8251
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9961	92.4101	60.7689	13.6500		216.8251
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030535-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

217.02

The Health Center of Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/11/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/07 Indexed Asset Value 2,453,294 FRVS Base Asset: 2,162,820 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,962,635	6.6895
	< 60% of Base:	True	20% ROE(2):	490,659	0.5647
	Interest Rate:	8.2500 %	Insurance Cost(3):	25,952	1.0687
	Chase Rate:	8.2500 %	Taxes Cost(3):	76,768	3.1613
	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	160,418	Total FRVS PD:	11.4842		

(1) 80% Capital (\$1,962,635) amortized at 8.2500% for 20 years Interest of \$160,418 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$6.6895

(2) 20% ROE (\$490,659) times the ROE factor (0.027600) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = \$0.5647

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,162,820

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	92.4101	92.4101	6.7020	85.7081
Indirect Care	60.7689	60.7689	4.4072	56.3617
Property	13.6500	11.4842	0.8329	10.6513
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.7537
Supplemental Rate Add-on				\$8.1747
Totals	216.8251	214.6593	15.5680	217.0197

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030537-00 - 2012/01

225.77

Health Center of Coconut Creek

Type of Cost Report: Interim Change of Ownership [1] - Budget
Type of Cost: Estimated[1]
Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4125 W. Sample Road Coconut Creek FL 33073 County: Broward[6] Region: South[2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/9/1997 Acquired Date: 12/9/1997 Entered Medicaid 12/9/1997 Med # Active Date: 1/1/2011 Previous Med # 226581	10/01/2010-09/30/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,424 Medicare: 13,276 Medicaid: 13,480	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 34.19237% Occupancy: 90.00914% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.53281% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	666,429	1,338,437	758,674	556,724	0	3,320,264
1a	Audit Adjustments						
2	Cost Per Diem	49.4384	99.2906	56.2815	41.3000		246.3105
3	Cost Per Diem Inflated	49.4384	99.2906	56.2815			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.4384	99.2906	56.2815	41.3000		246.3105
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	50.9989		59.4391			
10b	Base for line 10a	49.8602		58.1119			
11	Lesser of 5,7,8,10, 10a	49.4384	97.3020	56.2815	13.6500		216.6719
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.4384	97.3020	56.2815	13.6500		216.6719
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030537-00 - 2012/01
225.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Health Center of Coconut Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/9/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 5,084,726 FRVS Base Asset: 4,444,920 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,067,781	8.6924
	< 60% of Base:	True	20% ROE(2):	1,016,945	0.7120
	Interest Rate:	8.5000 %	Insurance Cost(3):	53,896	1.3671
	Chase Rate:	8.5000 %	Taxes Cost(3):	224,289	5.6891
	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	342,656	Total FRVS PD:	16.4606		

- (1) 80% Capital (\$4,067,781) amortized at 8.5000% for 20 years Interest of \$342,656 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6924
- (2) 20% ROE (\$1,016,945) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7120
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.4384	49.4384	3.5855	45.8529
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	56.2815	56.2815	4.0818	52.1997
Property	13.6500	16.4606	1.1938	15.2668
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0278
Supplemental Rate Add-on				\$8.1747
Totals	216.6719	219.4825	15.9178	225.7672

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030540-00 - 2012/01
223.98

Charlotte Harbor Health Care

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4000 Kings Highway Port Charlotte FL 33980 County: Charlotte[8] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/25/1994 Acquired Date: 4/25/1994 Entered Medicaid 6/2/1994 Med # Active Date: 1/1/2011 Previous Med # 226327	10/01/2010-09/30/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,619 Medicare: 14,730 Medicaid: 27,199	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.20492% Occupancy: 87.70015% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.64602% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,382,765	2,681,011	1,419,601	746,885	0	6,230,262
1a	Audit Adjustments						
2	Cost Per Diem	50.8388	98.5702	52.1931	27.4600		229.0621
3	Cost Per Diem Inflated	50.8388	98.5702	52.1931			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8388	98.5702	52.1931	27.4600		229.0621
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	52.6795		54.8667			
10b	Base for line 10a	51.5032		53.6416			
11	Lesser of 5,7,8,10, 10a	50.8388	97.3020	52.1931	13.6500		213.9839
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.8388	97.3020	52.1931	13.6500		213.9839
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030540-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

223.98

Charlotte Harbor Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/2/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,057,639.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable [3]	80% Capital(1):	6,253,613	10.6155
Indexed Asset Value	7,817,016	< 60% of Base:	False	20% ROE(2):	1,563,403	0.7297
FRVS Base Asset:	5,985,900	Interest Rate:	8.0000 %	Insurance Cost(3):	98,675	1.7125
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	133,510	2.3171
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	627,693	Total FRVS PD:		15.3748

(1) 80% Capital (\$6,253,613) amortized at 8.0000% for 20 years Principal & Interest of \$627,693 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.6155

(2) 20% ROE (\$1,563,403) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7297

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,985,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.8388	50.8388	3.6870	47.1518
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	52.1931	52.1931	3.7853	48.4078
Property	13.6500	15.3748	1.1150	14.2598
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7431
Supplemental Rate Add-on				\$8.1747
Totals	213.9839	215.7087	15.6440	223.9825

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030546-00 - 2012/01

216.01

Bavonet Point Health & Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7210 Beacon Woods Drive	10/01/2010-09/30/2011	Number of Beds: 180	Superior: 0
Hudson FL 34667	Days In CR 365	Maximum: 65,700	Standard: 181
County: Pasco[51]	First Used: 2011/01	Max Annualized: 65,700	Conditional: 0
Region: Central[3] Area: 5	Last Used: 2012/01	Total Patient: 54,658	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 13,494	Inflation
Current Class Central Large [6]	Initial CR? False	Medicaid: 26,887	FY Index: 1.24546328
Class at 1/94: North Large [2]	Medicaid Utilization 49.19134%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 83.19330%		Cost: 1.00000000
Open Date: 7/1/1986	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 7/1/1986	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.18500000
Entered Medicaid 7/17/1986	Low Occupancy Adjustment Factor: 104.01139%		DC Sem Index: 1.20700000
Med # Active Date: 1/1/2011	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.00000000
Previous Med # 226076			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,147,051	2,567,878	1,402,999	876,247	0	5,994,175
1a	Audit Adjustments						
2	Cost Per Diem	42.6619	95.5063	52.1813	32.5900		222.9395
3	Cost Per Diem Inflated	42.6619	95.5063	52.1813			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6619	95.5063	52.1813	32.5900		222.9395
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	44.9687		54.5274			
10b	Base for line 10a	43.9646		53.3099			
11	Lesser of 5,7,8,10, 10a	42.6619	95.5063	52.1813	13.6500		203.9995
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.6619	95.5063	52.1813	13.6500		203.9995
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030546-00 - 2012/01
216.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bavonet Point Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 6,437,087.00			Total Amount	Per Diem
RS to Start Calcs: 1986/07	Type: Fixed [2]		80% Capital(1): 7,066,489	12.4182	
Indexed Asset Value 8,833,111	< 60% of Base: False		20% ROE(2): 1,766,622	0.8246	
FRVS Base Asset: 3,242,820	Interest Rate: 8.4700 %		Insurance Cost(3): 48,665	0.8904	
Occup Adj Factor: 0.9000	Chase Rate: 8.7500 %		Taxes Cost(3): 132,565	2.4254	
ROE Factor 0.027600	Amortization Rate: 8.4700 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 0	0.0000	
	Yearly Payment: 734,286		Total FRVS PD:	16.5586	

(1) 80% Capital (\$7,066,489) amortized at 8.4700% for 20 years Principal & Interest of \$734,286 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.4182

(2) 20% ROE (\$1,766,622) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8246

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,737
Comparison Date: 1/1/1986	Current RS PBS: 49,785
Comparison Bed 180	Effective PBS Limitation 5,172,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.6619	42.6619	3.0940	39.5679
Patient Care				
Direct Care	95.5063	95.5063	6.9265	88.5798
Indirect Care	52.1813	52.1813	3.7844	48.3969
Property	13.6500	16.5586	1.2009	15.3577
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9285
Supplemental Rate Add-on				\$8.1747
Totals	203.9995	206.9081	15.0058	216.0055

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 030552-00 - 2012/01

249.11

The Aristocrat

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10949 Parnu Street	01/01/2011-12/31/2011	Number of Beds: 60	Superior: 0
Naples FL 34109	Days In CR 365	Maximum: 21,900	Standard: 181
County: Collier [11]	First Used: 2011/01	Max Annualized: 21,900	Conditional: 0
Region: South [2] Area: 8	Last Used: 2012/01	Total Patient: 18,148	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 6,740	Inflation
Current Class South Small [3]	Initial CR? False	Medicaid: 7,076	FY Index: 1.25399206
Class at 1/94: South Small [3]	Medicaid Utilization 38.99052%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 82.86758%		Cost: 1.00000000
Open Date: 2/1/1993	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 6/9/1994	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.19050000
Entered Medicaid 6/9/1994	Low Occupancy Adjustment Factor: 103.60416%		DC Sem Index: 1.20700000
Med # Active Date: 1/1/2011	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.00000000
Previous Med # 225291			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	415,636	792,162	494,335	202,020	0	1,904,153
1a	Audit Adjustments						
2	Cost Per Diem	58.7388	111.9505	69.8608	28.5500		269.1001
3	Cost Per Diem Inflated	58.7388	111.9505	69.8608			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.7388	111.9505	69.8608	28.5500		269.1001
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	62.2919		73.5603			
10b	Base for line 10a	60.9010		71.9178			
11	Lesser of 5,7,8,10, 10a	58.7388	102.9097	69.8608	13.6500		245.1593
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	58.7388	102.9097	69.8608	13.6500		245.1593
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 030552-00 - 2012/01
249.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Aristocrat

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/9/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,375,800.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable [3]	80% Capital(1):	2,129,725	9.4397
Indexed Asset Value	2,662,156	< 60% of Base:	False	20% ROE(2):	532,431	0.7456
FRVS Base Asset:	1,930,980	Interest Rate:	6.2000 %	Insurance Cost(3):	27,840	1.5341
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	40,236	2.2171
ROE Factor	0.027600	Amortization Rate:	6.2000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	186,057	Total FRVS PD:		13.9365

(1) 80% Capital (\$2,129,725) amortized at 6.2000% for 20 years Principal & Interest of \$186,057 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.4397

(2) 20% ROE (\$532,431) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7456

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,183
Comparison Date:	8/1/1992	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,930,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.7388	58.7388	4.2600	54.4788
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	69.8608	69.8608	5.0666	64.7942
Property	13.6500	13.9365	1.0107	12.9258
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.2951
Supplemental Rate Add-on				\$8.1747
Totals	245.1593	245.4458	17.8007	249.1149

***Medicaid Trend Adjustment :**



0 031880-00 - 2012/01
215.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Campus Rehabilitation and Health Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 N Palmetto Street Leesburg FL 34748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/11/1988 Acquired Date: 10/11/1988 Entered Medicaid 10/11/1988 Med # Active Date: 4/1/2011 Previous Med # 005524	04/01/2011-03/31/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 39,529 Medicare: 15,571 Medicaid: 18,786	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.52460% Occupancy: 90.00227% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.52422% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.26061260 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19550000 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	981,373	1,876,937	1,257,718	695,646	0	4,811,674
1a	Audit Adjustments						
2	Cost Per Diem	52.2396	99.9115	66.9497	37.0300		256.1308
3	Cost Per Diem Inflated	52.2396	99.9115	66.9497			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2396	99.9115	66.9497	37.0300		256.1308
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	47.3511		54.1807			
10b	Base for line 10a	46.2938		52.9709			
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	54.1807	13.6500		210.1023
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	54.1807	13.6500		210.1023
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 031880-00 - 2012/01
215.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Campus Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/11/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,600,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/07	Type: Fixed [2]	80% Capital(1): 4,370,059	11.3995
Indexed Asset Value 5,462,574	< 60% of Base: False	20% ROE(2): 1,092,515	0.6929
FRVS Base Asset: 2,402,622	Interest Rate: 8.3270 %	Insurance Cost(3): 24,000	0.6071
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 1,200	0.0304
ROE Factor 0.025000	Amortization Rate: 8.3270 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 449,367	Total FRVS PD:	12.7299

(1) 80% Capital (\$4,370,059) amortized at 8.3270% for 20 years Principal & Interest of \$449,367 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3995

(2) 20% ROE (\$1,092,515) times the ROE factor (0.025000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 81	Effective PBS Limitation	2,402,622

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	54.1807	54.1807	3.9294	50.2513
Property	13.6500	12.7299	0.9232	11.8067
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.8187
Supplemental Rate Add-on				\$8.1747
Totals	210.1023	209.1822	15.1707	215.0049

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 032049-00 - 2012/01

210.63

Clvde E. Lassen State Veteran's Nursing Home

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4650 State Road 16 St. Augustine FL 32092 County: St Johns[55] Region: North [1] Area: 4 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/13/2010 Acquired Date: 9/13/2010 Entered Medicaid 11/16/2010 Med # Active Date: 11/16/2010 Previous Med #	06/01/2011-05/31/2012 Days In CR 366 First Used: 2010/07 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 120 Maximum: 43,920 Max Annualized: 43,800 Total Patient: 38,052 Medicare: 1,238 Medicaid: 14,213	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 37.35152% Occupancy: 86.63934% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.31977% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.26495385 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19949666 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,048	1,884,721	1,018,694	160,749	0	4,004,212
1a	Audit Adjustments						
2	Cost Per Diem	66.1400	132.6054	71.6734	11.3100		281.7288
3	Cost Per Diem Inflated	66.1400	132.6054	71.6734			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.1400	132.6054	71.6734	11.3100		281.7288
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	44.4308		51.4961			
10b	Base for line 10a	43.4387		50.3463			
11	Lesser of 5,7,8,10, 10a	44.4308	95.5570	51.4961	11.3100		202.7939
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.4308	95.5570	51.4961	11.3100		202.7939
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 032049-00 - 2012/01
210.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Clvde E. Lassen State Veteran's Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/16/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 2010/07	Type: None [1]		80% Capital(1): 4,650,461	3.7710	
Indexed Asset Value 5,813,076	< 60% of Base: True		20% ROE(2): 1,162,615	0.7618	
FRVS Base Asset: 5,802,840	Interest Rate: 0.0000 %		Insurance Cost(3): 7,718	0.2028	
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %		Taxes Cost(3): 0	0.0000	
ROE Factor 0.025830	Amortization Rate: 3.2500 %		Home Office(3): 0	0.0000	
	Interest Only: True		Replacement(3&4): 0	0.0000	
	Yearly Payment: 148,654		Total FRVS PD:	4.7356	

- (1) 80% Capital (\$4,650,461) amortized at 3.2500% for 20 years Interest of \$148,654 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$3.7710
- (2) 20% ROE (\$1,162,615) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7618
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 48,357
Comparison Date: 1/1/2010	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 5,802,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4308	44.4308	3.2223	41.2085
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	51.4961	51.4961	3.7347	47.7614
Property	11.3100	4.7356	0.3434	4.3922
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4619
Supplemental Rate Add-on				\$8.1747
Totals	202.7939	196.2195	14.2306	210.6255

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 032482-00 - 2012/01

204.50

Unity Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1404 NW 22nd Street Miami FL 33142 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 5/13/2011 Previous Med # 227544	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 294 Maximum: 107,310 Max Annualized: 107,310 Total Patient: 91,200 Medicare: 5,714 Medicaid: 81,748	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 89.63596% Occupancy: 84.98742% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.25447% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,210,636	7,179,158	3,972,424	892,688	67,341	16,322,247
1a	Audit Adjustments						
2	Cost Per Diem	51.5075	87.8206	48.5935	10.9200	0.8238	199.6654
3	Cost Per Diem Inflated	53.7952	90.2892	50.7518			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.7952	90.2892	50.7518	10.9200	0.8238	206.5800
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6538		49.0670			
7	Provider Target Rate	46.6965		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.6965	90.2892	50.1876	10.9200	0.8238	198.9171
12/13	Medicaid Adjustment Rate		4.0260	2.2379			
14	Prospective Per Diem 11	46.6965	94.3152	52.4255	10.9200	0.8238	205.1810
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 032482-00 - 2012/01
204.50

Florida Agency For Health Care Administration
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Unity Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,562,567.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable [3]	80% Capital(1):	7,993,648	10.3331
Indexed Asset Value	9,992,060	< 60% of Base:	False	20% ROE(2):	1,998,412	0.5711
FRVS Base Asset:	5,044,343	Interest Rate:	11.1200 %	Insurance Cost(3):	122,515	1.3434
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	99,217	1.0879
ROE Factor	0.027600	Amortization Rate:	11.1200 %	Home Office(3):	69,520	0.7623
		Interest Only:	False	Replacement(3&4):	61,855	0.0000
		Yearly Payment:	997,960	Total FRVS PD:		14.0978

(1) 80% Capital (\$7,993,648) amortized at 11.1200% for 20 years Principal & Interest of \$997,960 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$10.3331

(2) 20% ROE (\$1,998,412) times the ROE factor (0.027600) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = \$0.5711

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 298	Effective PBS Limitation	8,493,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.6965	46.6965	3.3866	43.3099
Patient Care				
Direct Care	94.3152	94.3152	6.8401	87.4751
Indirect Care	52.4255	52.4255	3.8021	48.6234
Property	10.9200	14.0978	1.0224	13.0754
ROE	0.8238	0.6433	0.0467	0.5966
ROE Adjustment	-0.6433	-0.6433	-0.0467	-0.5966
Quality Assess-Medicaid Share				\$3.8431
Supplemental Rate Add-on				\$8.1747
Totals	204.5377	207.5350	15.0512	204.5016

***Medicaid Trend Adjustment :**



0 033175-00 - 2012/01
207.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Seven Hills Health and Rehabilitation Center

Type of Cost Report: Interim Change of Ownership [1] - Budget Type of Cost: Estimated [1] Type of Rate: Interim [2]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW [4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3333 Capital Medical Blvd. Tallahassee FL 32308	12/01/2010-11/30/2011	Number of Beds: 156	Superior: 0
County: Leon[37]	Days In CR 365	Maximum: 56,940	Standard: 141
Region: North [1] Area: 2	First Used: 2010/07	Max Annualized: 56,940	Conditional: 40
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 54,750	Total: 181
Current Class North Large [2]	Unaudited [3]	Medicare: 10,950	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 33,945	FY Index: 1.25114266
Operating Ex > 18 months [1]	Medicaid Utilization 62.00000%		Semester Index: 1.27500780
Open Date: 11/1/1984	Occupancy: 96.15384%		Cost: 1.00000000
Acquired Date: 11/1/1984	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 11/1/1984	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.18866384
Med # Active Date: 12/1/2010	Low Occupancy Adjustment Factor: 120.21515%		DC Sem Index: 1.20700000
Previous Med # 252093	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.00000000
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,343,537	3,252,145	1,673,091	671,432	0	6,940,205
1a	Audit Adjustments						
2	Cost Per Diem	39.5798	95.8063	49.2883	19.7800		204.4544
3	Cost Per Diem Inflated	39.5798	95.8063	49.2883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5798	95.8063	49.2883	19.7800		204.4544
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.7735		51.3654			
10b	Base for line 10a	41.8184		50.2185			
11	Lesser of 5,7,8,10, 10a	39.5798	95.5570	49.2883	13.6500		198.0751
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.5798	95.5570	49.2883	13.6500		198.0751
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 033175-00 - 2012/01
207.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Seven Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,202,036.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,736,867	9.1060
Indexed Asset Value	5,921,084	< 60% of Base:	False	20% ROE(2):	1,184,217	0.6378
FRVS Base Asset:	2,265,264	Interest Rate:	10.6343 %	Insurance Cost(3):	72,636	1.3267
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	80,040	1.4619
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	466,647	Total FRVS PD:		12.5324

(1) 80% Capital (\$4,736,867) amortized at 7.7500% for 20 years Principal & Interest of \$466,647 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$9.1060

(2) 20% ROE (\$1,184,217) times the ROE factor (0.027600) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = \$0.6378

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 156	Effective PBS Limitation	4,446,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.5798	39.5798	2.8705	36.7093
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	49.2883	49.2883	3.5746	45.7137
Property	13.6500	12.5324	0.9089	11.6235
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9200
Supplemental Rate Add-on				\$8.1747
Totals	198.0751	196.9575	14.2842	207.7680

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 033717-00 - 2012/01

234.75

Benderson Family Skilled Nuring & Rehab Center

Type of Cost Report: Interim New Facility [2] Type of Cost: Estimated[1] Type of Rate: Interim[2]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: New Provider[2]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days	
1955 North Honore Ave. Sarasota FL 34235 County: Sarasota[58] Region: South[2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex <=18 months [2] Open Date: 3/4/2011 Acquired Date: 3/4/2011 Entered Medicaid 3/22/2011 Med # Active Date: 3/22/2011 Previous Med #	11/01/2010-10/31/2011 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? True	Number of Beds: 50 Maximum: 18,250 Max Annualized: 18,250 Total Patient: 10,212 Medicare: 2,498 Medicaid: 5,219	Superior: 0 Standard: 181 Conditional: 0 Total: 181	
	Medicaid Utilization 51.10654% Occupancy: 55.95617% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 69.95850% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation		FY Index: 1.24829974 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.18683050 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	336,991	588,397	309,897	149,890	0	1,385,175
1a	Audit Adjustments						
2	Cost Per Diem	64.5700	112.7413	59.3786	28.7201		265.4100
3	Cost Per Diem Inflated	64.5700	112.7413	59.3786			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.5700	112.7413	59.3786	28.7201		265.4100
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment				4.9730		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	18.6230		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	57.7945		68.7769			
10b	Base for line 10a	56.5040		67.2412			
11	Lesser of 5,7,8,10, 10a	57.7945	102.9097	59.3786	18.6230		238.7058
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	57.7945	102.9097	59.3786	18.6230		238.7058
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 033717-00 - 2012/01
234.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Benderson Family Skilled Nuring & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/22/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2011/01	Type:	None [1]	80% Capital(1):	1,950,375	4.5549
Indexed Asset Value	2,437,969	< 60% of Base:	True	20% ROE(2):	487,594	0.9832
FRVS Base Asset:	2,435,050	Interest Rate:	0.0000 %	Insurance Cost(3):	1,562	0.1530
Occup Adj Factor:	0.7500	Chase Rate:	3.2500 %	Taxes Cost(3):	13,208	1.2934
ROE Factor	0.027600	Amortization Rate:	3.2500 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	62,345	Total FRVS PD:		6.9845

- (1) 80% Capital (\$1,950,375) amortized at 3.2500% for 20 years Interest of \$62,345 divided by annual available days (18,250) divided by Occup. Adj. (0.7500) = \$4.5549
- (2) 20% ROE (\$487,594) times the ROE factor (0.027600) divided by annual available days (18,250) divided by Occup. Adj. (0.7500) = \$0.9832
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	48,701
Comparison Date: 7/1/2010	Current RS PBS:	49,785
Comparison Bed 50	Effective PBS Limitation	2,435,050

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.7945	57.7945	4.1915	53.6030
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	59.3786	59.3786	4.3064	55.0722
Property	18.6230	6.9845	0.5065	6.4780
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9764
Supplemental Rate Add-on				\$8.1747
Totals	238.7058	227.0673	16.4678	234.7506

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 034504-00 - 2012/01

202.08

Grace Healthcare at Lake Wales

Type of Cost Report: Interim Change of Ownership [1] - Budget
 Type of Cost: Estimated[1]
 Type of Rate: Interim[2]
Type of Ownership: Private For profit [1]
CHOW Status based on this Cost Report: Non-Related Party (NRP) CHOW[4]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 North Scenic Highway Lake Wales FL 33853 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 3/9/2011 Previous Med # 319341	03/01/2011-02/29/2012 Days In CR 366 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,600 Max Annualized: 36,500 Total Patient: 32,196 Medicare: 4,416 Medicaid: 21,312	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.19456% Occupancy: 87.96721% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.97992% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.25840188 Semester Index: 1.27500780 Cost: 1.00000000 Target: 1.01598689 DC FY Index: 1.19383100 DC Sem Index: 1.20700000 DC Inflation: 1.00000000 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,799	1,810,420	1,016,174	401,944	0	4,209,337
1a	Audit Adjustments						
2	Cost Per Diem	46.0210	84.9484	47.6808	18.8600		197.5102
3	Cost Per Diem Inflated	46.0210	84.9484	47.6808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0210	84.9484	47.6808	18.8600		197.5102
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base						
7	Provider Target Rate						
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	51.4081		60.9892			
10b	Base for line 10a	50.2602		59.6274			
11	Lesser of 5,7,8,10, 10a	46.0210	84.9484	47.6808	13.6500		192.3002
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.0210	84.9484	47.6808	13.6500		192.3002
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider is on budget but has provided their own split between Direct and Indirect Care.



0 034504-00 - 2012/01
202.08

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Grace Healthcare at Lake Wales

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/9/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	3,384,639	8.3314
Indexed Asset Value	4,230,799	< 60% of Base:	False	20% ROE(2):	846,160	0.6440
FRVS Base Asset:	1,301,586	Interest Rate:	7.0000 %	Insurance Cost(3):	12,900	0.4007
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	44,000	1.3666
ROE Factor	0.025000	Amortization Rate:	5.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	273,686	Total FRVS PD:		10.7427

(1) 80% Capital (\$3,384,639) amortized at 5.2500% for 20 years Principal & Interest of \$273,686 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$8.3314

(2) 20% ROE (\$846,160) times the ROE factor (0.025000) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.6440

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0210	46.0210	3.3376	42.6834
Patient Care				
Direct Care	84.9484	84.9484	6.1608	78.7876
Indirect Care	47.6808	47.6808	3.4580	44.2228
Property	13.6500	10.7427	0.7791	9.9636
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2491
Supplemental Rate Add-on				\$8.1747
Totals	192.3002	189.3929	13.7355	202.0812

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 041685-00 - 2012/01

206.40

University Center West

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
545 West Euclid Ave Deland FL 32720 County: Volusia [64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 4/1/2009 Previous Med # 212831	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 16,829 Medicare: 924 Medicaid: 15,458	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 91.85335% Occupancy: 76.84475% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.07420% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	638,293	1,232,294	814,401	301,122	0	2,986,110
1a	Audit Adjustments						
2	Cost Per Diem	41.2921	79.7189	52.6848	19.4800		193.1758
3	Cost Per Diem Inflated	43.4314	82.2986	55.4144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4314	82.2986	55.4144	19.4800		200.6244
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3102		49.8552			
7	Provider Target Rate	43.2765		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2765	82.2986	50.9938	13.6500		190.2189
12/13	Medicaid Adjustment Rate		3.7034	2.2947			
14	Prospective Per Diem 11	43.2765	86.0020	53.2885	13.6500		196.2170
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 041685-00 - 2012/01
206.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

University Center West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 1,273,552 FRVS Base Asset: 688,794 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	958,334.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,018,842	6.6151
	< 60% of Base:	False	20% ROE(2):	254,710	0.3931
	Interest Rate:	11.5000 %	Insurance Cost(3):	29,131	1.7310
	Chase Rate:	9.5000 %	Taxes Cost(3):	14,588	0.8668
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	20,503	0.0000
Yearly Payment:	130,383	Total FRVS PD:		9.6060	

- (1) 80% Capital (\$1,018,842) amortized at 11.5000% for 20 years Principal & Interest of \$130,383 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$6.6151
- (2) 20% ROE (\$254,710) times the ROE factor (0.030420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3931
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2765	43.2765	3.1386	40.1379
Patient Care				
Direct Care	86.0020	86.0020	6.2372	79.7648
Indirect Care	53.2885	53.2885	3.8647	49.4238
Property	13.6500	9.6060	0.6967	8.9093
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9888
Supplemental Rate Add-on				\$8.1747
Totals	196.2170	192.1730	13.9372	206.3993

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 041686-00 - 2012/01
204.48

University Center East

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
991 East New York Ave Deland FL 32724 County: Volusia[64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 4/1/2009 Previous Med # 212873	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 17,595 Medicare: 1,433 Medicaid: 14,157	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 80.46036% Occupancy: 80.34247% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 100.44717% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	588,430	1,147,318	799,168	255,959	0	2,790,875
1a	Audit Adjustments						
2	Cost Per Diem	41.5646	81.0425	56.4504	18.0800		197.1375
3	Cost Per Diem Inflated	43.8181	83.7606	59.5110			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8181	83.7606	59.5110	18.0800		205.1697
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9238	83.7606	50.9938	13.6500		191.3282
12/13	Medicaid Adjustment Rate		2.8703	1.7475			
14	Prospective Per Diem 11	42.9238	86.6309	52.7413	13.6500		195.9460
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 041686-00 - 2012/01
204.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

University Center East

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 1,045,261 FRVS Base Asset: 605,676 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	836,209	5.4293
	< 60% of Base:	False	20% ROE(2):	209,052	0.3292
	Interest Rate:	11.5000 %	Insurance Cost(3):	28,499	1.6197
	Chase Rate:	9.5000 %	Taxes Cost(3):	18,123	1.0300
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	26,125	0.0000
Yearly Payment:	107,011	Total FRVS PD:		8.4082	

- (1) 80% Capital (\$836,209) amortized at 11.5000% for 20 years Principal & Interest of \$107,011 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.4293
- (2) 20% ROE (\$209,052) times the ROE factor (0.031040) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3292
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9238	42.9238	3.1130	39.8108
Patient Care				
Direct Care	86.6309	86.6309	6.2828	80.3481
Indirect Care	52.7413	52.7413	3.8250	48.9163
Property	13.6500	8.4082	0.6098	7.7984
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.4275
Supplemental Rate Add-on				\$8.1747
Totals	195.9460	190.7042	13.8306	204.4758

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 200107-00 - 2012/01 213.35

Bon Secours Maria Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10300 4th Street North St. Petersburg FL 33716 County: Pinellas [52] Region: Central [3] Area: 5 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 12/15/1988 Previous Med # 204501	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 274 Maximum: 100,010 Max Annualized: 100,010 Total Patient: 82,341 Medicare: 11,134 Medicaid: 58,536	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 71.08974% Occupancy: 82.33277% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.93552% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,725,068	5,682,698	3,803,760	814,821	0	14,026,347
1a	Audit Adjustments						
2	Cost Per Diem	63.6372	97.0804	64.9815	13.9200		239.6191
3	Cost Per Diem Inflated	66.9342	100.2220	68.3482			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.9342	100.2220	68.3482	13.9200		249.4244
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4586		52.1892			
7	Provider Target Rate	52.6338		53.3811			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	96.4295	53.3811	13.6500		212.6024
12/13	Medicaid Adjustment Rate		2.2879	1.2665			
14	Prospective Per Diem 11	49.1418	98.7174	54.6476	13.6500		216.1568
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200107-00 - 2012/01
213.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bon Secours Maria Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/01 Indexed Asset Value 12,010,661 FRVS Base Asset: 4,922,814 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,646,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	9,608,529	13.2721
	< 60% of Base:	True	20% ROE(2):	2,402,132	0.8118
	Interest Rate:	7.5000 %	Insurance Cost(3):	25,689	0.3120
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	40,866	0.4963
	Interest Only:	True	Replacement(3&4):	680,088	0.0000
Yearly Payment:	1,194,604	Total FRVS PD:		14.8922	

(1) 80% Capital (\$9,608,529) amortized at 12.5000% for 20 years Interest of \$1,194,604 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = \$13.2721

(2) 20% ROE (\$2,402,132) times the ROE factor (0.030420) divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = \$0.8118

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 274	Effective PBS Limitation	7,809,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	98.7174	98.7174	7.1594	91.5580
Indirect Care	54.6476	54.6476	3.9633	50.6843
Property	13.6500	14.8922	1.0800	13.8122
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5456
Supplemental Rate Add-on				\$8.1747
Totals	216.1568	217.3990	15.7667	213.3526

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 200409-00 - 2012/01
187.76

Westminster Oaks

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4449 Meandering Way Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 10/21/1988 Med # Active Date: 10/21/1988 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,426 Medicare: 3,798 Medicaid: 13,918	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 32.80536% Occupancy: 96.86301% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.10178% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	642,125	1,055,465	980,808	490,192	0	3,168,590
1a	Audit Adjustments						
2	Cost Per Diem	46.1363	75.8345	70.4705	35.2200		227.6613
3	Cost Per Diem Inflated	47.9854	77.8005	73.2949			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9854	77.8005	73.2949	35.2200		234.3008
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1538		68.8763			
7	Provider Target Rate	49.2536		70.4493			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	77.8005	55.2316	13.6500		193.3967
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	77.8005	55.2316	13.6500		193.3967
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200409-00 - 2012/01
187.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westminster Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/21/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,558,322.00	Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Fixed [2]	80% Capital(1): 3,851,807	10.5497
Indexed Asset Value 4,814,759	< 60% of Base: False	20% ROE(2): 962,952	0.6539
FRVS Base Asset: 1,521,900	Interest Rate: 9.0000 %	Insurance Cost(3): 95,383	2.2482
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 0	0.0000
ROE Factor 0.026770	Amortization Rate: 9.0000 %	Home Office(3): 18,180	0.4285
	Interest Only: False	Replacement(3&4): 411,270	0.0000
	Yearly Payment: 415,869	Total FRVS PD:	13.8803

(1) 80% Capital (\$3,851,807) amortized at 9.0000% for 20 years Principal & Interest of \$415,869 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5497

(2) 20% ROE (\$962,952) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6539

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,521,900

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	77.8005	77.8005	5.6424	72.1581
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	13.8803	1.0067	12.8736
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	193.3967	193.6270	14.0426	187.7591

***Medicaid Trend Adjustment :**



0 200425-00 - 2012/01
225.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Floridean Nursing & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
47 NW 32nd Place Miami FL 33125 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 31,578 Medicare: 16,967 Medicaid: 9,034	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 28.60852% Occupancy: 96.12786% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.18266% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	495,248	796,779	629,953	236,781	0	2,158,761
1a	Audit Adjustments						
2	Cost Per Diem	54.8205	88.1978	69.7313	26.2100		238.9596
3	Cost Per Diem Inflated	56.6353	90.2541	72.0397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.6353	90.2541	72.0397	26.2100		245.1391
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7353		62.3006			
7	Provider Target Rate	53.9397		63.7234			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.9397	90.2541	63.7234	13.6500		221.5672
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.9397	90.2541	63.7234	13.6500		221.5672
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200425-00 - 2012/01
225.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Flordean Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,200,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]	80% Capital(1): 2,996,452	8.8135
Indexed Asset Value 3,745,565	< 60% of Base: False	20% ROE(2): 749,113	0.6545
FRVS Base Asset: 88,069	Interest Rate: 6.1423 %	Insurance Cost(3): 105,356	3.3364
Occup Adj Factor: 0.9000	Chase Rate: 5.1538 %	Taxes Cost(3): 81,412	2.5781
ROE Factor 0.025830	Amortization Rate: 6.1423 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 53,525	0.0000
	Yearly Payment: 260,571	Total FRVS PD:	15.3825

(1) 80% Capital (\$2,996,452) amortized at 6.1423% for 20 years Principal & Interest of \$260,571 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$8.8135

(2) 20% ROE (\$749,113) times the ROE factor (0.025830) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.6545

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 47	Effective PBS Limitation 1,339,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.9397	53.9397	3.9119	50.0278
Patient Care				
Direct Care	90.2541	90.2541	6.5456	83.7085
Indirect Care	63.7234	63.7234	4.6215	59.1019
Property	13.6500	15.3825	1.1156	14.2669
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.7860
Supplemental Rate Add-on				\$8.1747
Totals	221.5672	223.2997	16.1946	225.0658

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 200506-00 - 2012/01

218.75

Miami Jewish Health Systems

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5200 N.E. 2nd Avenue Miami FL 33137 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 462 Maximum: 168,630 Max Annualized: 168,630 Total Patient: 161,124 Medicare: 23,103 Medicaid: 95,940	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 59.54420% Occupancy: 95.54883% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.45875% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	7,203,588	9,647,093	6,573,869	1,493,786	88,166	25,006,502
1a	Audit Adjustments						
2	Cost Per Diem	75.0843	100.5534	68.5206	15.5700	0.9190	260.6473
3	Cost Per Diem Inflated	79.3363	104.0445	72.4009			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	79.3363	104.0445	72.4009	15.5700	0.9190	272.2707
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	93.4048		69.2435			
7	Provider Target Rate	95.5380		70.8249			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500	0.9190	221.5739
12/13	Medicaid Adjustment Rate		1.0448	0.6308			
14	Prospective Per Diem 11	50.9575	98.3468	59.3762	13.6500	0.9190	223.2495
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200506-00 - 2012/01
218.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Miami Jewish Health Systems

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	9,999,999.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type:	Fixed [2]	80% Capital(1): 21,080,918	12.3697
Indexed Asset Value 26,351,148	< 60% of Base:	False	20% ROE(2): 5,270,230	1.0959
FRVS Base Asset: 9,462,000	Interest Rate:	6.4410 %	Insurance Cost(3): 168,207	1.0440
Occup Adj Factor: 0.9000	Chase Rate:	13.0000 %	Taxes Cost(3): 8,752	0.0543
ROE Factor 0.031560	Amortization Rate:	6.4410 %	Home Office(3): 0	0.0000
	Interest Only:	False	Replacement(3&4): 2,768,818	0.0000
	Yearly Payment:	1,877,307	Total FRVS PD:	14.5639

(1) 80% Capital (\$21,080,918) amortized at 6.4410% for 20 years Principal & Interest of \$1,877,307 divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = \$12.3697

(2) 20% ROE (\$5,270,230) times the ROE factor (0.031560) divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = \$1.0959

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 332	Effective PBS Limitation	9,462,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.3468	98.3468	7.1325	91.2143
Indirect Care	59.3762	59.3762	4.3062	55.0700
Property	13.6500	14.5639	0.9900	12.6600
ROE	0.9190	0.0000	0.0666	0.8524
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5121
Supplemental Rate Add-on				\$8.1747
Totals	223.2495	223.2444	16.1910	218.7453

***Medicaid Trend Adjustment :**



0 200620-00 - 2012/01
235.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pines Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 NE 141st Street North North Miami Beach FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 1/1/1978 Med # Active Date: 1/1/1978 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 46 Maximum: 16,790 Max Annualized: 16,790 Total Patient: 15,174 Medicare: 1,620 Medicaid: 12,451	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 82.05483% Occupancy: 90.37522% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.99050% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,745	954,146	902,629	169,209	0	2,916,729
1a	Audit Adjustments						
2	Cost Per Diem	71.5400	76.6321	72.4945	13.5900		234.2566
3	Cost Per Diem Inflated	74.7174	78.7862	75.7143			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	74.7174	78.7862	75.7143	13.5900		242.8079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8620		84.1851			
7	Provider Target Rate	63.2748		86.1078			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	78.7862	72.5715	13.5900		224.0126
12/13	Medicaid Adjustment Rate		2.8412	2.6171			
14	Prospective Per Diem 11	59.0649	81.6274	75.1886	13.5900		229.4709
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200620-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

235.61

Pines Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1978/01 Indexed Asset Value 931,046 FRVS Base Asset: 533,635 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	315,414.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	744,837	6.1283
	< 60% of Base:	True	20% ROE(2):	186,209	0.3401
	Interest Rate:	8.0000 %	Insurance Cost(3):	28,902	1.9047
	Chase Rate:	12.5000 %	Taxes Cost(3):	9,022	0.5946
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	7,858	0.0000
Yearly Payment:	92,604	Total FRVS PD:		8.9677	

- (1) 80% Capital (\$744,837) amortized at 12.5000% for 20 years Interest of \$92,604 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$6.1283
- (2) 20% ROE (\$186,209) times the ROE factor (0.027600) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = \$0.3401
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 46	Effective PBS Limitation	1,311,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	81.6274	81.6274	5.9200	75.7074
Indirect Care	75.1886	75.1886	5.4530	69.7356
Property	13.5900	8.9677	0.6504	8.3173
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8920
Supplemental Rate Add-on				\$8.1747
Totals	229.4709	224.8486	16.3070	235.6083

***Medicaid Trend Adjustment :**



0 200735-00 - 2012/01
207.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

All Saints Catholic Nursing Home & R.C. Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5888 Blanding Boulevard Jacksonville FL 32244 County: Duval [16] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,601 Medicare: 3,265 Medicaid: 25,572	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,573	2,542,266	1,132,089	181,817	6,734	4,846,479
1a	Audit Adjustments						
2	Cost Per Diem	38.4629	99.4160	44.2706	7.1100	0.2633	189.5228
3	Cost Per Diem Inflated	40.1712	102.2105	46.2369			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1712	102.2105	46.2369	7.1100	0.2633	195.9919
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	95.5570	46.2369	7.1100	0.2633	187.0122
12/13	Medicaid Adjustment Rate		1.2330	0.5966			
14	Prospective Per Diem 11	37.8450	96.7900	46.8335	7.1100	0.2633	188.8418
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200735-00 - 2012/01
207.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

All Saints Catholic Nursing Home & R.C. Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	4,540,490	11.5612
Indexed Asset Value	5,675,613	< 60% of Base:	False	20% ROE(2):	1,135,123	0.7948
FRVS Base Asset:	1,411,227	Interest Rate:	8.0000 %	Insurance Cost(3):	22,213	0.5340
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	62,454	0.0000
		Yearly Payment:	455,742	Total FRVS PD:		12.8900

(1) 80% Capital (\$4,540,490) amortized at 8.0000% for 20 years Principal & Interest of \$455,742 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5612

(2) 20% ROE (\$1,135,123) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7948

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	96.7900	96.7900	7.0196	89.7704
Indirect Care	46.8335	46.8335	3.3966	43.4369
Property	7.1100	12.8900	0.9348	11.9552
ROE	0.2633	0.3868	0.0281	0.3587
ROE Adjustment	-0.2633	-0.3868	-0.0281	-0.3587
Quality Assess-Medicaid Share				\$19.4901
Supplemental Rate Add-on				\$8.1747
Totals	188.5785	194.3585	14.0957	207.9276

***Medicaid Trend Adjustment :**



0 200859-00 - 2012/01
224.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

River Garden Hebrew Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11401 Old St. Augustine Rd. Jacksonville FL 32258	01/01/2010-12/31/2010	Number of Beds: 180	Superior: 181
County: Duval [16]	Days In CR 365	Maximum: 65,700	Standard: 0
Region: North [1] Area: 4	First Used: 2012/01	Max Annualized: 65,700	Conditional: 0
Control Church Non-Profit [2]	Last Used: 2012/01	Total Patient: 62,667	Total: 181
Current Class North Large [2]	Unaudited [3]	Medicare: 12,477	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 32,667	FY Index: 1.22078676
Operating Ex > 18 months [1]	Medicaid Utilization 52.12791%		Semester Index: 1.27500780
Open Date: 1/1/1970	Occupancy: 95.38356%		Cost: 1.04441483
Acquired Date: 1/1/1970	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 1/1/1970	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17400000
Med # Active Date: 1/1/1970	Low Occupancy Adjustment Factor: 119.25211%		DC Sem Index: 1.20700000
Previous Med #	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02810903
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,717,833	3,275,745	2,019,800	492,945	0	7,506,323
1a	Audit Adjustments						
2	Cost Per Diem	52.5862	100.2769	61.8300	15.0900		229.7831
3	Cost Per Diem Inflated	54.9218	103.0956	64.5762			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9218	103.0956	64.5762	15.0900		237.6836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8204		61.8238			
7	Provider Target Rate	64.2551		63.2358			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	55.2316	13.6500		211.1532
12/13	Medicaid Adjustment Rate		0.2288	0.1322			
14	Prospective Per Diem 11	46.7146	95.7858	55.3638	13.6500		211.5142
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 200859-00 - 2012/01
224.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

River Garden Hebrew Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 8,641,659 FRVS Base Asset: 5,372,016 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	6,913,327	14.5360
	< 60% of Base:	True	20% ROE(2):	1,728,332	0.8067
	Interest Rate:	12.5000 %	Insurance Cost(3):	102,347	1.6332
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	3,592	0.0573
	Interest Only:	True	Replacement(3&4):	96,158	0.0000
Yearly Payment:	859,516	Total FRVS PD:		17.0332	

(1) 80% Capital (\$6,913,327) amortized at 12.5000% for 20 years Interest of \$859,516 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$14.5360

(2) 20% ROE (\$1,728,332) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8067

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 192	Effective PBS Limitation	5,472,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.7858	95.7858	6.9468	88.8390
Indirect Care	55.3638	55.3638	4.0152	51.3486
Property	13.6500	17.0332	1.2353	15.7979
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9390
Supplemental Rate Add-on				\$8.1747
Totals	211.5142	214.8974	15.5852	224.4259

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 200913-00 - 2012/01 216.26

Avante at Jacksonville Beach, Inc.

Type of Cost Report: Prospective with Interim Component[8] Type of Cost: Actual with Interim Component[3] Type of Rate: Prospective[1] Interim Component effective date : 07/01/2010
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1504 Seabreeze Avenue Jacksonville Beach FL 32250- County: Duval[16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1974 Acquired Date: 7/1/1974 Entered Medicaid 10/1/1980 Med # Active Date: 7/1/1989 Previous Med # 205982	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 165 Maximum: 60,225 Max Annualized: 60,225 Total Patient: 51,098 Medicare: 10,233 Medicaid: 32,857	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.30193% Occupancy: 84.84516% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.07661% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 7/1/2010	Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,356,136	2,971,863	1,540,026	252,013	0	6,120,038
1a	Audit Adjustments						
2	Cost Per Diem	41.2739	90.4484	46.8706	7.6700		186.2629
3	Cost Per Diem Inflated	42.7360	92.6358	48.5309			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7360	92.6358	48.5309	7.6700		191.5727
5a	Interim Adjustment			7.1300			
5b	Interim Adjusted Per Diem			55.6609			
6	Prior Semester: Provider Target Base	44.6822		53.9791			
7	Provider Target Rate	45.7027		55.2119			
7a	Interim Adjustment			7.1300			
7b	Interim Adjusted Provider Target Rate			62.3419			
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7360	92.6358	55.2316	7.6700		198.2734
12/13	Medicaid Adjustment Rate		1.4905	0.8887			
14	Prospective Per Diem 11	42.7360	94.1263	56.1203	7.6700		200.6526
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200913-00 - 2012/01
216.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Jacksonville Beach, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	806,723.00		Total Amount	Per Diem
RS to Start Calcs:	1974/07	Type:	Fixed [2]	80% Capital(1):	4,050,205	9.2902
Indexed Asset Value	5,062,756	< 60% of Base:	True	20% ROE(2):	1,012,551	0.4885
FRVS Base Asset:	1,747,238	Interest Rate:	13.5000 %	Insurance Cost(3):	79,741	1.5606
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	54,739	1.0713
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	37,367	0.7313
		Interest Only:	True	Replacement(3&4):	40,041	0.0000
		Yearly Payment:	503,552	Total FRVS PD:		13.1419

(1) 80% Capital (\$4,050,205) amortized at 12.5000% for 20 years Interest of \$503,552 divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$9.2902

(2) 20% ROE (\$1,012,551) times the ROE factor (0.026150) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = \$0.4885

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7360	42.7360	3.0994	39.6366
Patient Care				
Direct Care	94.1263	94.1263	6.8264	87.2999
Indirect Care	56.1203	56.1203	4.0701	52.0502
Property	7.6700	13.1419	0.9531	12.1888
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9145
Supplemental Rate Add-on				\$8.1747
Totals	200.6526	206.1245	14.9490	216.2647

***Medicaid Trend Adjustment :**



0 200956-00 - 2012/01

233.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

COMPREHENSIVE HEALTHCARE OF CLEA

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2055 PALMETTO STREET Clearwater FL 34625 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 12/1/1988 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 43,602 Medicare: 2,662 Medicaid: 31,662 Medicaid Utilization 72.61594% Occupancy: 79.63836% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.56686% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 181 Standard: 0 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,456,979	3,102,449	1,872,692	494,244	0	6,926,364
1a	Audit Adjustments						
2	Cost Per Diem	46.0166	97.9865	59.1464	15.6100		218.7595
3	Cost Per Diem Inflated	48.4007	101.1574	62.2108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4007	101.1574	62.2108	15.6100		227.3789
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3561		54.9085			
7	Provider Target Rate	43.3234		56.1625			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3234	96.4295	56.1625	13.6500		209.5654
12/13	Medicaid Adjustment Rate		2.4534	1.4289			
14	Prospective Per Diem 11	43.3234	98.8829	57.5914	13.6500		213.4477
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 200956-00 - 2012/01
233.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

COMPREHENSIVE HEALTHCARE OF CLEA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	5,846,569	17.0374
Indexed Asset Value	7,308,211	< 60% of Base:	False	20% ROE(2):	1,461,642	0.9023
FRVS Base Asset:	3,420,000	Interest Rate:	13.3500 %	Insurance Cost(3):	63,753	1.4622
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	67,232	1.5419
ROE Factor	0.030420	Amortization Rate:	13.3500 %	Home Office(3):	18,173	0.4168
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	839,519	Total FRVS PD:		21.3606

(1) 80% Capital (\$5,846,569) amortized at 13.3500% for 20 years Principal & Interest of \$839,519 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$17.0374

(2) 20% ROE (\$1,461,642) times the ROE factor (0.030420) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.9023

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3234	43.3234	3.1420	40.1814
Patient Care				
Direct Care	98.8829	98.8829	7.1714	91.7115
Indirect Care	57.5914	57.5914	4.1768	53.4146
Property	13.6500	21.3606	1.5492	19.8114
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8587
Supplemental Rate Add-on				\$8.1747
Totals	213.4477	221.1583	16.0394	233.1523

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 201006-00 - 2012/01

211.97

Memorial Manor Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
777 South Douglas Road Pembroke Pines FL 33025 County: Broward [6] Region: South [2] Area: 10 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/14/1989 Acquired Date: 7/14/1989 Entered Medicaid 7/14/1989 Med # Active Date: 7/14/1989 Previous Med #	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,248 Medicare: 8,371 Medicaid: 19,013	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 45.00331% Occupancy: 96.45662% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.59369% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22862856 Semester Index: 1.27500780 Cost: 1.03774879 Target: 1.01598689 DC FY Index: 1.17749915 DC Sem Index: 1.20700000 DC Inflation: 1.02505382 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,389,231	2,333,144	1,365,687	203,819	0	5,291,881
1a	Audit Adjustments						
2	Cost Per Diem	73.0674	122.7131	71.8291	10.7200		278.3296
3	Cost Per Diem Inflated	75.8256	125.7875	74.5406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	75.8256	125.7875	74.5406	10.7200		286.8737
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.5737		68.2626			
7	Provider Target Rate	75.2540		69.8216			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	10.7200		217.7249
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	97.3020	58.7454	10.7200		217.7249
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 201006-00 - 2012/01
211.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Memorial Manor Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/14/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,465,506 FRVS Base Asset: 2,534,785 Occup Adj Factor: 0.9000 ROE Factor 0.026460	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,372,405	11.5650
	< 60% of Base:	True	20% ROE(2):	1,093,101	0.7337
	Interest Rate:	10.5000 %	Insurance Cost(3):	17,905	0.4238
	Chase Rate:	10.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	101,764	0.0000
Yearly Payment:	455,894	Total FRVS PD:		12.7225	

(1) 80% Capital (\$4,372,405) amortized at 10.5000% for 20 years Interest of \$455,894 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5650

(2) 20% ROE (\$1,093,101) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7337

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 85	Effective PBS Limitation	2,534,785

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	10.7200	12.7225	0.9227	11.7998
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	217.7249	219.7274	15.9356	211.9665

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 201120-00 - 2012/01

205.94

Gulf Coast Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1333 Santa Barbara Blvd. Cape Coral FL 33991 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/28/1989 Acquired Date: 8/28/1989 Entered Medicaid 8/28/1989 Med # Active Date: 8/28/1989 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 85 Maximum: 31,025 Max Annualized: 31,025 Total Patient: 28,557 Medicare: 12,962 Medicaid: 8,659	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 30.32181% Occupancy: 92.04512% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.07827% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	310,252	803,515	550,480	126,075	0	1,790,322
1a	Audit Adjustments						
2	Cost Per Diem	35.8300	92.7954	63.5732	14.5600		206.7586
3	Cost Per Diem Inflated	37.4214	95.4038	66.3968			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4214	95.4038	66.3968	14.5600		213.7820
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		77.9939			
7	Provider Target Rate	52.3502		79.7752			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4214	95.4038	66.3968	13.6500		212.8720
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.4214	95.4038	66.3968	13.6500		212.8720
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 201120-00 - 2012/01
205.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Gulf Coast Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/28/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 6,269,266.00	Total Amount	Per Diem
RS to Start Calcs: 1989/07	Type: Variable [3]	80% Capital(1): 3,152,581	10.5782
Indexed Asset Value 3,940,726	< 60% of Base: False	20% ROE(2): 788,145	0.7790
FRVS Base Asset: 1,789,260	Interest Rate: 7.0909 %	Insurance Cost(3): 51,030	1.7870
Occup Adj Factor: 0.9000	Chase Rate: 9.1909 %	Taxes Cost(3): 24,613	0.8619
ROE Factor 0.027600	Amortization Rate: 7.0909 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 124,412	0.0000
	Yearly Payment: 295,370	Total FRVS PD:	14.0061

(1) 80% Capital (\$3,152,581) amortized at 7.0909% for 20 years Principal & Interest of \$295,370 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$10.5782

(2) 20% ROE (\$788,145) times the ROE factor (0.027600) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$0.7790

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.4214	37.4214	2.7140	34.7074
Patient Care				
Direct Care	95.4038	95.4038	6.9191	88.4847
Indirect Care	66.3968	66.3968	4.8154	61.5814
Property	13.6500	14.0061	1.0158	12.9903
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	212.8720	213.2281	15.4643	205.9385

***Medicaid Trend Adjustment :**



0 201545-00 - 2012/01
205.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hobe Sound Geriatric Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9555 SE Federal Highway Hobe Sound FL 33455 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,497 Medicare: 3,780 Medicaid: 28,410	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.46278% Occupancy: 94.74201% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.45002% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,749	2,570,040	1,186,882	191,768	48,563	5,022,002
1a	Audit Adjustments						
2	Cost Per Diem	36.0700	90.4625	41.7769	6.7500	1.7094	176.7688
3	Cost Per Diem Inflated	37.6720	93.0053	43.6324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.6720	93.0053	43.6324	6.7500	1.7094	182.7691
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1344		49.0670			
7	Provider Target Rate	43.0967		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.6720	93.0053	43.6324	6.7500	1.7094	182.7691
12/13	Medicaid Adjustment Rate		1.9318	0.9063			
14	Prospective Per Diem 11	37.6720	94.9371	44.5387	6.7500	1.7094	185.6072
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 201545-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.77

Hobe Sound Geriatric Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,528,238 FRVS Base Asset: 2,482,470 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,622,590	11.1956
	< 60% of Base:	False	20% ROE(2):	905,648	0.6341
	Interest Rate:	10.7500 %	Insurance Cost(3):	79,917	1.9259
	Chase Rate:	13.0000 %	Taxes Cost(3):	58,757	1.4159
	Amortization Rate:	10.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	39,474	0.0000
Yearly Payment:	441,331	Total FRVS PD:		15.1715	

(1) 80% Capital (\$3,622,590) amortized at 10.7500% for 20 years Principal & Interest of \$441,331 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1956

(2) 20% ROE (\$905,648) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6341

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.6720	37.6720	2.7321	34.9399
Patient Care				
Direct Care	94.9371	94.9371	6.8852	88.0519
Indirect Care	44.5387	44.5387	3.2301	41.3086
Property	6.7500	15.1715	1.1003	14.0712
ROE	1.7094	1.3313	0.0966	1.2347
ROE Adjustment	-1.3313	-1.3313	-0.0966	-1.2347
Quality Assess-Medicaid Share				\$19.2234
Supplemental Rate Add-on				\$8.1747
Totals	184.2759	192.3193	13.9477	205.7697

***Medicaid Trend Adjustment :**



0 201588-00 - 2012/01

184.64

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Marv Lee Depugh Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
559 West Morse Boulevard Winter Park FL 32789 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 40 Maximum: 14,600 Max Annualized: 14,600 Total Patient: 12,852 Medicare: 1,082 Medicaid: 8,499	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.12979% Occupancy: 88.02740% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.05516% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	506,868	604,858	402,516	212,390	0	1,726,632
1a	Audit Adjustments						
2	Cost Per Diem	59.6385	71.1681	47.3604	24.9900		203.1570
3	Cost Per Diem Inflated	62.2873	73.1686	49.4639			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.2873	73.1686	49.4639	24.9900		209.9098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6372	73.1686	49.4639	13.6500		183.9197
12/13	Medicaid Adjustment Rate		1.3277	0.8976			
14	Prospective Per Diem 11	47.6372	74.4963	50.3615	13.6500		186.1450
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 201588-00 - 2012/01
184.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Marv Lee Deugh Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,885,097 FRVS Base Asset: 1,037,356 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	125,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,508,078	14.2690
	< 60% of Base:	True	20% ROE(2):	377,019	0.7919
	Interest Rate:	9.0000 %	Insurance Cost(3):	34,757	2.7044
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	36,911	0.0000
Yearly Payment:	187,495	Total FRVS PD:		17.7653	

(1) 80% Capital (\$1,508,078) amortized at 12.5000% for 20 years Interest of \$187,495 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$14.2690

(2) 20% ROE (\$377,019) times the ROE factor (0.027600) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$0.7919

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 40	Effective PBS Limitation	1,140,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6372	47.6372	3.4548	44.1824
Patient Care				
Direct Care	74.4963	74.4963	5.4028	69.0935
Indirect Care	50.3615	50.3615	3.6524	46.7091
Property	13.6500	17.7653	1.2884	16.4769
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	186.1450	190.2603	13.7984	184.6366

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 201651-00 - 2012/01

218.21

Guardian Care Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2500 West Church Street Orlando FL 32805 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,797 Medicare: 5,490 Medicaid: 31,000	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 79.90309% Occupancy: 88.57763% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.74308% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,614,681	2,560,482	1,785,956	294,500	0	6,255,619
1a	Audit Adjustments						
2	Cost Per Diem	52.0865	82.5962	57.6115	9.5000		201.7942
3	Cost Per Diem Inflated	53.8108	84.5219	59.5187			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.8108	84.5219	59.5187	9.5000		207.3514
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.5915		51.5595			
7	Provider Target Rate	56.8611		52.7370			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	84.5219	52.7370	9.5000		195.9007
12/13	Medicaid Adjustment Rate		2.8434	1.7741			
14	Prospective Per Diem 11	49.1418	87.3653	54.5111	9.5000		200.5182
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 201651-00 - 2012/01
218.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Guardian Care Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount Per Diem	
RS to Start Calcs: 1971/07	Type: None [1]		80% Capital(1): 4,386,705	13.8353
Indexed Asset Value 5,483,381	< 60% of Base: True		20% ROE(2): 1,096,676	0.7186
FRVS Base Asset: 1,168,156	Interest Rate: 12.5000 %		Insurance Cost(3): 48,457	1.2490
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 2,488	0.0641
ROE Factor 0.025830	Amortization Rate: 12.5000 %		Home Office(3): 0	0.0000
	Interest Only: True		Replacement(3&4): 59,750	0.0000
	Yearly Payment: 545,388		Total FRVS PD:	15.8670

(1) 80% Capital (\$4,386,705) amortized at 12.5000% for 20 years Interest of \$545,388 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.8353

(2) 20% ROE (\$1,096,676) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7186

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 76	Effective PBS Limitation 2,166,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	87.3653	87.3653	6.3361	81.0292
Indirect Care	54.5111	54.5111	3.9534	50.5577
Property	9.5000	15.8670	1.1507	14.7163
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1572
Supplemental Rate Add-on				\$8.1747
Totals	200.5182	206.8852	15.0042	218.2129

***Medicaid Trend Adjustment :**



0 202011-00 - 2012/01
218.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westchester Gardens Rehabilitation & Care Cente

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3301 McMullen Booth Road Clearwater FL 33761 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 9/1/1989 Med # Active Date: 1/5/1990 Previous Med # 201201	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,185 Medicare: 12,344 Medicaid: 18,736	Superior: 0 Standard: 150 Conditional: 31 Total: 181
			Inflation
			FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842
Rate Calculations			

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	844,836	1,797,957	1,042,476	247,690	0	3,932,959
1a	Audit Adjustments						
2	Cost Per Diem	45.0916	95.9627	55.6403	13.2200		209.9146
3	Cost Per Diem Inflated	46.5843	98.2001	57.4822			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5843	98.2001	57.4822	13.2200		215.4866
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6250		47.1821			
7	Provider Target Rate	50.7584		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5843	96.4295	48.2597	13.2200		204.4935
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.5843	96.4295	48.2597	13.2200		204.4935
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202011-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

218.58

Westchester Gardens Rehabilitation & Care Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,320,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Fixed [2]	80% Capital(1):	4,766,618	15.4742
Indexed Asset Value	5,958,272	< 60% of Base:	False	20% ROE(2):	1,191,654	0.7808
FRVS Base Asset:	3,578,520	Interest Rate:	11.5000 %	Insurance Cost(3):	64,622	1.6923
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	56,253	1.4732
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	27,804	0.7281
		Interest Only:	False	Replacement(3&4):	869,881	0.0000
		Yearly Payment:	609,992	Total FRVS PD:		20.1486

(1) 80% Capital (\$4,766,618) amortized at 11.5000% for 20 years Principal & Interest of \$609,992 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.4742

(2) 20% ROE (\$1,191,654) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7808

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	1/1/1989	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5843	46.5843	3.3785	43.2058
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.2200	20.1486	1.4613	18.6873
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.3129
Supplemental Rate Add-on				\$8.1747
Totals	204.4935	211.4221	15.3333	218.5764

***Medicaid Trend Adjustment :**



0 202533-00 - 2012/01
234.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Rohr Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2120 Marshall Edwards Drive Bartow FL 33830 County: Polk [53] Region: Central [3] Area: 6 Control Government Non-Prof Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/10/1970 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,855 Medicare: 1,878 Medicaid: 15,679	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 75.18101% Occupancy: 95.22831% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.05801% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	946,228	1,920,695	853,819	47,194	0	3,767,936
1a	Audit Adjustments						
2	Cost Per Diem	60.3500	122.5011	54.4562	3.0100		240.3173
3	Cost Per Diem Inflated	63.3318	126.3211	57.1468			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.3318	126.3211	57.1468	3.0100		249.8097
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8990		58.0635			
7	Provider Target Rate	48.9929		59.3896			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.9929	98.6128	57.1468	3.0100		207.7625
12/13	Medicaid Adjustment Rate		2.7936	1.6189			
14	Prospective Per Diem 11	48.9929	101.4064	58.7657	3.0100		212.1750
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202533-00 - 2012/01
234.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Rohr Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	2,088,317	13.1728
Indexed Asset Value	2,610,396	< 60% of Base:	True	20% ROE(2):	522,079	0.7835
FRVS Base Asset:	570,711	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	3,462	0.0000
		Yearly Payment:	259,635	Total FRVS PD:	13.9563	

(1) 80% Capital (\$2,088,317) amortized at 12.5000% for 20 years Interest of \$259,635 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.1728

(2) 20% ROE (\$522,079) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7835

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.9929	48.9929	3.5532	45.4397
Patient Care				
Direct Care	101.4064	101.4064	7.3544	94.0520
Indirect Care	58.7657	58.7657	4.2619	54.5038
Property	3.0100	13.9563	1.0122	12.9441
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2454
Supplemental Rate Add-on				\$8.1747
Totals	212.1750	223.1213	16.1817	234.3597

***Medicaid Trend Adjustment :**



0 202606-00 - 2012/01
215.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SAMANTHA R. WILSON AT BAYVIEW

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
161 Maine Street St. Augustine FL 32084 County: St Johns[55] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,291 Medicare: 12,163 Medicaid: 19,790	Superior: 181 Standard: 0 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 49.11767% Occupancy: 91.98859% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.00759% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,042,954	1,837,460	1,004,241	385,311	0	4,269,966
1a	Audit Adjustments						
2	Cost Per Diem	52.7011	92.8479	50.7449	19.4700		215.7639
3	Cost Per Diem Inflated	55.3050	95.7432	53.2521			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.3050	95.7432	53.2521	19.4700		223.7703
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5396		50.5795			
7	Provider Target Rate	50.6710		51.7347			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	51.7347	13.6500		207.6563
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	51.7347	13.6500		207.6563
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202606-00 - 2012/01
215.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SAMANTHA R. WILSON AT BAYVIEW

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 7,079,538.00			Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Fixed [2]		80% Capital(1): 4,255,450	10.1213	
Indexed Asset Value 5,319,312	< 60% of Base: False		20% ROE(2): 1,063,862	0.7983	
FRVS Base Asset: 337,836	Interest Rate: 7.1000 %		Insurance Cost(3): 90,595	2.2485	
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 0	0.0000	
ROE Factor 0.029580	Amortization Rate: 7.1000 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 6,908	0.0000	
	Yearly Payment: 398,981		Total FRVS PD:	13.1681	

(1) 80% Capital (\$4,255,450) amortized at 7.1000% for 20 years Principal & Interest of \$398,981 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1213

(2) 20% ROE (\$1,063,862) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7983

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 51	Effective PBS Limitation 1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	51.7347	51.7347	3.7520	47.9827
Property	13.6500	13.1681	0.9550	12.2131
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7653
Supplemental Rate Add-on				\$8.1747
Totals	207.6563	207.1744	15.0251	215.0893

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 202681-00 - 2012/01

227.92

JH FLOYD SUNSHINE MANOR, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1755 18th Street Sarasota FL 34234 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 101 Maximum: 36,865 Max Annualized: 36,865 Total Patient: 24,367 Medicare: 1,444 Medicaid: 20,853	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 85.57886% Occupancy: 66.09793% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 82.63811% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,048	1,922,373	1,143,705	179,753	0	4,401,879
1a	Audit Adjustments						
2	Cost Per Diem	55.4380	92.1869	54.8461	8.6200		211.0910
3	Cost Per Diem Inflated	58.5774	95.3876	57.9520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.5774	95.3876	57.9520	8.6200		220.5370
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3621		49.0670			
7	Provider Target Rate	50.4895		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.4895	95.3876	50.1876	8.6200		204.6847
12/13	Medicaid Adjustment Rate		3.8180	2.0088			
14	Prospective Per Diem 11	50.4895	99.2056	52.1964	8.6200		210.5115
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202681-00 - 2012/01
227.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

JH FLOYD SUNSHINE MANOR, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 100.00	Total Amount		Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]	80% Capital(1): 3,304,783	12.3838	
Indexed Asset Value 4,130,979	< 60% of Base: True	20% ROE(2): 826,196	0.7859	
FRVS Base Asset: 1,364,843	Interest Rate: 5.3100 %	Insurance Cost(3): 8,431	0.3460	
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %	Taxes Cost(3): 1,629	0.0669	
ROE Factor 0.031560	Amortization Rate: 12.5000 %	Home Office(3): 0	0.0000	
	Interest Only: True	Replacement(3&4): 43,830	0.0000	
	Yearly Payment: 410,875	Total FRVS PD:	13.5826	

(1) 80% Capital (\$3,304,783) amortized at 12.5000% for 20 years Interest of \$410,875 divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$12.3838

(2) 20% ROE (\$826,196) times the ROE factor (0.031560) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = \$0.7859

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 68	Effective PBS Limitation 1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.4895	50.4895	3.6617	46.8278
Patient Care				
Direct Care	99.2056	99.2056	7.1948	92.0108
Indirect Care	52.1964	52.1964	3.7855	48.4109
Property	8.6200	13.5826	0.9851	12.5975
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8966
Supplemental Rate Add-on				\$8.1747
Totals	210.5115	215.4741	15.6271	227.9183

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 202703-00 - 2012/01

239.51

Pines of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1501 North Orange Avenue Sarasota FL 34236 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 204 Maximum: 74,460 Max Annualized: 74,460 Total Patient: 71,126 Medicare: 5,311 Medicaid: 49,659	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 69.81835% Occupancy: 95.52243% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.42573% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,641,915	5,151,421	3,111,274	1,164,504	0	12,069,114
1a	Audit Adjustments						
2	Cost Per Diem	53.2011	103.7359	62.6528	23.4500		243.0398
3	Cost Per Diem Inflated	56.0855	107.2151	66.0497			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.0855	107.2151	66.0497	23.4500		252.8003
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8086		65.4826			
7	Provider Target Rate	56.0603		66.9781			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500		220.6549
12/13	Medicaid Adjustment Rate		2.1694	1.3098			
14	Prospective Per Diem 11	50.9575	99.4714	60.0552	13.6500		224.1341
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202703-00 - 2012/01
239.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pines of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 9,927,532 FRVS Base Asset: 3,497,793 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	7,942,026	14.7344
	< 60% of Base:	True	20% ROE(2):	1,985,506	0.9197
	Interest Rate:	12.5000 %	Insurance Cost(3):	120,543	1.6948
	Chase Rate:	12.5000 %	Taxes Cost(3):	34,941	0.4913
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	323,399	0.0000
Yearly Payment:	987,412	Total FRVS PD:	17.8402		

(1) 80% Capital (\$7,942,026) amortized at 12.5000% for 20 years Interest of \$987,412 divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = \$14.7344

(2) 20% ROE (\$1,985,506) times the ROE factor (0.031040) divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = \$0.9197

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	204	Effective PBS Limitation	5,814,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.4714	99.4714	7.2141	92.2573
Indirect Care	60.0552	60.0552	4.3555	55.6997
Property	13.6500	17.8402	1.2938	16.5464
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5707
Supplemental Rate Add-on				\$8.1747
Totals	224.1341	228.3243	16.5591	239.5106

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 202711-00 - 2012/01

249.07

SUNNYSIDE NURSING HOME

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5201 BAHIA VISTA ST Sarasota FL 34232 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1977 Acquired Date: 8/1/1977 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,083 Medicare: 3,281 Medicaid: 8,987	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 42.62676% Occupancy: 96.26940% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.35962% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	658,477	892,048	591,638	106,226	0	2,248,389
1a	Audit Adjustments						
2	Cost Per Diem	73.2699	99.2598	65.8326	11.8200		250.1823
3	Cost Per Diem Inflated	77.4192	102.7060	69.5607			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	77.4192	102.7060	69.5607	11.8200		261.5059
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.1231		60.2646			
7	Provider Target Rate	72.7474		61.6409			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.7060	61.6409	11.8200		235.2318
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	102.7060	61.6409	11.8200		235.2318
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 202711-00 - 2012/01
249.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SUNNYSIDE NURSING HOME

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,418,670.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed [2]	80% Capital(1):	2,201,572	11.2115
Indexed Asset Value	2,751,965	< 60% of Base:	False	20% ROE(2):	550,393	0.8813
FRVS Base Asset:	706,660	Interest Rate:	8.0000 %	Insurance Cost(3):	88,546	4.1999
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031560	Amortization Rate:	8.0000 %	Home Office(3):	16,339	0.7750
		Interest Only:	False	Replacement(3&4):	70,553	0.0000
		Yearly Payment:	220,978	Total FRVS PD:		17.0677

(1) 80% Capital (\$2,201,572) amortized at 8.0000% for 20 years Principal & Interest of \$220,978 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.2115

(2) 20% ROE (\$550,393) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8813

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.7060	102.7060	7.4487	95.2573
Indirect Care	61.6409	61.6409	4.4705	57.1704
Property	11.8200	17.0677	1.2378	15.8299
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8586
Supplemental Rate Add-on				\$8.1747
Totals	235.2318	240.4795	17.4406	249.0722

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 202789-00 - 2012/01

173.52

Alliance Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
130 West Armstrong Avenue Deland FL 32720 County: Volusia [64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1971 Acquired Date: 8/1/1971 Entered Medicaid 8/1/1971 Med # Active Date: 8/1/1971 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 130 Maximum: 47,450 Max Annualized: 47,450 Total Patient: 42,783 Medicare: 4,951 Medicaid: 25,434	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.44885% Occupancy: 90.16438% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.72690% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,018,295	1,959,908	1,084,177	262,225	0	4,324,605
1a	Audit Adjustments						
2	Cost Per Diem	40.0368	77.0586	42.6271	10.3100		170.0325
3	Cost Per Diem Inflated	42.3041	79.7340	45.0411			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3041	79.7340	45.0411	10.3100		177.3892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2570		47.5010			
7	Provider Target Rate	41.1764		48.5858			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.1764	79.7340	45.0411	10.3100		176.2615
12/13	Medicaid Adjustment Rate		0.8476	0.4788			
14	Prospective Per Diem 11	41.1764	80.5816	45.5199	10.3100		177.5879
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

173.52

Alliance Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,456,697 FRVS Base Asset: 458,153 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 11,015,000.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Fixed [2]		80% Capital(1): 4,365,358	8.3896			
	< 60% of Base: False		20% ROE(2): 1,091,339	0.8065			
	Interest Rate: 5.4300 %		Insurance Cost(3): 63,675	1.4883			
	Chase Rate: 7.7500 %		Taxes Cost(3): 13,219	0.3090			
	Amortization Rate: 5.4300 %		Home Office(3): 0	0.0000			
Interest Only: False		Replacement(3&4): 97,800	0.0000				
Yearly Payment: 358,277		Total FRVS PD:	10.9934				

(1) 80% Capital (\$4,365,358) amortized at 5.4300% for 20 years Principal & Interest of \$358,277 divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = \$8.3896

(2) 20% ROE (\$1,091,339) times the ROE factor (0.031560) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = \$0.8065

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1764	41.1764	2.9863	38.1901
Patient Care				
Direct Care	80.5816	80.5816	5.8441	74.7375
Indirect Care	45.5199	45.5199	3.3013	42.2186
Property	10.3100	10.9934	0.7973	10.1961
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	177.5879	178.2713	12.9290	173.5170

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 202941-00 - 2012/01 195.26

Miracle Hill Nursing and Rehabilitation Center, In

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1329 ABRAHAM ST. Tallahassee FL 32304 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1970 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,595 Medicare: 2,513 Medicaid: 36,922	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 86.68154% Occupancy: 97.24886% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.58418% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,482,235	2,708,173	1,505,080	539,800	0	6,235,288
1a	Audit Adjustments						
2	Cost Per Diem	40.1450	73.3485	40.7638	14.6200		168.8773
3	Cost Per Diem Inflated	42.4184	75.8951	43.0722			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4184	75.8951	43.0722	14.6200		176.0057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4735		45.2972			
7	Provider Target Rate	41.3979		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3979	75.8951	43.0722	13.6500		174.0152
12/13	Medicaid Adjustment Rate		3.1319	1.7774			
14	Prospective Per Diem 11	41.3979	79.0270	44.8496	13.6500		178.9245
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 202941-00 - 2012/01
195.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Miracle Hill Nursing and Rehabilitation Center, In

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,759,900.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Fixed [2]	80% Capital(1): 4,483,615	13.4073
Indexed Asset Value 5,604,519	< 60% of Base: False	20% ROE(2): 1,120,904	0.8974
FRVS Base Asset: 835,478	Interest Rate: 10.2600 %	Insurance Cost(3): 28,665	0.6730
Occup Adj Factor: 0.9000	Chase Rate: 8.7400 %	Taxes Cost(3): 0	0.0000
ROE Factor 0.031560	Amortization Rate: 10.2600 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 528,516	Total FRVS PD:	14.9777

(1) 80% Capital (\$4,483,615) amortized at 10.2600% for 20 years Principal & Interest of \$528,516 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.4073

(2) 20% ROE (\$1,120,904) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8974

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3979	41.3979	3.0023	38.3956
Patient Care				
Direct Care	79.0270	79.0270	5.7314	73.2956
Indirect Care	44.8496	44.8496	3.2527	41.5969
Property	13.6500	14.9777	1.0862	13.8915
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9022
Supplemental Rate Add-on				\$8.1747
Totals	178.9245	180.2522	13.0726	195.2565

***Medicaid Trend Adjustment :**



0 203122-00 - 2012/01
223.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Leesburg, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 Edgewood Avenue Leesburg FL 34748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1965 Acquired Date: 9/1/1965 Entered Medicaid 4/1/1980 Med # Active Date: 1/1/1991 Previous Med # 206016	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 32,802 Medicare: 6,654 Medicaid: 20,704 Medicaid Utilization 63.11810% Occupancy: 77.47284% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.85946% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,152,380	1,949,692	1,219,218	140,580	0	4,461,870
1a	Audit Adjustments						
2	Cost Per Diem	55.6598	94.1698	58.8880	6.7900		215.5076
3	Cost Per Diem Inflated	57.6315	96.4472	60.9741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.6315	96.4472	60.9741	6.7900		221.8428
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2283		61.6698			
7	Provider Target Rate	47.2841		63.0782			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	55.2316	6.7900		204.2932
12/13	Medicaid Adjustment Rate		1.4102	0.8151			
14	Prospective Per Diem 11	46.7146	96.9672	56.0467	6.7900		206.5185
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203122-00 - 2012/01
223.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Leesburg, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,170,435	10.3441
Indexed Asset Value	3,963,044	< 60% of Base:	True	20% ROE(2):	792,609	0.5439
FRVS Base Asset:	1,850,667	Interest Rate:	6.5000 %	Insurance Cost(3):	52,907	1.6129
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	30,957	0.9438
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	25,901	0.7896
		Interest Only:	True	Replacement(3&4):	39,618	0.0000
		Yearly Payment:	394,172	Total FRVS PD:		14.2343

(1) 80% Capital (\$3,170,435) amortized at 12.5000% for 20 years Interest of \$394,172 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$10.3441

(2) 20% ROE (\$792,609) times the ROE factor (0.026150) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.5439

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	96.9672	96.9672	7.0325	89.9347
Indirect Care	56.0467	56.0467	4.0647	51.9820
Property	6.7900	14.2343	1.0323	13.2020
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8596
Supplemental Rate Add-on				\$8.1747
Totals	206.5185	213.9628	15.5174	223.4797

***Medicaid Trend Adjustment :**



0 203165-00 - 2012/01
236.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Villa Maria Nursing & Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1050 NE 125th Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 12/1/1970 Entered Medicaid 12/1/1970 Med # Active Date: 1/1/1970 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 212 Maximum: 77,380 Max Annualized: 77,380 Total Patient: 69,655 Medicare: 9,179 Medicaid: 42,500 Medicaid Utilization 61.01500% Occupancy: 90.01680% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.54239% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,074,491	4,406,821	2,728,070	910,350	0	10,119,732
1a	Audit Adjustments						
2	Cost Per Diem	48.8116	103.6899	64.1899	21.4200		238.1114
3	Cost Per Diem Inflated	51.2233	106.9233	67.3614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2233	106.9233	67.3614	21.4200		246.9280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5929		72.1799			
7	Provider Target Rate	54.8169		73.8284			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500		220.6549
12/13	Medicaid Adjustment Rate		1.2058	0.7280			
14	Prospective Per Diem 11	50.9575	98.5078	59.4734	13.6500		222.5887
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203165-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

236.00

Villa Maria Nursing & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2010	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	7,663,150	12.3255
Indexed Asset Value	9,578,937	< 60% of Base:	False	20% ROE(2):	1,915,787	0.8137
FRVS Base Asset:	5,676,585	Interest Rate:	9.5200 %	Insurance Cost(3):	193,626	2.7798
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate:	9.5200 %	Home Office(3):	68,532	0.9839
		Interest Only:	False	Replacement(3&4):	2,549,903	0.0000
		Yearly Payment:	858,369	Total FRVS PD:		16.9029

(1) 80% Capital (\$7,663,150) amortized at 9.5200% for 20 years Principal & Interest of \$858,369 divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = \$12.3255

(2) 20% ROE (\$1,915,787) times the ROE factor (0.029580) divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = \$0.8137

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 212	Effective PBS Limitation	6,042,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.5078	98.5078	7.1442	91.3636
Indirect Care	59.4734	59.4734	4.3133	55.1601
Property	13.6500	16.9029	1.2259	15.6770
ROE	0.0000	0.0783	0.0057	0.0726
ROE Adjustment	0.0000	-0.0783	-0.0057	-0.0726
Quality Assess-Medicaid Share				\$18.3629
Supplemental Rate Add-on				\$8.1747
Totals	222.5887	225.8416	16.3791	236.0001

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203203-00 - 2012/01

218.76

Glades Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
230 S. Barfield Highway Pahokee FL 33476 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 10/15/1990 Previous Med # 200158	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,392 Medicare: 3,818 Medicaid: 28,985	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 84.27832% Occupancy: 78.52055% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 98.16934% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,594,140	2,523,280	1,438,077	380,283	719	5,936,499
1a	Audit Adjustments						
2	Cost Per Diem	54.9988	87.0547	49.6145	13.1200	0.0248	204.8128
3	Cost Per Diem Inflated	57.2825	89.3749	51.6746			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.2825	89.3749	51.6746	13.1200	0.0248	211.4768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1143		52.8341			
7	Provider Target Rate	47.1675		54.0407			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.1675	89.3749	51.6746	13.1200	0.0248	201.3618
12/13	Medicaid Adjustment Rate		3.4466	1.9927			
14	Prospective Per Diem 11	47.1675	92.8215	53.6673	13.1200	0.0248	206.8011
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203203-00 - 2012/01
218.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Glades Health Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1984/07	Amount: 475,000.00	80% Capital(1): 2,597,700	6.5407
Indexed Asset Value: 3,247,125	Type: Fixed [2]	20% ROE(2): 649,425	0.4428
FRVS Base Asset: 1,991,976	< 60% of Base: True	Insurance Cost(3): 64,130	1.8647
Occup Adj Factor: 0.9000	Interest Rate: 10.4400 %	Taxes Cost(3): 3,092	0.0899
ROE Factor: 0.026880	Chase Rate: 10.0000 %	Home Office(3): 687	0.0200
	Amortization Rate: 10.0000 %	Replacement(3&4): 99,115	0.0000
	Interest Only: True	Total FRVS PD:	8.9581
	Yearly Payment: 257,835		

(1) 80% Capital (\$2,597,700) amortized at 10.0000% for 20 years Interest of \$257,835 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.5407

(2) 20% ROE (\$649,425) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4428

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.1675	47.1675	3.4208	43.7467
Patient Care				
Direct Care	92.8215	92.8215	6.7318	86.0897
Indirect Care	53.6673	53.6673	3.8922	49.7751
Property	13.1200	8.9581	0.9515	12.1685
ROE	0.0248	0.3873	0.0018	0.0230
ROE Adjustment	-0.0248	-0.3873	-0.0018	-0.0230
Quality Assess-Medicaid Share				\$18.8020
Supplemental Rate Add-on				\$8.1747
Totals	206.7763	202.6144	14.9963	218.7567

***Medicaid Trend Adjustment :**



0 203220-00 - 2012/01
204.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Inverness, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
304 South Citrus Avenue Inverness FL 34452-4753 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1968 Acquired Date: 3/1/1968 Entered Medicaid 1/1/1981 Med # Active Date: 1/1/1991 Previous Med # 205991	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 34,837 Medicare: 4,023 Medicaid: 22,395	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.28510% Occupancy: 91.77292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.73795% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,055,805	1,687,768	1,138,714	124,964	0	4,007,251
1a	Audit Adjustments						
2	Cost Per Diem	47.1447	75.3636	50.8468	5.5800		178.9351
3	Cost Per Diem Inflated	48.8148	77.1862	52.6480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.8148	77.1862	52.6480	5.5800		184.2290
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0811		55.7763			
7	Provider Target Rate	54.2934		57.0501			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	77.1862	52.6480	5.5800		182.1288
12/13	Medicaid Adjustment Rate		1.2404	0.8461			
14	Prospective Per Diem 11	46.7146	78.4266	53.4941	5.5800		184.2153
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203220-00 - 2012/01
204.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Inverness, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	785,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,601,165	9.4660
Indexed Asset Value	3,251,456	< 60% of Base:	True	20% ROE(2):	650,291	0.4977
FRVS Base Asset:	1,729,808	Interest Rate:	9.7500 %	Insurance Cost(3):	49,988	1.4349
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	44,420	1.2751
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	23,412	0.6720
		Interest Only:	True	Replacement(3&4):	36,961	0.0000
		Yearly Payment:	323,396	Total FRVS PD:		13.3457

(1) 80% Capital (\$2,601,165) amortized at 12.5000% for 20 years Interest of \$323,396 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$9.4660

(2) 20% ROE (\$650,291) times the ROE factor (0.026150) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4977

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	78.4266	78.4266	5.6878	72.7388
Indirect Care	53.4941	53.4941	3.8796	49.6145
Property	5.5800	13.3457	0.9679	12.3778
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7076
Supplemental Rate Add-on				\$8.1747
Totals	184.2153	191.9810	13.9232	204.9401

***Medicaid Trend Adjustment :**



0 203238-00 - 2012/01
228.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante At Lake Worth, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2501 North A Street Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1969 Acquired Date: 6/1/1969 Entered Medicaid 12/1/1980 Med # Active Date: 1/1/1991 Previous Med # 206008	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 45,132 Medicare: 3,156 Medicaid: 35,997 Medicaid Utilization 79.75937% Occupancy: 89.60095% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.02247% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,928,298	3,300,500	1,848,461	262,418	0	7,339,677
1a	Audit Adjustments						
2	Cost Per Diem	53.5683	91.6882	51.3504	7.2900		203.8969
3	Cost Per Diem Inflated	55.4659	93.9056	53.1694			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4659	93.9056	53.1694	7.2900		209.8309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.0145		64.9743			
7	Provider Target Rate	72.6364		66.4582			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	93.9056	53.1694	7.2900		205.3225
12/13	Medicaid Adjustment Rate		3.1439	1.7801			
14	Prospective Per Diem 11	50.9575	97.0495	54.9495	7.2900		210.2465
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203238-00 - 2012/01
228.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante At Lake Worth, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	3,302,732	9.0579
Indexed Asset Value	4,128,415	< 60% of Base:	True	20% ROE(2):	825,683	0.4763
FRVS Base Asset:	2,132,820	Interest Rate:	12.5000 %	Insurance Cost(3):	68,123	1.5094
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	90,543	2.0062
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	32,932	0.7297
		Interest Only:	True	Replacement(3&4):	132,684	0.0000
		Yearly Payment:	410,620	Total FRVS PD:		13.7795

(1) 80% Capital (\$3,302,732) amortized at 12.5000% for 20 years Interest of \$410,620 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$9.0579

(2) 20% ROE (\$825,683) times the ROE factor (0.026150) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4763

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 162	Effective PBS Limitation	4,617,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	97.0495	97.0495	7.0384	90.0111
Indirect Care	54.9495	54.9495	3.9852	50.9643
Property	7.2900	13.7795	0.9993	12.7802
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6710
Supplemental Rate Add-on				\$8.1747
Totals	210.2465	216.7360	15.7186	228.8631

***Medicaid Trend Adjustment :**



0 203327-00 - 2012/01

219.35

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

The Palace at Kendall Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11215 SW 84th Street Miami FL 33173 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/18/1991 Acquired Date: 3/18/1991 Entered Medicaid 3/18/1991 Med # Active Date: 3/18/1991 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,237 Medicare: 17,450 Medicaid: 32,290	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.06188% Occupancy: 96.25114% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.33679% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,231	2,729,826	1,800,492	668,403	0	6,696,952
1a	Audit Adjustments						
2	Cost Per Diem	46.3992	84.5409	55.7600	20.7000		207.4001
3	Cost Per Diem Inflated	47.7897	86.3779	57.4310			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.7897	86.3779	57.4310	20.7000		212.2986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2968		57.7479			
7	Provider Target Rate	54.5140		59.0668			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.7897	86.3779	57.4310	13.6500		205.2486
12/13	Medicaid Adjustment Rate		0.1032	0.0686			
14	Prospective Per Diem 11	47.7897	86.4811	57.4996	13.6500		205.4204
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203327-00 - 2012/01
219.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Palace at Kendall Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/18/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,488,615.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	6,565,678	12.2035
Indexed Asset Value	8,207,098	< 60% of Base:	False	20% ROE(2):	1,641,420	0.7170
FRVS Base Asset:	5,463,360	Interest Rate:	9.2500 %	Insurance Cost(3):	164,071	2.5945
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	131,733	2.0832
ROE Factor	0.025830	Amortization Rate:	9.2500 %	Home Office(3):	114,497	1.8106
		Interest Only:	False	Replacement(3&4):	130,792	0.0000
		Yearly Payment:	721,594	Total FRVS PD:		19.4088

(1) 80% Capital (\$6,565,678) amortized at 9.2500% for 20 years Principal & Interest of \$721,594 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2035

(2) 20% ROE (\$1,641,420) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7170

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,463,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.7897	47.7897	3.4659	44.3238
Patient Care				
Direct Care	86.4811	86.4811	6.2720	80.2091
Indirect Care	57.4996	57.4996	4.1701	53.3295
Property	13.6500	19.4088	1.4076	18.0012
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3137
Supplemental Rate Add-on				\$8.1747
Totals	205.4204	211.1792	15.3156	219.3520

***Medicaid Trend Adjustment :**



0 203335-00 - 2012/01
210.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

TimberRidge Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9848 SW 110th Street Ocala FL 34481 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1991 Acquired Date: 3/1/1991 Entered Medicaid 3/1/1991 Med # Active Date: 3/1/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,069 Medicare: 25,402 Medicaid: 26,321	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 44.55975% Occupancy: 89.90715% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.40530% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,054,375	2,489,430	1,641,558	312,167	0	5,497,530
1a	Audit Adjustments						
2	Cost Per Diem	40.0583	94.5796	62.3669	11.8600		208.8648
3	Cost Per Diem Inflated	41.8375	97.2381	65.1369			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8375	97.2381	65.1369	11.8600		216.0725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6608		57.6440			
7	Provider Target Rate	46.7036		58.9605			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.8375	95.5570	55.2316	11.8600		204.4861
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.8375	95.5570	55.2316	11.8600		204.4861
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203335-00 - 2012/01
210.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

TimberRidge Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,695,614.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	6,299,448	9.3146
Indexed Asset Value	7,874,310	< 60% of Base:	False	20% ROE(2):	1,574,862	0.7351
FRVS Base Asset:	1,699,712	Interest Rate:	6.2100 %	Insurance Cost(3):	59,301	1.0039
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	81,013	1.3715
ROE Factor	0.027600	Amortization Rate:	6.2100 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	17,535	0.0000
		Yearly Payment:	550,772	Total FRVS PD:		12.4251

(1) 80% Capital (\$6,299,448) amortized at 6.2100% for 20 years Principal & Interest of \$550,772 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.3146

(2) 20% ROE (\$1,574,862) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7351

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 56	Effective PBS Limitation	1,699,712

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8375	41.8375	3.0342	38.8033
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	11.8600	12.4251	0.9011	11.5240
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.0547
Supplemental Rate Add-on				\$8.1747
Totals	204.4861	205.0512	14.8711	210.4095

***Medicaid Trend Adjustment :**



0 203475-00 - 2012/01
201.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Marianna Health & Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4295 5th Avenue Marianna FL 32447 County: Jackson [32] Region: North [1] Area: 2 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1971 Acquired Date: 2/1/1971 Entered Medicaid 2/1/1971 Med # Active Date: 2/1/1971 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,456 Medicare: 4,073 Medicaid: 47,661	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.16180% Occupancy: 90.49619% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.14174% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,049,657	4,184,469	1,589,771	227,343	0	8,051,240
1a	Audit Adjustments						
2	Cost Per Diem	43.0049	87.7965	33.3558	4.7700		168.9272
3	Cost Per Diem Inflated	45.1297	90.5343	35.0039			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1297	90.5343	35.0039	4.7700		175.4379
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4461		45.2972			
7	Provider Target Rate	43.4155		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4155	90.5343	35.0039	4.7700		173.7237
12/13	Medicaid Adjustment Rate		3.0720	1.1878			
14	Prospective Per Diem 11	43.4155	93.6063	36.1917	4.7700		177.9835
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203475-00 - 2012/01
201.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Marianna Health & Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	5,932,035	12.4728
Indexed Asset Value	7,415,044	< 60% of Base:	True	20% ROE(2):	1,483,009	0.7419
FRVS Base Asset:	4,379,259	Interest Rate:	12.5000 %	Insurance Cost(3):	20,326	0.3419
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	127,834	0.0000
		Yearly Payment:	737,515	Total FRVS PD:		13.5566

(1) 80% Capital (\$5,932,035) amortized at 12.5000% for 20 years Interest of \$737,515 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.4728

(2) 20% ROE (\$1,483,009) times the ROE factor (0.029580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7419

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4155	43.4155	3.1487	40.2668
Patient Care				
Direct Care	93.6063	93.6063	6.7887	86.8176
Indirect Care	36.1917	36.1917	2.6248	33.5669
Property	4.7700	13.5566	0.9832	12.5734
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7011
Supplemental Rate Add-on				\$8.1747
Totals	177.9835	186.7701	13.5454	201.1005

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203599-00 - 2012/01

203.75

Manor at Carpenter's

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 Carpenter's Way Lakeland FL 33809 County: Polk [53] Region: Central [3] Area: 6 Control Church Non-Profit [2] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 6/1/1991 Med # Active Date: 6/1/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 72 Maximum: 26,280 Max Annualized: 26,280 Total Patient: 25,719 Medicare: 4,383 Medicaid: 3,377	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 13.13037% Occupancy: 97.86530% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.35488% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	155,511	304,469	179,725	62,272	0	701,977
1a	Audit Adjustments						
2	Cost Per Diem	46.0500	90.1596	53.2203	18.4400		207.8699
3	Cost Per Diem Inflated	48.0953	92.6939	55.5841			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.0953	92.6939	55.5841	18.4400		214.8133
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5207		58.0039			
7	Provider Target Rate	57.8115		59.3286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.0953	92.6939	55.5841	13.6500		210.0233
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.0953	92.6939	55.5841	13.6500		210.0233
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203599-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.75

Manor at Carpenter's

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,566,809.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Fixed [2]	80% Capital(1):	2,598,127	12.2872
Indexed Asset Value	3,247,659	< 60% of Base:	False	20% ROE(2):	649,532	0.7580
FRVS Base Asset:	1,789,260	Interest Rate:	9.5000 %	Insurance Cost(3):	37,202	1.4465
Occup Adj Factor:	0.9000	Chase Rate:	11.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	55,038	0.0000
		Yearly Payment:	290,616	Total FRVS PD:		14.4917

(1) 80% Capital (\$2,598,127) amortized at 9.5000% for 20 years Principal & Interest of \$290,616 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$12.2872

(2) 20% ROE (\$649,532) times the ROE factor (0.027600) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = \$0.7580

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,821
Comparison Date:	1/1/1989	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0953	48.0953	3.4881	44.6072
Patient Care				
Direct Care	92.6939	92.6939	6.7226	85.9713
Indirect Care	55.5841	55.5841	4.0312	51.5529
Property	13.6500	14.4917	1.0510	13.4407
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	210.0233	210.8650	15.2929	203.7468

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203670-00 - 2012/01

216.01

Perdue Medical Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19590 Old Cutler Road Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1971 Acquired Date: 9/1/1971 Entered Medicaid 9/1/1971 Med # Active Date: 9/1/1971 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 50,543 Medicare: 372 Medicaid: 31,500	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.32317% Occupancy: 84.95336% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.21188% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,060,247	3,578,198	3,211,905	251,685	0	9,102,035
1a	Audit Adjustments						
2	Cost Per Diem	65.4047	113.5936	101.9652	7.9900		288.9535
3	Cost Per Diem Inflated	68.6362	117.1358	107.0031			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	68.6362	117.1358	107.0031	7.9900		300.7651
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.2562		89.7444			
7	Provider Target Rate	71.8607		91.7940			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	7.9900		214.9949
12/13	Medicaid Adjustment Rate		1.3490	0.8144			
14	Prospective Per Diem 11	50.9575	98.6510	59.5598	7.9900		217.1583
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203670-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.01

Perdue Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 7,581,542 FRVS Base Asset: 4,645,500 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	6,065,234	14.0829
	< 60% of Base:	True	20% ROE(2):	1,516,308	0.8377
	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	754,075	Total FRVS PD:	14.9206		

(1) 80% Capital (\$6,065,234) amortized at 12.5000% for 20 years Interest of \$754,075 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$14.0829

(2) 20% ROE (\$1,516,308) times the ROE factor (0.029580) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.8377

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 163	Effective PBS Limitation	4,645,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.6510	98.6510	7.1546	91.4964
Indirect Care	59.5598	59.5598	4.3195	55.2403
Property	7.9900	14.9206	1.0821	13.8385
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	217.1583	224.0889	16.2519	216.0117

***Medicaid Trend Adjustment :**



0 203769-00 - 2012/01
202.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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John Knox Village Of Florida

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
651 S.W. 6TH STREET Pompano Beach FL 33060 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 4/1/1972 Med # Active Date: 4/1/1972 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 64,605 Max Annualized: 64,605 Total Patient: 51,126 Medicare: 8,691 Medicaid: 6,046	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 11.82569% Occupancy: 79.13629% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 98.93916% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	307,775	506,852	369,067	106,228	0	1,289,922
1a	Audit Adjustments						
2	Cost Per Diem	50.9056	83.8326	61.0432	17.5700		213.3514
3	Cost Per Diem Inflated	53.1666	86.1891	63.7544			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1666	86.1891	63.7544	17.5700		220.6801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.2559		61.1120			
7	Provider Target Rate	65.7234		62.5077			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	86.1891	58.7454	13.6500		209.5420
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	86.1891	58.7454	13.6500		209.5420
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203769-00 - 2012/01
202.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

John Knox Village Of Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,475,191.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Fixed [2]	80% Capital(1):	3,584,805	6.9616
Indexed Asset Value	4,481,006	< 60% of Base:	False	20% ROE(2):	896,201	0.4254
FRVS Base Asset:	2,435,978	Interest Rate:	9.6350 %	Insurance Cost(3):	157,577	3.0821
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	185,753	3.6332
ROE Factor	0.027600	Amortization Rate:	9.6350 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	116,858	0.0000
		Yearly Payment:	404,781	Total FRVS PD:		14.1023

(1) 80% Capital (\$3,584,805) amortized at 9.6350% for 20 years Principal & Interest of \$404,781 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$6.9616

(2) 20% ROE (\$896,201) times the ROE factor (0.027600) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.4254

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	86.1891	86.1891	6.2508	79.9383
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	14.1023	1.0228	13.0795
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	209.5420	209.9943	15.2298	202.9392

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203815-00 - 2012/01 192.78

Westminster Asbury Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1533 4th Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1967 Acquired Date: 8/1/1991 Entered Medicaid 8/1/1991 Med # Active Date: 8/1/1991 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,618 Medicare: 6,893 Medicaid: 18,715	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 44.96852% Occupancy: 95.01827% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.79541% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,301	1,473,685	1,436,312	431,755	0	4,282,053
1a	Audit Adjustments						
2	Cost Per Diem	50.2432	78.7435	76.7466	23.0700		228.8033
3	Cost Per Diem Inflated	52.2569	80.7849	79.8225			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2569	80.7849	79.8225	23.0700		235.9343
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2033		68.7787			
7	Provider Target Rate	55.4412		70.3495			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	80.7849	56.9334	13.6500		200.5101
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	80.7849	56.9334	13.6500		200.5101
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 203815-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.78

Westminster Asbury Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,832,462.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Fixed [2]	80% Capital(1):	4,640,358	9.1671
Indexed Asset Value	5,800,447	< 60% of Base:	False	20% ROE(2):	1,160,089	0.7878
FRVS Base Asset:	348,874	Interest Rate:	4.8000 %	Insurance Cost(3):	73,006	1.7542
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026770	Amortization Rate:	4.8000 %	Home Office(3):	19,479	0.4680
		Interest Only:	False	Replacement(3&4):	89,339	0.0000
		Yearly Payment:	361,367	Total FRVS PD:		12.1771

(1) 80% Capital (\$4,640,358) amortized at 4.8000% for 20 years Principal & Interest of \$361,367 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1671

(2) 20% ROE (\$1,160,089) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7878

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	49,785
Comparison Bed 34	Effective PBS Limitation	348,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	80.7849	80.7849	5.8589	74.9260
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	12.1771	0.8831	11.2940
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	200.5101	199.0372	14.4350	192.7769

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203823-00 - 2012/01

192.46

Oak Bluffs Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
420 Bay Avenue Clearwater FL 34616 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/30/1989 Acquired Date: 3/30/1989 Entered Medicaid 7/15/1991 Med # Active Date: 7/15/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,461 Medicare: 3,485 Medicaid: 8,993	Superior: 0 Standard: 160 Conditional: 21 Total: 181
	Medicaid Utilization 48.71350% Occupancy: 84.29680% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.39104% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	438,730	576,741	461,526	42,897	0	1,519,894
1a	Audit Adjustments						
2	Cost Per Diem	48.7857	64.1322	51.3206	4.7700		169.0085
3	Cost Per Diem Inflated	50.9525	65.9349	53.6000			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.9525	65.9349	53.6000	4.7700		175.2574
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1606		54.8934			
7	Provider Target Rate	51.3062		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9525	65.9349	53.6000	4.7700		175.2574
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9525	65.9349	53.6000	4.7700		175.2574
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203823-00 - 2012/01
192.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Oak Bluffs Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/15/1991 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 1,630,993 FRVS Base Asset: 1,258,595 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,420,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,304,794	8.1996
	< 60% of Base:	False	20% ROE(2):	326,199	0.4568
	Interest Rate:	11.0000 %	Insurance Cost(3):	13,617	0.7376
	Chase Rate:	11.5000 %	Taxes Cost(3):	5,753	0.3116
	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	55,010	0.0000
Yearly Payment:	161,615	Total FRVS PD:		9.7056	

- (1) 80% Capital (\$1,304,794) amortized at 11.0000% for 20 years Principal & Interest of \$161,615 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.1996
- (2) 20% ROE (\$326,199) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.4568
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	7/1/1988	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9525	50.9525	3.6953	47.2572
Patient Care				
Direct Care	65.9349	65.9349	4.7819	61.1530
Indirect Care	53.6000	53.6000	3.8873	49.7127
Property	4.7700	9.7056	0.7039	9.0017
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1574
Supplemental Rate Add-on				\$8.1747
Totals	175.2574	180.1930	13.0684	192.4567

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 203980-00 - 2012/01
161.02

Lisenby on Lake Caroline

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1400 West Eleventh Street Panama City FL 32401 County: Bay [3] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/21/1985 Acquired Date: 1/21/1985 Entered Medicaid 10/8/1991 Med # Active Date: 10/8/1991 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 22 Maximum: 8,030 Max Annualized: 8,030 Total Patient: 7,956 Medicare: 0 Medicaid: 4,925	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.90297% Occupancy: 99.07846% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.87161% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	167,992	379,986	157,444	27,580	0	733,002
1a	Audit Adjustments						
2	Cost Per Diem	34.1101	77.1545	31.9683	5.6000		148.8329
3	Cost Per Diem Inflated	35.6251	79.3232	33.3882			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.6251	79.3232	33.3882	5.6000		153.9365
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0246		49.8552			
7	Provider Target Rate	53.2128		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.6251	79.3232	33.3882	5.6000		153.9365
12/13	Medicaid Adjustment Rate		1.0622	0.4471			
14	Prospective Per Diem 11	35.6251	80.3854	33.8353	5.6000		155.4458
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 203980-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

161.02

Lisenby on Lake Caroline

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/8/1991 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 1,069,285 FRVS Base Asset: 290,519 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	463,295.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	855,428	13.3328
	< 60% of Base:	False	20% ROE(2):	213,857	0.8167
	Interest Rate:	9.6000 %	Insurance Cost(3):	6,299	0.7917
	Chase Rate:	10.2000 %	Taxes Cost(3):	67	0.0084
	Amortization Rate:	9.6000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	96,356	Total FRVS PD:	14.9496		

(1) 80% Capital (\$855,428) amortized at 9.6000% for 20 years Principal & Interest of \$96,356 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$13.3328

(2) 20% ROE (\$213,857) times the ROE factor (0.027600) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = \$0.8167

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,939
Comparison Date: 7/1/1984	Current RS PBS:	49,785
Comparison Bed 22	Effective PBS Limitation	614,658

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.6251	35.6251	2.5837	33.0414
Patient Care				
Direct Care	80.3854	80.3854	5.8299	74.5555
Indirect Care	33.8353	33.8353	2.4539	31.3814
Property	5.6000	14.9496	1.0842	13.8654
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	155.4458	164.7954	11.9517	161.0184

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 204072-00 - 2012/01

210.49

Mease Continuing Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
910 New York Avenue Dunedin FL 34698 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/29/1991 Acquired Date: 4/29/1991 Entered Medicaid 1/7/1992 Med # Active Date: 1/7/1992 Previous Med #	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 28,471 Medicare: 7,361 Medicaid: 9,160	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 32.17309% Occupancy: 78.00274% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.52195% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	519,313	818,015	569,328	116,240	0	2,022,896
1a	Audit Adjustments						
2	Cost Per Diem	56.6936	89.3029	62.1537	12.6900		220.8402
3	Cost Per Diem Inflated	59.7674	92.2981	65.5235			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.7674	92.2981	65.5235	12.6900		230.2790
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7758		64.0887			
7	Provider Target Rate	49.8898		65.5524			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.8898	92.2981	65.5235	12.6900		220.4014
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.8898	92.2981	65.5235	12.6900		220.4014
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 204072-00 - 2012/01
210.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Mease Continuing Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/7/1992 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 3,798,663 FRVS Base Asset: 3,035,200 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,038,930	7.9532
	< 60% of Base:	False	20% ROE(2):	759,733	0.7179
	Interest Rate:	6.0000 %	Insurance Cost(3):	50,048	1.7579
	Chase Rate:	10.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	147,244	0.0000
Yearly Payment:	261,262	Total FRVS PD:	10.4290		

(1) 80% Capital (\$3,038,930) amortized at 6.0000% for 20 years Principal & Interest of \$261,262 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$7.9532

(2) 20% ROE (\$759,733) times the ROE factor (0.031040) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.7179

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	3,035,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.8898	49.8898	3.6182	46.2716
Patient Care				
Direct Care	92.2981	92.2981	6.6938	85.6043
Indirect Care	65.5235	65.5235	4.7520	60.7715
Property	12.6900	10.4290	0.7564	9.6726
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	220.4014	218.1404	15.8204	210.4947

***Medicaid Trend Adjustment :**



0 204161-00 - 2012/01
214.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Jackson Memorial Long Term Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2500 NW 22nd Avenue Miami FL 33142 County: Dade [13] Region: South [2] Area: 11 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1973 Acquired Date: 8/1/1973 Entered Medicaid 8/1/1973 Med # Active Date: 8/1/1973 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,665 Medicare: 280 Medicaid: 35,597	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.33187% Occupancy: 81.68189% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.12177% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,183,116	6,074,340	2,721,211	183,325	0	11,161,992
1a	Audit Adjustments						
2	Cost Per Diem	61.3287	170.6419	76.4450	5.1500		313.5656
3	Cost Per Diem Inflated	64.3589	175.9631	80.2220			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.3589	175.9631	80.2220	5.1500		325.6940
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.4559		81.6450			
7	Provider Target Rate	67.9736		83.5096			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	5.1500		212.1549
12/13	Medicaid Adjustment Rate		1.7878	1.0794			
14	Prospective Per Diem 11	50.9575	99.0898	59.8248	5.1500		215.0221
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204161-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

214.84

Jackson Memorial Long Term Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 7,267,373 FRVS Base Asset: 3,093,801 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	5,813,898	12.2244
	< 60% of Base:	True	20% ROE(2):	1,453,475	0.7271
	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	722,827	Total FRVS PD:	12.9515		

(1) 80% Capital (\$5,813,898) amortized at 12.5000% for 20 years Interest of \$722,827 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2244

(2) 20% ROE (\$1,453,475) times the ROE factor (0.029580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7271

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.0898	99.0898	7.1864	91.9034
Indirect Care	59.8248	59.8248	4.3387	55.4861
Property	5.1500	12.9515	0.9393	12.0122
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	215.0221	222.8236	16.1601	214.8382

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 204170-00 - 2012/01 227.18

Regents Park Of Boca Raton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6363 Verde Trail Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 10/8/1991 Previous Med # 208132	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,575 Medicare: 19,489 Medicaid: 27,995	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.21544% Occupancy: 92.19939% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.27114% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,213,960	2,926,950	1,920,048	531,345	0	6,592,303
1a	Audit Adjustments						
2	Cost Per Diem	43.3635	104.5526	68.5854	18.9800		235.4815
3	Cost Per Diem Inflated	45.1640	107.3391	71.4332			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.1640	107.3391	71.4332	18.9800		242.9163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7050		68.7077			
7	Provider Target Rate	52.8859		70.2769			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.1640	97.3020	58.7454	13.6500		214.8614
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.1640	97.3020	58.7454	13.6500		214.8614
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204170-00 - 2012/01
227.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Regents Park Of Boca Raton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 10,389,951.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Variable [3]	80% Capital(1): 6,355,934	11.5558
Indexed Asset Value 7,944,917	< 60% of Base: False	20% ROE(2): 1,588,983	0.7223
FRVS Base Asset: 3,420,000	Interest Rate: 8.9400 %	Insurance Cost(3): 283,617	4.6821
Occup Adj Factor: 0.9000	Chase Rate: 7.8900 %	Taxes Cost(3): 151,006	2.4929
ROE Factor 0.026880	Amortization Rate: 8.9400 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 84,412	0.0000
	Yearly Payment: 683,292	Total FRVS PD: 19.4531	

(1) 80% Capital (\$6,355,934) amortized at 8.9400% for 20 years Principal & Interest of \$683,292 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.5558

(2) 20% ROE (\$1,588,983) times the ROE factor (0.026880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7223

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.1640	45.1640	3.2755	41.8885
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	19.4531	1.4108	18.0423
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.3453
Supplemental Rate Add-on				\$8.1747
Totals	214.8614	220.6645	16.0035	227.1810

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 204391-00 - 2012/01

213.34

Olds Hall Good Samaritan

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
327 Orange Avenue Daytona Beach FL 32114 County: Volusia [64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 1/1/1975 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,523 Medicare: 2,476 Medicaid: 28,385	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.68325% Occupancy: 87.95205% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.96096% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,280,156	2,710,271	1,285,633	213,739	0	5,489,799
1a	Audit Adjustments						
2	Cost Per Diem	45.0997	95.4825	45.2927	7.5300		193.4049
3	Cost Per Diem Inflated	47.1028	98.1664	47.3044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.1028	98.1664	47.3044	7.5300		200.1036
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.9859		45.2972			
7	Provider Target Rate	39.8763		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.8763	95.5570	46.3317	7.5300		189.2950
12/13	Medicaid Adjustment Rate		2.5460	1.2344			
14	Prospective Per Diem 11	39.8763	98.1030	47.5661	7.5300		193.0754
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204391-00 - 2012/01
213.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Olds Hall Good Samaritan

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/01 Indexed Asset Value 5,690,948 FRVS Base Asset: 2,103,013 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,340,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,552,758	12.0274
	< 60% of Base:	False	20% ROE(2):	1,138,190	0.7969
	Interest Rate:	8.5000 %	Insurance Cost(3):	31,766	0.8246
	Chase Rate:	9.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	8.5000 %	Home Office(3):	25,827	0.6704
	Interest Only:	False	Replacement(3&4):	38,292	0.0000
Yearly Payment:	474,119	Total FRVS PD:	14.3193		

(1) 80% Capital (\$4,552,758) amortized at 8.5000% for 20 years Principal & Interest of \$474,119 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0274

(2) 20% ROE (\$1,138,190) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7969

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.8763	39.8763	2.8920	36.9843
Patient Care				
Direct Care	98.1030	98.1030	7.1148	90.9882
Indirect Care	47.5661	47.5661	3.4497	44.1164
Property	7.5300	14.3193	1.0385	13.2808
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7906
Supplemental Rate Add-on				\$8.1747
Totals	193.0754	199.8647	14.4950	213.3350

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 204536-00 - 2012/01

208.14

TAYLOR HOME FOR THE AGED, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3937 Spring Park Road Jacksonville FL 32207 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 2/1/1976 Med # Active Date: 2/1/1976 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 24 Maximum: 8,760 Max Annualized: 8,760 Total Patient: 7,772 Medicare: 1,526 Medicaid: 5,813	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 74.79413% Occupancy: 88.72146% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.92291% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	247,111	607,002	315,087	27,321	0	1,196,521
1a	Audit Adjustments						
2	Cost Per Diem	42.5101	104.4215	54.2039	4.7000		205.8355
3	Cost Per Diem Inflated	44.7125	107.8006	57.0122			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7125	107.8006	57.0122	4.7000		214.2253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6160		55.8408			
7	Provider Target Rate	49.7263		57.1161			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7125	94.3159	57.0122	4.7000		200.7406
12/13	Medicaid Adjustment Rate		2.6308	1.5903			
14	Prospective Per Diem 11	44.7125	96.9467	58.6025	4.7000		204.9617
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204536-00 - 2012/01
208.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

TAYLOR HOME FOR THE AGED, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,857,900.00		Total Amount	Per Diem
RS to Start Calcs: 1972/01	Type: Fixed [2]		80% Capital(1): 952,186	12.5774
Indexed Asset Value 1,190,232	< 60% of Base: False		20% ROE(2): 238,046	0.9185
FRVS Base Asset: 555,185	Interest Rate: 8.5000 %		Insurance Cost(3): 10,765	1.3851
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 0	0.0000
ROE Factor 0.030420	Amortization Rate: 8.5000 %		Home Office(3): 3,607	0.4641
	Interest Only: False		Replacement(3&4): 0	0.0000
	Yearly Payment: 99,160		Total FRVS PD:	15.3451

(1) 80% Capital (\$952,186) amortized at 8.5000% for 20 years Principal & Interest of \$99,160 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$12.5774

(2) 20% ROE (\$238,046) times the ROE factor (0.030420) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = \$0.9185

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 24	Effective PBS Limitation 684,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7125	44.7125	3.2427	41.4698
Patient Care				
Direct Care	96.9467	96.9467	7.0310	89.9157
Indirect Care	58.6025	58.6025	4.2501	54.3524
Property	4.7000	15.3451	1.1129	14.2322
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	204.9617	215.6068	15.6367	208.1448

***Medicaid Trend Adjustment :**



0 204625-00 - 2012/01

190.81

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Tri-County Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7280 S.W. SR 26 Trenton FL 32693 County: Gilchrist [21] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/18/1992 Acquired Date: 5/18/1992 Entered Medicaid 5/18/1992 Med # Active Date: 5/18/1992 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 81 Maximum: 29,565 Max Annualized: 29,565 Total Patient: 27,012 Medicare: 4,250 Medicaid: 16,820	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.26862% Occupancy: 91.36479% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.22769% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	620,337	1,349,312	629,247	494,676	0	3,093,572
1a	Audit Adjustments						
2	Cost Per Diem	36.8809	80.2207	37.4106	29.4100		183.9222
3	Cost Per Diem Inflated	38.1018	82.0910	38.6491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1018	82.0910	38.6491	29.4100		188.2519
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1018	82.0910	38.6491	13.6500		172.4919
12/13	Medicaid Adjustment Rate		1.1330	0.5334			
14	Prospective Per Diem 11	38.1018	83.2240	39.1825	13.6500		174.1583
15	Inflated Usual & Customary Charge						
		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204625-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

190.81

Tri-County Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/18/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/01 Indexed Asset Value 4,032,474 FRVS Base Asset: 1,859,160 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,984,646.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,225,979	14.0398
	< 60% of Base:	False	20% ROE(2):	806,495	0.7829
	Interest Rate:	10.0000 %	Insurance Cost(3):	63,271	2.3423
	Chase Rate:	8.5000 %	Taxes Cost(3):	847	0.0314
	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	119,710	0.0000
Yearly Payment:	373,577	Total FRVS PD:		17.1964	

(1) 80% Capital (\$3,225,979) amortized at 10.0000% for 20 years Principal & Interest of \$373,577 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$14.0398

(2) 20% ROE (\$806,495) times the ROE factor (0.025830) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.7829

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1018	38.1018	2.7633	35.3385
Patient Care				
Direct Care	83.2240	83.2240	6.0358	77.1882
Indirect Care	39.1825	39.1825	2.8417	36.3408
Property	13.6500	17.1964	1.2472	15.9492
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8223
Supplemental Rate Add-on				\$8.1747
Totals	174.1583	177.7047	12.8880	190.8137

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 204811-00 - 2012/01 215.15

Health Central Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
411 North Dillard Street Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Government Non-Prof Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1977 Acquired Date: 10/1/1977 Entered Medicaid 11/1/1977 Med # Active Date: 11/1/1977 Previous Med #	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 228 Maximum: 83,220 Max Annualized: 83,220 Total Patient: 76,091 Medicare: 10,683 Medicaid: 52,240	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.65464% Occupancy: 91.43355% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.31366% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.02372171 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.01856540 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,520,259	4,901,622	2,353,206	264,857	0	10,039,944
1a	Audit Adjustments						
2	Cost Per Diem	48.2439	93.8289	45.0461	5.0700		192.1889
3	Cost Per Diem Inflated	49.3883	95.5709	46.1147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.3883	95.5709	46.1147	5.0700		196.1439
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0303		47.6961			
7	Provider Target Rate	44.0130		48.7854			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.0130	95.5709	46.1147	5.0700		190.7686
12/13	Medicaid Adjustment Rate		2.0057	0.9678			
14	Prospective Per Diem 11	44.0130	97.5766	47.0825	5.0700		193.7421
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 204811-00 - 2012/01
215.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Health Central Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 10,799,195 FRVS Base Asset: 1,411,740 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	8,639,356	13.3052
	< 60% of Base:	False	20% ROE(2):	2,159,839	0.7330
	Interest Rate:	9.9428 %	Insurance Cost(3):	34,926	0.4590
	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.9428 %	Home Office(3):	29,581	0.3888
	Interest Only:	False	Replacement(3&4):	65,422	0.0000
Yearly Payment:	996,534	Total FRVS PD:	14.8860		

(1) 80% Capital (\$8,639,356) amortized at 9.9428% for 20 years Principal & Interest of \$996,534 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = \$13.3052

(2) 20% ROE (\$2,159,839) times the ROE factor (0.025420) divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = \$0.7330

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0130	44.0130	3.1920	40.8210
Patient Care				
Direct Care	97.5766	97.5766	7.0767	90.4999
Indirect Care	47.0825	47.0825	3.4146	43.6679
Property	5.0700	14.8860	1.0796	13.8064
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1806
Supplemental Rate Add-on				\$8.1747
Totals	193.7421	203.5581	14.7629	215.1505

***Medicaid Trend Adjustment :**



0 205150-00 - 2012/01
211.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Catherine Laboure Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1750 Stockton Street Jacksonville FL 32204 County: Duval [16] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1979 Acquired Date: 2/1/1979 Entered Medicaid 2/1/1979 Med # Active Date: 2/1/1979 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 82,214 Medicare: 20,483 Medicaid: 42,128	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 51.24188% Occupancy: 93.85160% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.33680% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,997,993	3,684,123	2,328,045	417,488	0	8,427,649
1a	Audit Adjustments						
2	Cost Per Diem	47.4267	87.4507	55.2612	9.9100		200.0486
3	Cost Per Diem Inflated	50.1125	90.4869	58.3906			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.1125	90.4869	58.3906	9.9100		208.9000
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3075		53.3185			
7	Provider Target Rate	50.4336		54.5362			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	90.4869	54.5362	9.9100		201.6477
12/13	Medicaid Adjustment Rate		0.1264	0.0762			
14	Prospective Per Diem 11	46.7146	90.6133	54.6124	9.9100		201.8503
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205150-00 - 2012/01
211.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Catherine Laboure Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,999,999.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Variable [3]	80% Capital(1):	9,188,686	8.4163
Indexed Asset Value	11,485,857	< 60% of Base:	False	20% ROE(2):	2,297,171	0.9196
FRVS Base Asset:	4,097,511	Interest Rate:	3.9200 %	Insurance Cost(3):	15,326	0.1864
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031560	Amortization Rate:	3.9200 %	Home Office(3):	40,129	0.4881
		Interest Only:	False	Replacement(3&4):	24,076	0.0000
		Yearly Payment:	663,541	Total FRVS PD:		10.0104

(1) 80% Capital (\$9,188,686) amortized at 3.9200% for 20 years Principal & Interest of \$663,541 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.4163

(2) 20% ROE (\$2,297,171) times the ROE factor (0.031560) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.9196

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 232	Effective PBS Limitation	6,612,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	90.6133	90.6133	6.5717	84.0416
Indirect Care	54.6124	54.6124	3.9607	50.6517
Property	9.9100	10.0104	0.7260	9.2844
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8806
Supplemental Rate Add-on				\$8.1747
Totals	201.8503	201.9507	14.6463	211.3597

***Medicaid Trend Adjustment :**



0 205303-00 - 2012/01
199.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

KISSIMMEE GOOD SAMARITAN

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Aldersgate Drive Kissimmee FL 34746 County: Osceola [49] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1979 Acquired Date: 8/1/1979 Entered Medicaid 8/1/1979 Med # Active Date: 8/1/1979 Previous Med #	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 62,050 Max Annualized: 62,050 Total Patient: 52,423 Medicare: 7,062 Medicaid: 32,156	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.33949% Occupancy: 84.48509% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.62644% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,316,002	2,664,755	1,512,079	345,999	0	5,838,835
1a	Audit Adjustments						
2	Cost Per Diem	40.9256	82.8696	47.0232	10.7600		181.5784
3	Cost Per Diem Inflated	43.1445	85.6490	49.5727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1445	85.6490	49.5727	10.7600		189.1262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.5022		47.1821			
7	Provider Target Rate	40.4044		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.4044	85.6490	48.2597	10.7600		185.0731
12/13	Medicaid Adjustment Rate		1.0926	0.6156			
14	Prospective Per Diem 11	40.4044	86.7416	48.8753	10.7600		186.7813
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205303-00 - 2012/01
199.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

KISSIMMEE GOOD SAMARITAN

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,316,177.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Variable [3]	80% Capital(1):	6,014,150	8.6290
Indexed Asset Value	7,517,687	< 60% of Base:	False	20% ROE(2):	1,503,537	0.8357
FRVS Base Asset:	3,137,716	Interest Rate:	5.1400 %	Insurance Cost(3):	28,589	0.5454
Occup Adj Factor:	0.9000	Chase Rate:	5.7500 %	Taxes Cost(3):	562	0.0107
ROE Factor	0.031040	Amortization Rate:	5.1400 %	Home Office(3):	38,808	0.7403
		Interest Only:	False	Replacement(3&4):	162,422	0.0000
		Yearly Payment:	481,888	Total FRVS PD:		10.7611

- (1) 80% Capital (\$6,014,150) amortized at 5.1400% for 20 years Principal & Interest of \$481,888 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$8.6290
- (2) 20% ROE (\$1,503,537) times the ROE factor (0.031040) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.8357
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 170	Effective PBS Limitation	4,845,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.4044	40.4044	2.9303	37.4741
Patient Care				
Direct Care	86.7416	86.7416	6.2909	80.4507
Indirect Care	48.8753	48.8753	3.5446	45.3307
Property	10.7600	10.7611	0.7804	9.9807
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3008
Supplemental Rate Add-on				\$8.1747
Totals	186.7813	186.7824	13.5462	199.7117

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 205460-00 - 2012/01
224.00

American Finnish Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 South Drive Lake Worth FL 33461 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 12/1/1979 Med # Active Date: 12/14/1979 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,790 Medicare: 2,731 Medicaid: 10,967	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.36615% Occupancy: 85.79909% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.26924% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	462,309	998,263	664,743	110,876	0	2,236,191
1a	Audit Adjustments						
2	Cost Per Diem	42.1546	91.0243	60.6130	10.1100		203.9019
3	Cost Per Diem Inflated	43.5501	93.1465	62.6196			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.5501	93.1465	62.6196	10.1100		209.4262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.0165		59.9316			
7	Provider Target Rate	61.3872		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.5501	93.1465	61.3003	10.1100		208.1069
12/13	Medicaid Adjustment Rate		0.8767	0.5770			
14	Prospective Per Diem 11	43.5501	94.0232	61.8773	10.1100		209.5606
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205460-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

224.00

American Finnish Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 2,025,034 FRVS Base Asset: 1,081,568 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,620,027	10.2189
	< 60% of Base:	True	20% ROE(2):	405,007	0.5308
	Interest Rate:	12.5000 %	Insurance Cost(3):	56,664	3.0156
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	64,697	0.0000
Yearly Payment:	201,414	Total FRVS PD:		13.7653	

(1) 80% Capital (\$1,620,027) amortized at 12.5000% for 20 years Interest of \$201,414 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.2189

(2) 20% ROE (\$405,007) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5308

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.5501	43.5501	3.1584	40.3917
Patient Care				
Direct Care	94.0232	94.0232	6.8190	87.2042
Indirect Care	61.8773	61.8773	4.4876	57.3897
Property	10.1100	13.7653	0.9983	12.7670
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0760
Supplemental Rate Add-on				\$8.1747
Totals	209.5606	213.2159	15.4633	224.0033

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 205745-00 - 2012/01

215.27

Health Center at Abbev Delrav

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 Lawson Blvd. Delray Beach FL 33445 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1978 Acquired Date: 6/1/1978 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/1980 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 41,610 Max Annualized: 41,610 Total Patient: 36,038 Medicare: 4,658 Medicaid: 8,176	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 22.68716% Occupancy: 86.60899% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.28182% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	430,278	793,236	547,072	127,954	0	1,898,540
1a	Audit Adjustments						
2	Cost Per Diem	52.6270	97.0201	66.9119	15.6500		232.2090
3	Cost Per Diem Inflated	54.9644	99.7472	69.8838			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9644	99.7472	69.8838	15.6500		240.2454
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.3793		63.3701			
7	Provider Target Rate	60.7354		64.8174			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500		220.6549
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	97.3020	58.7454	13.6500		220.6549
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205745-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

215.27

Health Center at Abbev Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1978/01	Type:	None [1]	80% Capital(1):	3,442,480	11.4287
Indexed Asset Value	4,303,100	< 60% of Base:	True	20% ROE(2):	860,620	0.6343
FRVS Base Asset:	1,041,660	Interest Rate:	12.5000 %	Insurance Cost(3):	119,635	3.3197
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	23,959	0.6648
ROE Factor	0.027600	Amortization Rate:	12.5000 %	Home Office(3):	8,447	0.2344
		Interest Only:	True	Replacement(3&4):	1,562,857	0.0000
		Yearly Payment:	427,995	Total FRVS PD:		16.2819

(1) 80% Capital (\$3,442,480) amortized at 12.5000% for 20 years Interest of \$427,995 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$11.4287

(2) 20% ROE (\$860,620) times the ROE factor (0.027600) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.6343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	16.2819	1.1808	15.1011
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	220.6549	223.2868	16.1937	215.2678

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 205796-00 - 2012/01

196.56

The Commons at Orlando Lutheran Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 East Church Street Orlando FL 32801 County: Orange [48] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1980 Acquired Date: 6/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/1980 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 135 Maximum: 49,158 Max Annualized: 49,275 Total Patient: 44,735 Medicare: 14,174 Medicaid: 18,727	Superior: 0 Standard: 149 Conditional: 32 Total: 181
	Medicaid Utilization 41.86208% Occupancy: 91.00248% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.77473% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,341	1,515,833	1,083,710	399,821	0	3,810,705
1a	Audit Adjustments						
2	Cost Per Diem	43.3247	80.9437	57.8689	21.3500		203.4873
3	Cost Per Diem Inflated	45.5694	83.5631	60.8671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.5694	83.5631	60.8671	21.3500		211.3496
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6380		55.4707			
7	Provider Target Rate	48.7260		56.7376			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.5694	83.5631	56.7376	13.6500		199.5201
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.5694	83.5631	56.7376	13.6500		199.5201
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 205796-00 - 2012/01
196.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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The Commons at Orlando Lutheran Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,105,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	5,328,943	14.9525
Indexed Asset Value	6,661,179	< 60% of Base:	False	20% ROE(2):	1,332,236	0.9138
FRVS Base Asset:	1,710,000	Interest Rate:	11.0700 %	Insurance Cost(3):	40,036	0.8950
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	21,838	0.4882
ROE Factor	0.030420	Amortization Rate:	11.0700 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	29,180	0.0000
		Yearly Payment:	663,106	Total FRVS PD:		17.2495

(1) 80% Capital (\$5,328,943) amortized at 11.0700% for 20 years Principal & Interest of \$663,106 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = \$14.9525

(2) 20% ROE (\$1,332,236) times the ROE factor (0.030420) divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = \$0.9138

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.5694	45.5694	3.3049	42.2645
Patient Care				
Direct Care	83.5631	83.5631	6.0603	77.5028
Indirect Care	56.7376	56.7376	4.1148	52.6228
Property	13.6500	17.2495	1.2510	15.9985
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	199.5201	203.1196	14.7310	196.5633

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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0 205800-00 - 2012/01
235.24

St. John's Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3075 NW 35th Avenue Lauderdale Lakes FL 33311 County: Broward [6] Region: South [2] Area: 10 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 9/12/1980 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 181 Maximum: 66,065 Max Annualized: 66,065 Total Patient: 63,966 Medicare: 7,870 Medicaid: 47,163	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 73.73136% Occupancy: 96.82283% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.05154% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,409,506	4,452,263	3,219,249	1,030,983	17,116	11,129,117
1a	Audit Adjustments						
2	Cost Per Diem	51.0889	94.4016	68.2579	21.8600	0.3629	235.9713
3	Cost Per Diem Inflated	53.6131	97.3453	71.6304			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.6131	97.3453	71.6304	21.8600	0.3629	244.8117
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9230		66.1542			
7	Provider Target Rate	51.0632		67.6651			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500	0.3629	221.0178
12/13	Medicaid Adjustment Rate		2.5977	1.5684			
14	Prospective Per Diem 11	50.9575	99.8997	60.3138	13.6500	0.3629	225.1839
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205800-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

235.24

St. John's Nursing Home

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 6,150,000.00			
RS to Start Calcs:	1980/07	Type: Variable [3]	80% Capital(1):	6,550,961	9.7797
Indexed Asset Value	8,188,701	< 60% of Base: False	20% ROE(2):	1,637,740	0.8148
FRVS Base Asset:	4,560,000	Interest Rate: 6.4000 %	Insurance Cost(3):	103,567	1.6191
Occup Adj Factor:	0.9000	Chase Rate: 8.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate: 6.4000 %	Home Office(3):	62,243	0.9731
		Interest Only: False	Replacement(3&4):	652,900	0.0000
		Yearly Payment: 581,488	Total FRVS PD:		13.1867

(1) 80% Capital (\$6,550,961) amortized at 6.4000% for 20 years Principal & Interest of \$581,488 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$9.7797

(2) 20% ROE (\$1,637,740) times the ROE factor (0.029580) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = \$0.8148

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 160	Effective PBS Limitation	4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.8997	99.8997	7.2451	92.6546
Indirect Care	60.3138	60.3138	4.3742	55.9396
Property	13.6500	13.1867	0.9900	12.6600
ROE	0.3629	0.6199	0.0263	0.3366
ROE Adjustment	-0.3629	-0.6199	-0.0263	-0.3366
Quality Assess-Medicaid Share				\$18.5478
Supplemental Rate Add-on				\$8.1747
Totals	224.8210	224.3577	16.3050	235.2385

***Medicaid Trend Adjustment :**



0 205923-00 - 2012/01
231.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lourdes-Noreen McKeen Residence

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
315 South Flagler Drive West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 12/1/1980 Med # Active Date: 12/1/1980 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 132 Maximum: 48,180 Max Annualized: 48,180 Total Patient: 46,677 Medicare: 4,930 Medicaid: 27,318	Superior: 0 Standard: 179 Conditional: 2 Total: 181
	Medicaid Utilization 58.52561% Occupancy: 96.88045% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.12358% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,564,622	2,606,643	1,364,598	603,455	0	6,139,318
1a	Audit Adjustments						
2	Cost Per Diem	57.2744	95.4185	49.9523	22.0900		224.7352
3	Cost Per Diem Inflated	59.8182	98.1006	52.1709			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.8182	98.1006	52.1709	22.0900		232.1797
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.8879		54.3131			
7	Provider Target Rate	65.3470		55.5535			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	52.1709	13.6500		214.0804
12/13	Medicaid Adjustment Rate		0.9229	0.4949			
14	Prospective Per Diem 11	50.9575	98.2249	52.6658	13.6500		215.4982
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 205923-00 - 2012/01
231.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lourdes-Noreen McKeen Residence

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Fixed [2]	80% Capital(1):	4,616,130	11.9077
Indexed Asset Value	5,770,163	< 60% of Base:	False	20% ROE(2):	1,154,033	0.7345
FRVS Base Asset:	3,420,000	Interest Rate:	9.5000 %	Insurance Cost(3):	293,969	6.2979
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	113,737	0.0000
		Yearly Payment:	516,341	Total FRVS PD:	18,9401	

(1) 80% Capital (\$4,616,130) amortized at 9.5000% for 20 years Principal & Interest of \$516,341 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$11.9077

(2) 20% ROE (\$1,154,033) times the ROE factor (0.027600) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = \$0.7345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.2249	98.2249	7.1237	91.1012
Indirect Care	52.6658	52.6658	3.8195	48.8463
Property	13.6500	18.9401	1.3736	17.5665
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9161
Supplemental Rate Add-on				\$8.1747
Totals	215.4982	220.7883	16.0125	231.8666

***Medicaid Trend Adjustment :**



0 206300-00 - 2012/01
210.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Suwannee Valley Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
427 N W 15th Ave. Jasper FL 32052 County: Hamilton [24] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1969 Acquired Date: 7/1/1969 Entered Medicaid 7/1/1969 Med # Active Date: 7/1/1981 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,692 Medicare: 1,304 Medicaid: 19,263	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 88.80232% Occupancy: 99.05023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.83633% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	891,299	1,497,914	1,040,416	74,163	10,869	3,514,661
1a	Audit Adjustments						
2	Cost Per Diem	46.2700	77.7612	54.0111	3.8500	0.5642	182.4566
3	Cost Per Diem Inflated	48.6672	80.2776	56.8094			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6672	80.2776	56.8094	3.8500	0.5642	190.1684
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.1509		50.6116			
7	Provider Target Rate	57.4333		51.7675			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6672	80.2776	51.7675	3.8500	0.5642	185.1265
12/13	Medicaid Adjustment Rate		3.5043	2.2598			
14	Prospective Per Diem 11	48.6672	83.7819	54.0273	3.8500	0.5642	190.8906
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 206300-00 - 2012/01
210.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Suwannee Valley Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,879,743 FRVS Base Asset: 463,784 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	237,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,503,794	9.4857
	< 60% of Base:	True	20% ROE(2):	375,949	0.5802
	Interest Rate:	8.5000 %	Insurance Cost(3):	14,702	0.6778
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	143,389	0.0000
Yearly Payment:	186,963	Total FRVS PD:		10.7437	

(1) 80% Capital (\$1,503,794) amortized at 12.5000% for 20 years Interest of \$186,963 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.4857

(2) 20% ROE (\$375,949) times the ROE factor (0.030420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5802

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6672	48.6672	3.5295	45.1377
Patient Care				
Direct Care	83.7819	83.7819	6.0762	77.7057
Indirect Care	54.0273	54.0273	3.9183	50.1090
Property	3.8500	10.7437	0.7792	9.9645
ROE	0.5642	0.4529	0.0328	0.4201
ROE Adjustment	-0.4529	-0.4529	-0.0328	-0.4201
Quality Assess-Medicaid Share				\$19.8786
Supplemental Rate Add-on				\$8.1747
Totals	190.4377	197.2201	14.3032	210.9702

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 206431-00 - 2012/01

213.28

Morton Plant Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
400 Corbett Street Clearwater FL 33756 County: Pinellas[52] Region: Central[3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 1/1/1983 Previous Med #	01/01/2006-12/31/2006 Days In CR 365 First Used: 2008/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 126 Maximum: 45,990 Max Annualized: 45,990 Total Patient: 40,829 Medicare: 24,915 Medicaid: 4,842	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 11.85922% Occupancy: 88.77800% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.99359% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.08662000 Semester Index: 1.27500780 Cost: 1.17337045 Target: 1.01598689 DC FY Index: 1.06800000 DC Sem Index: 1.20700000 DC Inflation: 1.13014981 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	372,471	591,578	352,567	52,100	0	1,368,716
1a	Audit Adjustments						
2	Cost Per Diem	76.9250	122.1764	72.8143	10.7600		282.6757
3	Cost Per Diem Inflated	90.2615	138.0776	85.4381			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	90.2615	138.0776	85.4381	10.7600		324.5372
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	82.7483		76.7410			
7	Provider Target Rate	84.6381		78.4936			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	96.4295	56.9334	10.7600		213.2647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	96.4295	56.9334	10.7600		213.2647
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 206431-00 - 2012/01
213.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Morton Plant Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 2,333,360 FRVS Base Asset: 1,906,865 Occup Adj Factor: 0.9000 ROE Factor 0.048230	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	570,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,866,688	5.6070
	< 60% of Base:	True	20% ROE(2):	466,672	0.5438
	Interest Rate:	9.3400 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	147,131	3.6036
	Interest Only:	True	Replacement(3&4):	46,052	0.0000
Yearly Payment:	232,081	Total FRVS PD:		9.7544	

(1) 80% Capital (\$1,866,688) amortized at 12.5000% for 20 years Interest of \$232,081 divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$5.6070

(2) 20% ROE (\$466,672) times the ROE factor (0.048230) divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = \$0.5438

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 124	Effective PBS Limitation	3,534,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	10.7600	9.7544	0.7074	9.0470
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.2437
Supplemental Rate Add-on				\$8.1747
Totals	213.2647	212.2591	15.3939	213.2836

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 206521-00 - 2012/01

218.52

Saint Andrews Estates North

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6152 North Verde Trail Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 1/1/1982 Entered Medicaid 1/1/1982 Med # Active Date: 7/1/1986 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 35,582 Medicare: 4,639 Medicaid: 9,785	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 27.49986% Occupancy: 81.92011% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.41960% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	459,988	928,078	666,112	191,297	0	2,245,475
1a	Audit Adjustments						
2	Cost Per Diem	47.0095	94.8470	68.0748	19.5500		229.4813
3	Cost Per Diem Inflated	49.0974	97.5131	71.0983			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0974	97.5131	71.0983	19.5500		237.2588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2201		75.4355			
7	Provider Target Rate	56.4812		77.1583			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0974	97.3020	58.7454	13.6500		218.7948
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.0974	97.3020	58.7454	13.6500		218.7948
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206521-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

218.52

Saint Andrews Estates North

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,324,046.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	4,137,938	12.4692
Indexed Asset Value	5,172,423	< 60% of Base:	False	20% ROE(2):	1,034,485	0.7304
FRVS Base Asset:	3,420,000	Interest Rate:	10.2500 %	Insurance Cost(3):	36,322	1.0208
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	69,989	1.9670
ROE Factor	0.027600	Amortization Rate:	10.2500 %	Home Office(3):	194,232	5.4587
		Interest Only:	False	Replacement(3&4):	2,870,873	0.0000
		Yearly Payment:	487,438	Total FRVS PD:		21.6461

(1) 80% Capital (\$4,137,938) amortized at 10.2500% for 20 years Principal & Interest of \$487,438 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$12.4692

(2) 20% ROE (\$1,034,485) times the ROE factor (0.027600) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.7304

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0974	49.0974	3.5607	45.5367
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	21.6461	1.5699	20.0762
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	218.7948	226.7909	16.4478	218.5178

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 206610-00 - 2012/01

233.33

The Waterford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
601 Universe Blvd. Juno Beach FL 33408 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1982 Acquired Date: 4/1/1982 Entered Medicaid 4/1/1982 Med # Active Date: 4/1/1982 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,436 Medicare: 2,050 Medicaid: 2,878	Superior: 0 Standard: 173 Conditional: 8 Total: 181
	Medicaid Utilization 14.80757% Occupancy: 88.74886% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.95716% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	212,886	270,134	270,102	74,339	0	827,461
1a	Audit Adjustments						
2	Cost Per Diem	73.9701	93.8617	93.8506	25.8301		287.5125
3	Cost Per Diem Inflated	77.2555	96.5001	98.0190			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	77.2555	96.5001	98.0190	25.8301		297.6047
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.7224		89.0533			
7	Provider Target Rate	65.1777		91.0871			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	96.5001	72.5715	13.6500		241.7865
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	96.5001	72.5715	13.6500		241.7865
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 206610-00 - 2012/01
233.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Waterford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 1,853,495 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,116,720.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,482,796	8.7538
	< 60% of Base:	False	20% ROE(2):	370,699	0.5191
	Interest Rate:	10.0700 %	Insurance Cost(3):	67,500	3.4729
	Chase Rate:	13.0000 %	Taxes Cost(3):	31,096	1.5999
	Amortization Rate:	10.0700 %	Home Office(3):	5,466	0.2812
	Interest Only:	False	Replacement(3&4):	12,218,665	0.0000
Yearly Payment:	172,538	Total FRVS PD:	14.6269		

(1) 80% Capital (\$1,482,796) amortized at 10.0700% for 20 years Principal & Interest of \$172,538 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.7538

(2) 20% ROE (\$370,699) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5191

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	96.5001	96.5001	6.9986	89.5015
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	14.6269	1.0608	13.5661
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	241.7865	242.7634	17.6062	233.3319

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 206865-00 - 2012/01
238.16

Abbev Delrav South

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1717 Homewood Blvd. Delray Beach FL 33445 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1982 Acquired Date: 7/1/1982 Entered Medicaid 7/1/1982 Med # Active Date: 7/15/1982 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 29,208 Medicare: 4,741 Medicaid: 6,842	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 23.42509% Occupancy: 88.91324% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.16267% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	426,850	737,535	580,199	53,368	0	1,797,952
1a	Audit Adjustments						
2	Cost Per Diem	62.3867	107.7952	84.7996	7.8001		262.7816
3	Cost Per Diem Inflated	65.1576	110.8252	88.5660			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	65.1576	110.8252	88.5660	7.8001		272.3489
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6521		76.3553			
7	Provider Target Rate	63.0601		78.0991			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.9097	72.5715	7.8001		242.3462
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	102.9097	72.5715	7.8001		242.3462
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 206865-00 - 2012/01
238.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Abbev Delrav South

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1986 Year of Phase-In/ Full: RS to Start Calcs: 1982/07 Indexed Asset Value 2,889,803 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,311,842	10.9934
	< 60% of Base:	False	20% ROE(2):	577,961	0.5395
	Interest Rate:	13.0000 %	Insurance Cost(3):	32,388	1.1089
	Chase Rate:	13.0000 %	Taxes Cost(3):	19,039	0.6518
	Amortization Rate:	13.0000 %	Home Office(3):	3,720	0.1274
	Interest Only:	False	Replacement(3&4):	1,936,139	0.0000
Yearly Payment:	325,020	Total FRVS PD:	13.4210		

(1) 80% Capital (\$2,311,842) amortized at 13.0000% for 20 years Principal & Interest of \$325,020 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$10.9934

(2) 20% ROE (\$577,961) times the ROE factor (0.027600) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.5395

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	7.8001	13.4210	0.9733	12.4477
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	242.3462	247.9671	17.9835	238.1583

***Medicaid Trend Adjustment :**



0 207276-00 - 2012/01
211.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riverside Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
899 NW 4th Street Miami FL 33128 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1975 Acquired Date: 7/1/1975 Entered Medicaid 4/1/1983 Med # Active Date: 4/14/1983 Previous Med #	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,866 Medicare: 3,268 Medicaid: 32,859	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 76.65516% Occupancy: 97.86758% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.35773% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,458,713	2,597,997	1,768,652	455,097	0	6,280,459
1a	Audit Adjustments						
2	Cost Per Diem	44.3931	79.0650	53.8255	13.8500		191.1336
3	Cost Per Diem Inflated	46.2364	81.1722	56.0604			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2364	81.1722	56.0604	13.8500		197.3190
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6807		61.7189			
7	Provider Target Rate	42.6326		63.1285			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.6326	81.1722	56.0604	13.6500		193.5152
12/13	Medicaid Adjustment Rate		2.4341	1.6811			
14	Prospective Per Diem 11	42.6326	83.6063	57.7415	13.6500		197.6304
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207276-00 - 2012/01
211.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riverside Care Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1975/07	Amount: 2,500,000.00	80% Capital(1): 2,422,063	6.6338
Indexed Asset Value 3,027,579	Type: Fixed [2]	20% ROE(2): 605,516	0.4129
FRVS Base Asset: 782,402	< 60% of Base: False	Insurance Cost(3): 20,941	0.4885
Occup Adj Factor: 0.9000	Interest Rate: 9.0000 %	Taxes Cost(3): 79,709	1.8595
ROE Factor 0.026880	Chase Rate: 8.5000 %	Home Office(3): 26,529	0.6189
	Amortization Rate: 9.0000 %	Replacement(3&4): 1,220	0.0000
	Interest Only: False	Total FRVS PD:	10.0136
	Yearly Payment: 261,503		

(1) 80% Capital (\$2,422,063) amortized at 9.0000% for 20 years Principal & Interest of \$261,503 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6338

(2) 20% ROE (\$605,516) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4129

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 80	Effective PBS Limitation 2,280,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.6326	42.6326	3.0919	39.5407
Patient Care				
Direct Care	83.6063	83.6063	6.0635	77.5428
Indirect Care	57.7415	57.7415	4.1877	53.5538
Property	13.6500	10.0136	0.9900	12.6600
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5376
Supplemental Rate Add-on				\$8.1747
Totals	197.6304	193.9940	14.3331	211.0096

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207381-00 - 2012/01

217.72

Joseph L. Morse Geriatric Center, Inc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4847 FRED GLADSTONE DR West Palm Beach FL 33417 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 7/15/1983 Previous Med #	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 280 Maximum: 102,200 Max Annualized: 102,200 Total Patient: 98,083 Medicare: 24,702 Medicaid: 58,624	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.76979% Occupancy: 95.97163% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.98733% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,755,774	5,971,857	4,045,122	869,980	17,034	14,659,767
1a	Audit Adjustments						
2	Cost Per Diem	64.0655	101.8671	69.0011	14.8400	0.2906	250.0643
3	Cost Per Diem Inflated	66.3350	104.3307	71.4454			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.3350	104.3307	71.4454	14.8400	0.2906	257.2417
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.7362		65.1345			
7	Provider Target Rate	68.2603		66.6221			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500	0.2906	220.9455
12/13	Medicaid Adjustment Rate		1.0694	0.6457			
14	Prospective Per Diem 11	50.9575	98.3714	59.3911	13.6500	0.2906	222.6606
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207381-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

217.72

Joseph L. Morse Geriatric Center, Inc

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,590,000.00		
RS to Start Calcs: 1983/07		Type: Fixed [2]	80% Capital(1): 11,151,840	13.7991
Indexed Asset Value 13,939,800		< 60% of Base: False	20% ROE(2): 2,787,960	0.7926
FRVS Base Asset: 3,420,000		Interest Rate: 9.7490 %	Insurance Cost(3): 134,282	1.3691
Occup Adj Factor: 0.9000		Chase Rate: 13.0000 %	Taxes Cost(3): 0	0.0000
ROE Factor 0.026150		Amortization Rate: 9.7490 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 502,448	0.0000
		Yearly Payment: 1,269,237	Total FRVS PD:	15.9608

(1) 80% Capital (\$11,151,840) amortized at 9.7490% for 20 years Principal & Interest of \$1,269,237 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$13.7991

(2) 20% ROE (\$2,787,960) times the ROE factor (0.026150) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = \$0.7926

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.3714	98.3714	7.1343	91.2371
Indirect Care	59.3911	59.3911	4.3073	55.0838
Property	13.6500	15.9608	0.9900	12.6600
ROE	0.2906	0.0415	0.0211	0.2695
ROE Adjustment	-0.0415	-0.0415	-0.0030	-0.0385
Quality Assess-Medicaid Share				\$3.0674
Supplemental Rate Add-on				\$8.1747
Totals	222.6191	224.6808	16.1454	217.7158

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207446-00 - 2012/01

217.76

TAYLOR CARE CENTER, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6635 CHESTER AVE. Jacksonville FL 32217 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 9/22/1983 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,942 Medicare: 6,440 Medicaid: 26,831	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.17490% Occupancy: 91.19178% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.01139% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,910	2,428,992	1,392,109	641,529	0	5,840,540
1a	Audit Adjustments						
2	Cost Per Diem	51.3551	90.5293	51.8844	23.9100		217.6788
3	Cost Per Diem Inflated	54.0158	93.4589	54.5725			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.0158	93.4589	54.5725	23.9100		225.9572
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8024		50.4059			
7	Provider Target Rate	48.8941		51.5571			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	93.4589	51.5571	13.6500		205.3806
12/13	Medicaid Adjustment Rate		1.8058	0.9962			
14	Prospective Per Diem 11	46.7146	95.2647	52.5533	13.6500		208.1826
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207446-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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217.76

TAYLOR CARE CENTER, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	4,753,949	9.8798
Indexed Asset Value	5,942,436	< 60% of Base:	False	20% ROE(2):	1,188,487	0.9171
FRVS Base Asset:	2,825,639	Interest Rate:	5.4080 %	Insurance Cost(3):	43,280	1.0836
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.030420	Amortization Rate:	5.4080 %	Home Office(3):	17,433	0.4365
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	389,463	Total FRVS PD:		12.3170

(1) 80% Capital (\$4,753,949) amortized at 5.4080% for 20 years Principal & Interest of \$389,463 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8798

(2) 20% ROE (\$1,188,487) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9171

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.2647	95.2647	6.9090	88.3557
Indirect Care	52.5533	52.5533	3.8114	48.7419
Property	13.6500	12.3170	0.8933	11.4237
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7399
Supplemental Rate Add-on				\$8.1747
Totals	208.1826	206.8496	15.0016	217.7626

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207497-00 - 2012/01 220.29

Sunrise Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4800 Nob Hill Road Sunrise FL 33321 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1983 Acquired Date: 6/1/1983 Entered Medicaid 10/1/1983 Med # Active Date: 10/7/1983 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 325 Maximum: 118,625 Max Annualized: 118,625 Total Patient: 73,352 Medicare: 13,791 Medicaid: 46,511	Superior: 0 Standard: 176 Conditional: 5 Total: 181
	Medicaid Utilization 63.40795% Occupancy: 61.83519% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 77.30868% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,228,251	3,383,443	2,489,783	1,358,586	0	9,460,063
1a	Audit Adjustments						
2	Cost Per Diem	47.9080	72.7450	53.5311	29.2100		203.3941
3	Cost Per Diem Inflated	50.0358	74.7898	55.9087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0358	74.7898	55.9087	29.2100		209.9443
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3761		58.6303			
7	Provider Target Rate	51.5266		59.9693			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.0358	74.7898	55.9087	13.6500		194.3843
12/13	Medicaid Adjustment Rate		1.0970	0.8200			
14	Prospective Per Diem 11	50.0358	75.8868	56.7287	13.6500		196.3013
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207497-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

220.29

Sunrise Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 14,906,255 FRVS Base Asset: 6,689,269 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	11,925,004	17.6497
	< 60% of Base:	False	20% ROE(2):	2,981,251	0.7707
	Interest Rate:	16.3270 %	Insurance Cost(3):	256,405	3.4955
	Chase Rate:	13.0000 %	Taxes Cost(3):	395,509	5.3919
	Amortization Rate:	15.0000 %	Home Office(3):	16,430	0.2240
	Interest Only:	False	Replacement(3&4):	19,122	0.0000
Yearly Payment:	1,884,327	Total FRVS PD:		27.5318	

(1) 80% Capital (\$11,925,004) amortized at 15.0000% for 20 years Principal & Interest of \$1,884,327 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$17.6497

(2) 20% ROE (\$2,981,251) times the ROE factor (0.027600) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = \$0.7707

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.0358	50.0358	3.6288	46.4070
Patient Care				
Direct Care	75.8868	75.8868	5.5036	70.3832
Indirect Care	56.7287	56.7287	4.1142	52.6145
Property	13.6500	27.5318	1.9967	25.5351
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1736
Supplemental Rate Add-on				\$8.1747
Totals	196.3013	210.1831	15.2433	220.2881

***Medicaid Trend Adjustment :**



0 207527-00 - 2012/01
195.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

AUBURNDALE OAKS HEALTHCARE CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
919 Old Winter Haven Road Auburndale FL 33823 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/14/1983 Acquired Date: 10/14/1983 Entered Medicaid 10/14/1983 Med # Active Date: 10/14/1983 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,483 Medicare: 11,005 Medicaid: 22,616	Superior: 0 Standard: 165 Conditional: 16 Total: 181
			Inflation
			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,420,927	1,629,200	1,166,535	520,620	0	4,737,282
1a	Audit Adjustments						
2	Cost Per Diem	62.8284	72.0375	51.5801	23.0200		209.4660
3	Cost Per Diem Inflated	66.0835	74.3687	54.2525			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.0835	74.3687	54.2525	23.0200		217.7247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0304		47.1821			
7	Provider Target Rate	39.9218		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9218	74.3687	48.2597	13.6500		176.2002
12/13	Medicaid Adjustment Rate		0.4474	0.2903			
14	Prospective Per Diem 11	39.9218	74.8161	48.5500	13.6500		176.9379
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207527-00 - 2012/01
195.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

AUBURNDALE OAKS HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	4,700,762	18.4162
Indexed Asset Value	5,875,952	< 60% of Base:	False	20% ROE(2):	1,175,190	0.9069
FRVS Base Asset:	3,420,000	Interest Rate:	14.5950 %	Insurance Cost(3):	40,654	1.0042
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	41,793	1.0324
ROE Factor	0.030420	Amortization Rate:	14.5950 %	Home Office(3):	16,246	0.4013
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	725,966	Total FRVS PD:		21.7610

(1) 80% Capital (\$4,700,762) amortized at 14.5950% for 20 years Principal & Interest of \$725,966 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$18.4162

(2) 20% ROE (\$1,175,190) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9069

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9218	39.9218	2.8953	37.0265
Patient Care				
Direct Care	74.8161	74.8161	5.4260	69.3901
Indirect Care	48.5500	48.5500	3.5210	45.0290
Property	13.6500	21.7610	1.5782	20.1828
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4005
Supplemental Rate Add-on				\$8.1747
Totals	176.9379	185.0489	13.4205	195.2036

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207683-00 - 2012/01

213.71

Lakeside Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2501 Australian Avenue West Palm Beach FL 33407 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/1984 Previous Med # 205281	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 37,120 Medicare: 6,885 Medicaid: 27,077	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.94450% Occupancy: 95.04545% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.82939% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,179,272	2,326,518	1,281,900	286,745	0	5,074,435
1a	Audit Adjustments						
2	Cost Per Diem	43.5525	85.9223	47.3428	10.5900		187.4076
3	Cost Per Diem Inflated	44.8577	87.7893	48.7615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.8577	87.7893	48.7615	10.5900		191.9985
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5746		49.0670			
7	Provider Target Rate	50.7068		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.8577	87.7893	48.7615	10.5900		191.9985
12/13	Medicaid Adjustment Rate		2.2661	1.2587			
14	Prospective Per Diem 11	44.8577	90.0554	50.0202	10.5900		195.5233
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207683-00 - 2012/01
213.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeside Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,256,196 FRVS Base Asset: 2,760,297 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,062,500.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,204,957	13.9726
	< 60% of Base:	False	20% ROE(2):	1,051,239	0.7725
	Interest Rate:	10.1250 %	Insurance Cost(3):	12,176	0.3280
	Chase Rate:	13.0000 %	Taxes Cost(3):	81,192	2.1873
	Amortization Rate:	10.1250 %	Home Office(3):	31,181	0.8400
	Interest Only:	False	Replacement(3&4):	90,392	0.0000
Yearly Payment:	491,131	Total FRVS PD:	18.1004		

(1) 80% Capital (\$4,204,957) amortized at 10.1250% for 20 years Principal & Interest of \$491,131 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$13.9726

(2) 20% ROE (\$1,051,239) times the ROE factor (0.025830) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.7725

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.8577	44.8577	3.2533	41.6044
Patient Care				
Direct Care	90.0554	90.0554	6.5312	83.5242
Indirect Care	50.0202	50.0202	3.6277	46.3925
Property	10.5900	18.1004	1.3127	16.7877
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2271
Supplemental Rate Add-on				\$8.1747
Totals	195.5233	203.0337	14.7249	213.7106

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207799-00 - 2012/01

224.76

The Ponce Therapy Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1999 Old Moultrie Road St. Augustine FL 32806 County: St Johns[55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1984 Acquired Date: 5/1/1984 Entered Medicaid 5/1/1984 Med # Active Date: 5/8/1984 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,386 Medicare: 8,898 Medicaid: 21,765	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.81696% Occupancy: 83.07306% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.86107% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	961,313	2,094,757	1,276,840	347,369	0	4,680,279
1a	Audit Adjustments						
2	Cost Per Diem	44.1678	96.2443	58.6648	15.9600		215.0369
3	Cost Per Diem Inflated	45.4914	98.3356	60.4228			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4914	98.3356	60.4228	15.9600		220.2098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7964		50.0340			
7	Provider Target Rate	46.8423		51.1767			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4914	95.5570	51.1767	13.6500		205.8751
12/13	Medicaid Adjustment Rate		1.0553	0.5652			
14	Prospective Per Diem 11	45.4914	96.6123	51.7419	13.6500		207.4956
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 207799-00 - 2012/01
224.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Ponce Therapy Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,667,408	16.2609
Indexed Asset Value	5,834,260	< 60% of Base:	False	20% ROE(2):	1,166,852	0.7646
FRVS Base Asset:	3,007,294	Interest Rate:	12.6180 %	Insurance Cost(3):	99,000	2.7208
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	34,434	0.9464
ROE Factor	0.025830	Amortization Rate:	12.6180 %	Home Office(3):	64,059	1.7605
		Interest Only:	False	Replacement(3&4):	40,381	0.0000
		Yearly Payment:	641,005	Total FRVS PD:		22.4532

- (1) 80% Capital (\$4,667,408) amortized at 12.6180% for 20 years Principal & Interest of \$641,005 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.2609
- (2) 20% ROE (\$1,166,852) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7646
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4914	45.4914	3.2992	42.1922
Patient Care				
Direct Care	96.6123	96.6123	7.0067	89.6056
Indirect Care	51.7419	51.7419	3.7525	47.9894
Property	13.6500	22.4532	1.6284	20.8248
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9779
Supplemental Rate Add-on				\$8.1747
Totals	207.4956	216.2988	15.6868	224.7646

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 207993-00 - 2012/01

225.81

Florida Club Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
220 Sierra Drive Miami FL 33179 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 9/1/1984 Previous Med #	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 49,618 Medicare: 1,263 Medicaid: 46,570	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 93.85707% Occupancy: 75.52207% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.42053% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,615,340	4,213,151	2,416,211	788,896	0	9,033,598
1a	Audit Adjustments						
2	Cost Per Diem	34.6863	90.4692	51.8834	16.9400		193.9789
3	Cost Per Diem Inflated	36.5669	93.5035	54.6964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.5669	93.5035	54.6964	16.9400		201.7068
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6193		62.5258			
7	Provider Target Rate	44.6155		63.9538			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.5669	93.5035	54.6964	13.6500		198.4168
12/13	Medicaid Adjustment Rate		4.2077	2.4613			
14	Prospective Per Diem 11	36.5669	97.7112	57.1577	13.6500		205.0858
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 207993-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

225.81

Florida Club Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,469,400.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	7,067,371	15.4440
Indexed Asset Value	8,834,214	< 60% of Base:	False	20% ROE(2):	1,766,843	0.9275
FRVS Base Asset:	5,130,000	Interest Rate:	11.6500 %	Insurance Cost(3):	54,109	1.0905
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	165,761	3.3407
ROE Factor	0.031040	Amortization Rate:	11.6500 %	Home Office(3):	9,629	0.1941
		Interest Only:	False	Replacement(3&4):	60,066	0.0000
		Yearly Payment:	913,204	Total FRVS PD:		20.9968

(1) 80% Capital (\$7,067,371) amortized at 11.6500% for 20 years Principal & Interest of \$913,204 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$15.4440

(2) 20% ROE (\$1,766,843) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.9275

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5669	36.5669	2.6520	33.9149
Patient Care				
Direct Care	97.7112	97.7112	7.0864	90.6248
Indirect Care	57.1577	57.1577	4.1453	53.0124
Property	13.6500	20.9968	1.5228	19.4740
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6116
Supplemental Rate Add-on				\$8.1747
Totals	205.0858	212.4326	15.4065	225.8124

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 208442-00 - 2012/01

229.41

BERNARD L. SAMSON NURSING CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
255 - 59 STREET NORTH St. Petersburg FL 33710 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1985 Acquired Date: 7/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 7/1/1985 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,455 Medicare: 7,153 Medicaid: 43,000	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 69.96990% Occupancy: 93.53881% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.94574% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,949,725	4,020,534	2,479,900	937,830	698	9,388,687
1a	Audit Adjustments						
2	Cost Per Diem	45.3424	93.5008	57.6721	21.8100	0.0162	218.3415
3	Cost Per Diem Inflated	47.9101	96.7471	60.9381			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9101	96.7471	60.9381	21.8100	0.0162	227.4215
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7824		67.9538			
7	Provider Target Rate	50.9194		69.5058			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.9101	96.4295	56.9334	13.6500	0.0162	214.9392
12/13	Medicaid Adjustment Rate		2.1664	1.2791			
14	Prospective Per Diem 11	47.9101	98.5959	58.2125	13.6500	0.0162	218.3847
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208442-00 - 2012/01
229.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

BERNARD L. SAMSON NURSING CENTER

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 10,329,070.00		
RS to Start Calcs:	1985/07	Type: Variable [3]	80% Capital(1): 7,120,550	9.2532
Indexed Asset Value	8,900,687	< 60% of Base: False	20% ROE(2): 1,780,137	0.9501
FRVS Base Asset:	3,420,000	Interest Rate: 4.6418 %	Insurance Cost(3): 93,512	1.5216
Occup Adj Factor:	0.9000	Chase Rate: 8.1936 %	Taxes Cost(3): 0	0.0000
ROE Factor	0.031560	Amortization Rate: 4.6418 %	Home Office(3): 0	0.0000
		Interest Only: False	Replacement(3&4): 123,151	0.0000
		Yearly Payment: 547,140	Total FRVS PD:	11.7249

(1) 80% Capital (\$7,120,550) amortized at 4.6418% for 20 years Principal & Interest of \$547,140 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.2532

(2) 20% ROE (\$1,780,137) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.9501

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.9101	47.9101	3.4746	44.4355
Patient Care				
Direct Care	98.5959	98.5959	7.1506	91.4453
Indirect Care	58.2125	58.2125	4.2218	53.9907
Property	13.6500	11.7249	0.9900	12.6600
ROE	0.0162	0.0000	0.0012	0.0150
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6883
Supplemental Rate Add-on				\$8.1747
Totals	218.3847	216.4434	15.8382	229.4095

***Medicaid Trend Adjustment :**



0 208485-00 - 2012/01
219.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Jupiter Medical Center Pavilion, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1230 South Old Dixie Highwa Jupiter FL 33458 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1974 Acquired Date: 6/1/1976 Entered Medicaid 1/1/1974 Med # Active Date: 9/5/1984 Previous Med # 204323	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,987 Medicare: 14,502 Medicaid: 17,015	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 46.00265% Occupancy: 84.44521% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.57657% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,416	1,864,493	951,008	182,571	0	3,752,488
1a	Audit Adjustments						
2	Cost Per Diem	44.3383	109.5794	55.8923	10.7300		220.5400
3	Cost Per Diem Inflated	46.5290	112.9964	58.6538			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5290	112.9964	58.6538	10.7300		228.9092
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.1093		61.7335			
7	Provider Target Rate	60.4593		63.1434			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5290	97.3020	58.6538	10.7300		213.2148
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.5290	97.3020	58.6538	10.7300		213.2148
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208485-00 - 2012/01
219.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Jupiter Medical Center Pavilion, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/01 Indexed Asset Value 5,510,910 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,566,518.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,408,728	9.4225
	< 60% of Base:	False	20% ROE(2):	1,102,182	0.8271
	Interest Rate:	5.7500 %	Insurance Cost(3):	36,532	0.9877
	Chase Rate:	13.0000 %	Taxes Cost(3):	512	0.0138
	Amortization Rate:	5.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	8,990	0.0000
Yearly Payment:	371,436	Total FRVS PD:	11.2511		

(1) 80% Capital (\$4,408,728) amortized at 5.7500% for 20 years Principal & Interest of \$371,436 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4225

(2) 20% ROE (\$1,102,182) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8271

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5290	46.5290	3.3745	43.1545
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.6538	58.6538	4.2538	54.4000
Property	10.7300	11.2511	0.8160	10.4351
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.8574
Supplemental Rate Add-on				\$8.1747
Totals	213.2148	213.7359	15.5010	219.2670

***Medicaid Trend Adjustment :**



0 208507-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.65

Claridge House

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13900 NE 3rd Court North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 8/22/1985 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 79,644 Medicare: 4,586 Medicaid: 62,133	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.01341% Occupancy: 90.91781% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.66886% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,173,165	5,358,139	3,114,272	1,102,239	0	11,747,815
1a	Audit Adjustments						
2	Cost Per Diem	34.9760	86.2366	50.1227	17.7400		189.0753
3	Cost Per Diem Inflated	36.7881	89.0273	52.7196			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.7881	89.0273	52.7196	17.7400		196.2750
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		54.9942			
7	Provider Target Rate	41.9989		56.2502			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.7881	89.0273	52.7196	13.6500		192.1850
12/13	Medicaid Adjustment Rate		2.8057	1.6615			
14	Prospective Per Diem 11	36.7881	91.8330	54.3811	13.6500		196.6522
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 208507-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.65

Claridge House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,735,600.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	7,328,773	12.6735
Indexed Asset Value	9,160,966	< 60% of Base:	False	20% ROE(2):	1,832,193	0.7069
FRVS Base Asset:	5,041,736	Interest Rate:	12.5000 %	Insurance Cost(3):	217,024	2.7249
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	166,694	2.0930
ROE Factor	0.030420	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	146,949	0.0000
		Yearly Payment:	999,182	Total FRVS PD:		18.1983

(1) 80% Capital (\$7,328,773) amortized at 12.5000% for 20 years Principal & Interest of \$999,182 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$12.6735

(2) 20% ROE (\$1,832,193) times the ROE factor (0.030420) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.7069

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.7881	36.7881	2.6680	34.1201
Patient Care				
Direct Care	91.8330	91.8330	6.6601	85.1729
Indirect Care	54.3811	54.3811	3.9439	50.4372
Property	13.6500	18.1983	1.3198	16.8785
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.8639
Supplemental Rate Add-on				\$8.1747
Totals	196.6522	201.2005	14.5918	198.6473

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 208540-00 - 2012/01
185.96

Westminster Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
70 West Lucerne Circle Orlando FL 32801 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 7/26/1985 Med # Active Date: 7/26/1985 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,212 Medicare: 5,372 Medicaid: 20,894	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.95961% Occupancy: 91.80822% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.78208% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,148,344	1,505,012	1,320,319	264,727	0	4,238,402
1a	Audit Adjustments						
2	Cost Per Diem	54.9605	72.0308	63.1913	12.6700		202.8526
3	Cost Per Diem Inflated	57.1632	73.8982	65.7239			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.1632	73.8982	65.7239	12.6700		209.4553
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7224		69.8334			
7	Provider Target Rate	45.7438		71.4283			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.7438	73.8982	56.9334	12.6700		189.2454
12/13	Medicaid Adjustment Rate		0.1629	0.1255			
14	Prospective Per Diem 11	45.7438	74.0611	57.0589	12.6700		189.5338
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 208540-00 - 2012/01
185.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westminster Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 4,660,514 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,075,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,728,411	12.4971
	< 60% of Base:	False	20% ROE(2):	932,103	0.6330
	Interest Rate:	12.0000 %	Insurance Cost(3):	51,066	1.2699
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.0000 %	Home Office(3):	16,896	0.4202
	Interest Only:	False	Replacement(3&4):	58,390	0.0000
Yearly Payment:	492,636	Total FRVS PD:	14.8202		

- (1) 80% Capital (\$3,728,411) amortized at 12.0000% for 20 years Principal & Interest of \$492,636 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.4971
- (2) 20% ROE (\$932,103) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6330
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7438	45.7438	3.3175	42.4263
Patient Care				
Direct Care	74.0611	74.0611	5.3712	68.6899
Indirect Care	57.0589	57.0589	4.1382	52.9207
Property	12.6700	14.8202	1.0748	13.7454
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	189.5338	191.6840	13.9017	185.9570

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 208809-00 - 2012/01

205.81

Baptist Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10095 Hillview Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1985 Acquired Date: 12/1/1985 Entered Medicaid 12/1/1985 Med # Active Date: 12/21/1985 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 170 Maximum: 62,050 Max Annualized: 62,050 Total Patient: 58,374 Medicare: 9,020 Medicaid: 35,530	Superior: 0 Standard: 152 Conditional: 29 Total: 181
	Medicaid Utilization 60.86614% Occupancy: 94.07575% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.61703% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,579,338	3,181,147	1,823,145	191,862	0	6,775,492
1a	Audit Adjustments						
2	Cost Per Diem	44.4508	89.5341	51.3128	5.4000		190.6977
3	Cost Per Diem Inflated	46.6470	92.3261	53.8481			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6470	92.3261	53.8481	5.4000		198.2212
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	92.3261	46.3317	5.4000		181.9028
12/13	Medicaid Adjustment Rate		0.9478	0.4756			
14	Prospective Per Diem 11	37.8450	93.2739	46.8073	5.4000		183.3262
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 208809-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.81

Baptist Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,619,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	6,761,590	14.3694
Indexed Asset Value	8,451,988	< 60% of Base:	False	20% ROE(2):	1,690,398	0.8954
FRVS Base Asset:	2,972,345	Interest Rate:	10.3600 %	Insurance Cost(3):	20,582	0.3526
Occup Adj Factor:	0.9000	Chase Rate:	9.7100 %	Taxes Cost(3):	347	0.0059
ROE Factor	0.029580	Amortization Rate:	10.3600 %	Home Office(3):	15,055	0.2579
		Interest Only:	False	Replacement(3&4):	252,473	0.0000
		Yearly Payment:	802,460	Total FRVS PD:		15.8812

(1) 80% Capital (\$6,761,590) amortized at 10.3600% for 20 years Principal & Interest of \$802,460 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$14.3694

(2) 20% ROE (\$1,690,398) times the ROE factor (0.029580) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = \$0.8954

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 170	Effective PBS Limitation	4,845,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	93.2739	93.2739	6.7646	86.5093
Indirect Care	46.8073	46.8073	3.3947	43.4126
Property	5.4000	15.8812	1.1518	14.7294
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8819
Supplemental Rate Add-on				\$8.1747
Totals	183.3262	193.8074	14.0558	205.8082

***Medicaid Trend Adjustment :**



0 209325-00 - 2012/01

211.64

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Courtenav Springs Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 S. Courtenav Parkway Merritt Island FL 32952 County: Brevard [5] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 11/18/1986 Previous Med # 207888	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 23,191 Medicare: 3,263 Medicaid: 13,739 Medicaid Utilization 59.24281% Occupancy: 66.18436% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 82.74617% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,040	1,072,971	570,732	127,635	0	2,426,378
1a	Audit Adjustments						
2	Cost Per Diem	47.6774	78.0967	41.5410	9.2900		176.6051
3	Cost Per Diem Inflated	50.0331	80.5320	43.5935			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0331	80.5320	43.5935	9.2900		183.4486
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1492		54.8934			
7	Provider Target Rate	54.3630		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.0331	80.5320	43.5935	9.2900		183.4486
12/13	Medicaid Adjustment Rate		0.8374	0.4533			
14	Prospective Per Diem 11	50.0331	81.3694	44.0468	9.2900		184.7393
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 209325-00 - 2012/01
211.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Courtenav Springs Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,625,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	3,700,539	17.8673
Indexed Asset Value	4,625,674	< 60% of Base:	False	20% ROE(2):	925,135	0.8678
FRVS Base Asset:	1,710,000	Interest Rate:	14.3480 %	Insurance Cost(3):	52,583	2.2674
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	52,272	2.2540
ROE Factor	0.029580	Amortization Rate:	14.3480 %	Home Office(3):	24,835	1.0709
		Interest Only:	False	Replacement(3&4):	58,404	0.0000
		Yearly Payment:	563,462	Total FRVS PD:	24.3274	

- (1) 80% Capital (\$3,700,539) amortized at 14.3480% for 20 years Principal & Interest of \$563,462 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$17.8673
- (2) 20% ROE (\$925,135) times the ROE factor (0.029580) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.8678
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.0331	50.0331	3.6286	46.4045
Patient Care				
Direct Care	81.3694	81.3694	5.9013	75.4681
Indirect Care	44.0468	44.0468	3.1945	40.8523
Property	9.2900	24.3274	1.7643	22.5631
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1742
Supplemental Rate Add-on				\$8.1747
Totals	184.7393	199.7767	14.4887	211.6369

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 209422-00 - 2012/01

200.36

Westminster Asbury Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1700 21st Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 3/11/1987 Med # Active Date: 3/11/1987 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 19,872 Medicare: 3,190 Medicaid: 8,339	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 41.96357% Occupancy: 92.27769% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.36903% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	443,792	708,961	550,966	110,492	0	1,814,211
1a	Audit Adjustments						
2	Cost Per Diem	53.2189	85.0175	66.0710	13.2500		217.5574
3	Cost Per Diem Inflated	55.3518	87.2215	68.7190			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.3518	87.2215	68.7190	13.2500		224.5423
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		61.2918			
7	Provider Target Rate	47.6372		62.6916			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6372	87.2215	62.6916	13.2500		210.8003
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.6372	87.2215	62.6916	13.2500		210.8003
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209422-00 - 2012/01
200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westminster Asbury Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/11/1987 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,835,583 FRVS Base Asset: 1,412,120 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,160,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,468,466	6.7306
	< 60% of Base:	False	20% ROE(2):	367,117	0.5071
	Interest Rate:	6.4100 %	Insurance Cost(3):	38,858	1.9554
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.4100 %	Home Office(3):	9,362	0.4711
	Interest Only:	False	Replacement(3&4):	707,290	0.0000
Yearly Payment:	130,450	Total FRVS PD:		9.6642	

- (1) 80% Capital (\$1,468,466) amortized at 6.4100% for 20 years Principal & Interest of \$130,450 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$6.7306
- (2) 20% ROE (\$367,117) times the ROE factor (0.026770) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.5071
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	10,669
Comparison Date:	1/1/1972	Current RS PBS:	49,785
Comparison Bed	17	Effective PBS Limitation	181,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6372	47.6372	3.4548	44.1824
Patient Care				
Direct Care	87.2215	87.2215	6.3257	80.8958
Indirect Care	62.6916	62.6916	4.5467	58.1449
Property	13.2500	9.6642	0.7009	8.9633
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	210.8003	207.2145	15.0281	200.3611

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 209473-00 - 2012/01
224.02

St. Anne's Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11855 Quail Roost Drive Miami FL 33177 County: Dade [13] Region: South [2] Area: 11 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/22/1987 Acquired Date: 5/22/1987 Entered Medicaid 5/22/1987 Med # Active Date: 5/22/1987 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 220 Maximum: 80,300 Max Annualized: 80,300 Total Patient: 77,450 Medicare: 11,355 Medicaid: 47,901	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.84764% Occupancy: 96.45081% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.58643% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,314,579	4,295,101	2,701,486	713,246	0	10,024,412
1a	Audit Adjustments						
2	Cost Per Diem	48.3201	89.6662	56.3973	14.8900		209.2736
3	Cost Per Diem Inflated	50.7075	92.4623	59.1838			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7075	92.4623	59.1838	14.8900		217.2436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8136		54.0175			
7	Provider Target Rate	49.9284		55.2512			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9284	92.4623	55.2512	13.6500		211.2919
12/13	Medicaid Adjustment Rate		1.2324	0.7364			
14	Prospective Per Diem 11	49.9284	93.6947	55.9876	13.6500		213.2607
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209473-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

224.02

St. Anne's Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 9,972,200.00			
RS to Start Calcs:	1987/01	Type: Variable [3]	80% Capital(1):	8,753,671	11.4909
Indexed Asset Value	10,942,089	< 60% of Base: False	20% ROE(2):	2,188,418	0.8957
FRVS Base Asset:	5,162,760	Interest Rate: 7.2532 %	Insurance Cost(3):	151,137	1.9514
Occup Adj Factor:	0.9000	Chase Rate: 8.7763 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate: 7.2532 %	Home Office(3):	58,556	0.7560
		Interest Only: False	Replacement(3&4):	72,122	0.0000
		Yearly Payment: 830,445	Total FRVS PD:		15.0940

(1) 80% Capital (\$8,753,671) amortized at 7.2532% for 20 years Principal & Interest of \$830,445 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$11.4909

(2) 20% ROE (\$2,188,418) times the ROE factor (0.029580) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$0.8957

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,162,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9284	49.9284	3.6210	46.3074
Patient Care				
Direct Care	93.6947	93.6947	6.7951	86.8996
Indirect Care	55.9876	55.9876	4.0605	51.9271
Property	13.6500	15.0940	0.9900	12.6600
ROE	0.0000	0.1496		
ROE Adjustment	0.0000	-0.1496		
Quality Assess-Medicaid Share				\$18.0492
Supplemental Rate Add-on				\$8.1747
Totals	213.2607	214.7047	15.4666	224.0180

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 209511-00 - 2012/01 221.83

Bishop's Glen Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 LPGA Blvd Holly Hill FL 32117 County: Volusia[64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/25/1986 Acquired Date: 2/25/1986 Entered Medicaid 2/25/1986 Med # Active Date: 12/22/1986 Previous Med # 208884	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,602 Medicare: 3,512 Medicaid: 10,492	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.52515% Occupancy: 89.50685% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.90482% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	613,836	872,223	661,587	64,421	0	2,212,067
1a	Audit Adjustments						
2	Cost Per Diem	58.5051	83.1322	63.0563	6.1400		210.8336
3	Cost Per Diem Inflated	61.3957	85.7245	66.1718			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.3957	85.7245	66.1718	6.1400		219.4320
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.1963		64.6964			
7	Provider Target Rate	73.8451		66.1740			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	85.7245	60.7689	6.1400		202.6295
12/13	Medicaid Adjustment Rate		0.3400	0.2410			
14	Prospective Per Diem 11	49.9961	86.0645	61.0099	6.1400		203.2105
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209511-00 - 2012/01
221.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bishop's Glen Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Variable [3]	80% Capital(1):	2,259,115	9.2681
Indexed Asset Value	2,823,894	< 60% of Base:	False	20% ROE(2):	564,779	0.8476
FRVS Base Asset:	1,710,000	Interest Rate:	5.2500 %	Insurance Cost(3):	18,225	0.9298
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	45,406	2.3164
ROE Factor	0.029580	Amortization Rate:	5.2500 %	Home Office(3):	23,829	1.2156
		Interest Only:	False	Replacement(3&4):	16,925	0.0000
		Yearly Payment:	182,675	Total FRVS PD:		14.5775

(1) 80% Capital (\$2,259,115) amortized at 5.2500% for 20 years Principal & Interest of \$182,675 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.2681

(2) 20% ROE (\$564,779) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8476

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	86.0645	86.0645	6.2418	79.8227
Indirect Care	61.0099	61.0099	4.4247	56.5852
Property	6.1400	14.5775	1.0572	13.5203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3607
Supplemental Rate Add-on				\$8.1747
Totals	203.2105	211.6480	15.3496	221.8338

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 209848-00 - 2012/01

183.35

Winter Park Towers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 South Lakemount Avenue Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 7/1/1971 Entered Medicaid 10/1/1987 Med # Active Date: 10/27/1987 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,177 Medicare: 6,421 Medicaid: 16,811	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.91038% Occupancy: 89.44520% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.82775% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	767,943	1,215,424	1,299,632	316,215	0	3,599,214
1a	Audit Adjustments						
2	Cost Per Diem	45.6810	72.2993	77.3084	18.8100		214.0987
3	Cost Per Diem Inflated	47.5118	74.1736	80.4068			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5118	74.1736	80.4068	18.8100		220.9022
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1432		72.3848			
7	Provider Target Rate	48.2199		74.0380			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.5118	74.1736	56.9334	13.6500		192.2688
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.5118	74.1736	56.9334	13.6500		192.2688
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 209848-00 - 2012/01
183.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Winter Park Towers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,108,315 FRVS Base Asset: 2,884,391 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,157,800.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,486,652	6.8107
	< 60% of Base:	False	20% ROE(2):	621,663	0.4222
	Interest Rate:	9.0000 %	Insurance Cost(3):	101,543	2.5919
	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	9.0000 %	Home Office(3):	17,039	0.4349
	Interest Only:	False	Replacement(3&4):	486,020	0.0000
Yearly Payment:	268,477	Total FRVS PD:		10.2597	

(1) 80% Capital (\$2,486,652) amortized at 9.0000% for 20 years Principal & Interest of \$268,477 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8107

(2) 20% ROE (\$621,663) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4222

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	49,785
Comparison Bed 121	Effective PBS Limitation	1,290,949

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.5118	47.5118	3.4458	44.0660
Patient Care				
Direct Care	74.1736	74.1736	5.3794	68.7942
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	10.2597	0.7441	9.5156
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	192.2688	188.8785	13.6983	183.3549

***Medicaid Trend Adjustment :**



0 209856-00 - 2012/01

210.13

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Sun Terrace Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
105 Trinity Lakes Drive Sun City Center FL 33570 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 9/1/1987 Med # Active Date: 9/1/1987 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 37,174 Medicare: 14,363 Medicaid: 14,413 Medicaid Utilization 38.77172% Occupancy: 93.43722% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.81873% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	767,091	1,377,074	756,731	396,069	0	3,296,965
1a	Audit Adjustments						
2	Cost Per Diem	53.2222	95.5439	52.5034	27.4800		228.7495
3	Cost Per Diem Inflated	55.9796	98.6358	55.2236			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.9796	98.6358	55.2236	27.4800		237.3190
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5983		47.1821			
7	Provider Target Rate	42.5483		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5483	96.4295	48.2597	13.6500		200.8875
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.5483	96.4295	48.2597	13.6500		200.8875
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 209856-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.13

Sun Terrace Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 4,638,876 FRVS Base Asset: 1,239,028 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,061,208.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,711,101	10.5973
	< 60% of Base:	False	20% ROE(2):	927,775	0.7882
	Interest Rate:	10.7500 %	Insurance Cost(3):	881	0.0237
	Chase Rate:	6.2500 %	Taxes Cost(3):	165,677	4.4568
	Amortization Rate:	8.2500 %	Home Office(3):	24,029	0.6464
	Interest Only:	False	Replacement(3&4):	21,502	0.0000
Yearly Payment:	379,452	Total FRVS PD:	16.5124		

(1) 80% Capital (\$3,711,101) amortized at 8.2500% for 20 years Principal & Interest of \$379,452 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$10.5973

(2) 20% ROE (\$927,775) times the ROE factor (0.030420) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.7882

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	24,796
Comparison Date: 1/1/1982	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	2,975,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5483	42.5483	3.0858	39.4625
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.6500	16.5124	1.1975	15.3149
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.9782
Supplemental Rate Add-on				\$8.1747
Totals	200.8875	203.7499	14.7768	210.1260

***Medicaid Trend Adjustment :**



0 210137-00 - 2012/01
200.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Altamonte Springs

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
989 Orienta Avenue Altamonte Springs FL 32701 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1976 Acquired Date: 2/1/1976 Entered Medicaid 2/1/1976 Med # Active Date: 9/1/1988 Previous Med # 204528	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 76,820 Medicare: 17,776 Medicaid: 48,685	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.37542% Occupancy: 87.69407% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.63842% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,955,876	4,244,952	2,037,979	368,059	0	8,606,866
1a	Audit Adjustments						
2	Cost Per Diem	40.1741	87.1922	41.8605	7.5600		176.7868
3	Cost Per Diem Inflated	41.3780	89.0868	43.1150			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3780	89.0868	43.1150	7.5600		181.1398
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2213		47.1821			
7	Provider Target Rate	48.2998		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3780	89.0868	43.1150	7.5600		181.1398
12/13	Medicaid Adjustment Rate		1.3405	0.6488			
14	Prospective Per Diem 11	41.3780	90.4273	43.7638	7.5600		183.1291
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210137-00 - 2012/01
200.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Life Care Center of Altamonte Springs

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/01 Indexed Asset Value 8,800,162 FRVS Base Asset: 4,075,311 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,004,398.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	7,040,130	11.1020
	< 60% of Base:	True	20% ROE(2):	1,760,032	0.5766
	Interest Rate:	10.6250 %	Insurance Cost(3):	22,746	0.2961
	Chase Rate:	12.5000 %	Taxes Cost(3):	99,534	1.2957
	Amortization Rate:	12.5000 %	Home Office(3):	60,928	0.7931
	Interest Only:	True	Replacement(3&4):	183,630	0.0000
Yearly Payment:	875,281	Total FRVS PD:		14.0635	

(1) 80% Capital (\$7,040,130) amortized at 12.5000% for 20 years Interest of \$875,281 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$11.1020

(2) 20% ROE (\$1,760,032) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.5766

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3780	41.3780	3.0009	38.3771
Patient Care				
Direct Care	90.4273	90.4273	6.5582	83.8691
Indirect Care	43.7638	43.7638	3.1739	40.5899
Property	7.5600	14.0635	1.0199	13.0436
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2559
Supplemental Rate Add-on				\$8.1747
Totals	183.1291	189.6326	13.7529	200.3103

***Medicaid Trend Adjustment :**



0 210188-00 - 2012/01
221.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Covenant Village Center Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9201 West Broward Blvd. Plantation FL 33324 County: Broward [6] Region: South [2] Area: 10 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/15/1988 Acquired Date: 3/15/1988 Entered Medicaid 3/15/1988 Med # Active Date: 3/15/1988 Previous Med #	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,416 Medicare: 3,825 Medicaid: 5,059	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 27.47068% Occupancy: 84.09132% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.13413% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	331,270	464,350	346,378	58,684	0	1,200,682
1a	Audit Adjustments						
2	Cost Per Diem	65.4813	91.7869	68.4677	11.5999		237.3358
3	Cost Per Diem Inflated	68.2949	94.3001	71.4096			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	68.2949	94.3001	71.4096	11.5999		245.6045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	84.1430		59.9316			
7	Provider Target Rate	86.0647		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	94.3001	61.3003	11.5999		226.2652
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	94.3001	61.3003	11.5999		226.2652
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210188-00 - 2012/01
221.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Covenant Village Center Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/15/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,364,442.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	1,718,190	9.3850
Indexed Asset Value	2,147,737	< 60% of Base:	False	20% ROE(2):	429,547	0.5902
FRVS Base Asset:	1,765,380	Interest Rate:	8.9600 %	Insurance Cost(3):	19,305	1.0483
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	17,149	0.9312
ROE Factor	0.027080	Amortization Rate:	8.9600 %	Home Office(3):	65,282	3.5449
		Interest Only:	False	Replacement(3&4):	73,017	0.0000
		Yearly Payment:	184,978	Total FRVS PD:		15.4996

- (1) 80% Capital (\$1,718,190) amortized at 8.9600% for 20 years Principal & Interest of \$184,978 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.3850
- (2) 20% ROE (\$429,547) times the ROE factor (0.027080) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5902
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	94.3001	94.3001	6.8390	87.4611
Indirect Care	61.3003	61.3003	4.4458	56.8545
Property	11.5999	15.4996	1.1241	14.3755
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	226.2652	230.1649	16.6925	221.6471

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210285-00 - 2012/01

201.60

John Knox Village Medical Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4100 E. FLETCHER AVENU Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1978 Acquired Date: 11/1/1978 Entered Medicaid 12/1/1987 Med # Active Date: 12/1/1987 Previous Med #	01/01/2006-12/31/2006 Days In CR 365 First Used: 2008/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 55,955 Medicare: 6,390 Medicaid: 20,520	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 36.67233% Occupancy: 94.04992% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.58474% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.08662000 Semester Index: 1.27500780 Cost: 1.17337045 Target: 1.01598689 DC FY Index: 1.06800000 DC Sem Index: 1.20700000 DC Inflation: 1.13014981 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,070,921	1,624,214	1,024,410	232,697	0	3,952,242
1a	Audit Adjustments						
2	Cost Per Diem	52.1891	79.1527	49.9225	11.3400		192.6043
3	Cost Per Diem Inflated	61.2371	89.4544	58.5776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.2371	89.4544	58.5776	11.3400		220.6091
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.8152		71.8366			
7	Provider Target Rate	80.6152		73.4772			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	89.4544	56.9334	11.3400		206.8696
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	89.4544	56.9334	11.3400		206.8696
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210285-00 - 2012/01
201.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

John Knox Village Medical Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,023,570.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Variable [3]	80% Capital(1):	5,169,482	8.3088
Indexed Asset Value	6,461,852	< 60% of Base:	False	20% ROE(2):	1,292,370	1.1641
FRVS Base Asset:	2,676,513	Interest Rate:	6.0131 %	Insurance Cost(3):	45,734	0.8173
Occup Adj Factor:	0.9000	Chase Rate:	7.9765 %	Taxes Cost(3):	35,394	0.6325
ROE Factor	0.048230	Amortization Rate:	6.0131 %	Home Office(3):	117,196	2.0945
		Interest Only:	False	Replacement(3&4):	154,459	0.0000
		Yearly Payment:	444,899	Total FRVS PD:		13.0172

(1) 80% Capital (\$5,169,482) amortized at 6.0131% for 20 years Principal & Interest of \$444,899 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$8.3088

(2) 20% ROE (\$1,292,370) times the ROE factor (0.048230) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$1.1641

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	17,795
Comparison Date: 1/1/1978	Current RS PBS:	49,785
Comparison Bed 50	Effective PBS Limitation	889,750

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	89.4544	89.4544	6.4876	82.9668
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	11.3400	13.0172	0.9441	12.0731
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	206.8696	208.5468	15.1247	201.5968

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210374-00 - 2012/01
207.74

Azalea Trace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10100 Hillview Road Pensacola FL 32504 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 9/1/1988 Med # Active Date: 9/1/1988 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 82 Maximum: 29,930 Max Annualized: 29,930 Total Patient: 24,723 Medicare: 1,507 Medicaid: 5,216	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 21.09776% Occupancy: 82.60274% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.27305% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	261,568	496,320	395,805	66,139	0	1,219,832
1a	Audit Adjustments						
2	Cost Per Diem	50.1472	95.1534	75.8829	12.6800		233.8635
3	Cost Per Diem Inflated	52.3745	97.8281	79.2532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.3745	97.8281	79.2532	12.6800		242.1358
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.6996		100.3356			
7	Provider Target Rate	76.4056		102.6271			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	94.3159	60.7689	12.6800		217.7609
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9961	94.3159	60.7689	12.6800		217.7609
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210374-00 - 2012/01
207.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Azalea Trace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,225,224.00			Total Amount	Per Diem
RS to Start Calcs: 1981/01	Type: Variable [3]		80% Capital(1): 2,477,414	6.2823	
Indexed Asset Value 3,096,767	< 60% of Base: False		20% ROE(2): 619,353	0.6346	
FRVS Base Asset: 2,040,570	Interest Rate: 3.2900 %		Insurance Cost(3): 10,037	0.4060	
Occup Adj Factor: 0.9000	Chase Rate: 4.0000 %		Taxes Cost(3): 9,605	0.3885	
ROE Factor 0.027600	Amortization Rate: 3.2900 %		Home Office(3): 58,832	2.3796	
	Interest Only: False		Replacement(3&4): 1,081,553	0.0000	
	Yearly Payment: 169,225		Total FRVS PD:	10.0910	

(1) 80% Capital (\$2,477,414) amortized at 3.2900% for 20 years Principal & Interest of \$169,225 divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = \$6.2823

(2) 20% ROE (\$619,353) times the ROE factor (0.027600) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = \$0.6346

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 22,673
Comparison Date: 7/1/1980	Current RS PBS: 49,785
Comparison Bed 90	Effective PBS Limitation 2,040,570

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	94.3159	94.3159	6.8402	87.4757
Indirect Care	60.7689	60.7689	4.4072	56.3617
Property	12.6800	10.0910	0.7318	9.3592
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	217.7609	215.1719	15.6051	207.7415

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210463-00 - 2012/01
235.48

Village on the Isle

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 SOUTH TAMiami TRAI Venice FL 34285 County: Sarasota[58] Region: South[2] Area: 8 Control Church Non-Profit [2] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 5/12/1988 Previous Med # 208051	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,967 Medicare: 2,280 Medicaid: 8,812	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.02795% Occupancy: 95.73973% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.69740% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	598,235	868,223	632,639	195,979	0	2,295,076
1a	Audit Adjustments						
2	Cost Per Diem	67.8887	98.5273	71.7929	22.2400		260.4489
3	Cost Per Diem Inflated	70.9040	101.2968	74.9816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	70.9040	101.2968	74.9816	22.2400		269.4224
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5874		75.5136			
7	Provider Target Rate	55.8341		77.2382			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.8341	101.2968	72.5715	13.6500		243.3524
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	55.8341	101.2968	72.5715	13.6500		243.3524
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210463-00 - 2012/01
235.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Village on the Isle

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/2009	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,036,512.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	2,076,909	13.6638
Indexed Asset Value	2,596,136	< 60% of Base:	False	20% ROE(2):	519,227	0.7271
FRVS Base Asset:	1,710,000	Interest Rate:	11.7050 %	Insurance Cost(3):	5,092	0.2429
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	15,576	0.7429
ROE Factor	0.027600	Amortization Rate:	11.7050 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,209	0.0000
		Yearly Payment:	269,314	Total FRVS PD:		15.3767

- (1) 80% Capital (\$2,076,909) amortized at 11.7050% for 20 years Principal & Interest of \$269,314 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.6638
- (2) 20% ROE (\$519,227) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7271
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.8341	55.8341	4.0493	51.7848
Patient Care				
Direct Care	101.2968	101.2968	7.3465	93.9503
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	15.3767	1.1152	14.2615
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	243.3524	245.0791	17.7742	235.4796

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210587-00 - 2012/01

224.23

HealthPark Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16131 Rose Rush Court Ft. Myers FL 33908 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/28/1992 Acquired Date: 10/28/1992 Entered Medicaid 12/18/1992 Med # Active Date: 12/18/1992 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 112 Maximum: 40,880 Max Annualized: 40,880 Total Patient: 38,950 Medicare: 13,357 Medicaid: 11,054	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 28.37997% Occupancy: 95.27887% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.12122% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	628,170	1,124,731	681,561	135,080	0	2,569,542
1a	Audit Adjustments						
2	Cost Per Diem	56.8274	101.7488	61.6574	12.2200		232.4536
3	Cost Per Diem Inflated	59.6352	104.9217	64.7038			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.6352	104.9217	64.7038	12.2200		241.4807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	132.4337		71.5183			
7	Provider Target Rate	135.4583		73.1517			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	12.2200		219.2249
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	97.3020	58.7454	12.2200		219.2249
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210587-00 - 2012/01
224.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

HealthPark Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/18/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 6,100,000.00			Total Amount	Per Diem
RS to Start Calcs: 1992/07	Type: Variable [3]		80% Capital(1): 3,735,893	7.6366	
Indexed Asset Value 4,669,866	< 60% of Base: False		20% ROE(2): 933,973	0.7509	
FRVS Base Asset: 2,844,810	Interest Rate: 4.3900 %		Insurance Cost(3): 21,303	0.5469	
Occup Adj Factor: 0.9000	Chase Rate: 9.0000 %		Taxes Cost(3): 0	0.0000	
ROE Factor 0.029580	Amortization Rate: 4.3900 %		Home Office(3): 78,924	2.0263	
	Interest Only: False		Replacement(3&4): 52,833	0.0000	
	Yearly Payment: 280,966		Total FRVS PD:	10.9607	

(1) 80% Capital (\$3,735,893) amortized at 4.3900% for 20 years Principal & Interest of \$280,966 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$7.6366

(2) 20% ROE (\$933,973) times the ROE factor (0.029580) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = \$0.7509

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 31,609
Comparison Date: 1/1/1992	Current RS PBS: 49,785
Comparison Bed 90	Effective PBS Limitation 2,844,810

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	12.2200	10.9607	0.7949	10.1658
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8971
Supplemental Rate Add-on				\$8.1747
Totals	219.2249	217.9656	15.8078	224.2296

***Medicaid Trend Adjustment :**



0 210617-00 - 2012/01

232.50

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Miami Gardens Care Centre, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
190 NE 191 Street North Miami FL 33170 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/4/1992 Acquired Date: 2/4/1992 Entered Medicaid 3/11/1992 Med # Active Date: 5/17/1992 Previous Med # 204226	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,714 Medicare: 5,754 Medicaid: 26,455 Medicaid Utilization 78.46889% Occupancy: 76.97260% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.23404% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,162,507	2,494,222	1,709,469	563,756	0	5,929,954
1a	Audit Adjustments						
2	Cost Per Diem	43.9428	94.2817	64.6180	21.3100		224.1525
3	Cost Per Diem Inflated	45.2597	96.3304	66.5544			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2597	96.3304	66.5544	21.3100		229.4545
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7910		62.0012			
7	Provider Target Rate	44.7911		63.4172			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7911	96.3304	58.7454	13.6500		213.5169
12/13	Medicaid Adjustment Rate		3.0852	1.8815			
14	Prospective Per Diem 11	44.7911	99.4156	60.6269	13.6500		218.4836
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210617-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

232.50

Miami Gardens Care Centre, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/11/1992 Year of Phase-In/ Full: RS to Start Calcs: 1992/01 Indexed Asset Value 5,110,130 FRVS Base Asset: 3,718,320 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,300,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,088,104	12.8453
	< 60% of Base:	False	20% ROE(2):	1,022,026	0.6697
	Interest Rate:	11.1250 %	Insurance Cost(3):	76,985	2.2835
	Chase Rate:	8.0000 %	Taxes Cost(3):	78,317	2.3230
	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	2,578	0.0000
Yearly Payment:	506,363	Total FRVS PD:	18.1215		

(1) 80% Capital (\$4,088,104) amortized at 11.0000% for 20 years Principal & Interest of \$506,363 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8453

(2) 20% ROE (\$1,022,026) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6697

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,986
Comparison Date:	7/1/1991	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7911	44.7911	3.2484	41.5427
Patient Care				
Direct Care	99.4156	99.4156	7.2100	92.2056
Indirect Care	60.6269	60.6269	4.3969	56.2300
Property	13.6500	18.1215	1.3142	16.8073
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5403
Supplemental Rate Add-on				\$8.1747
Totals	218.4836	222.9551	16.1695	232.5006

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210676-00 - 2012/01

233.48

AVANTE AT BOCA RATON, INC.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1130 NORTHWEST 15TH ST Boca Raton FL 33486 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/25/1985 Acquired Date: 12/25/1985 Entered Medicaid 12/25/1985 Med # Active Date: 4/1/1993 Previous Med # 203394	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 144 Maximum: 52,560 Max Annualized: 52,560 Total Patient: 41,192 Medicare: 4,044 Medicaid: 19,230	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.68382% Occupancy: 78.37139% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.98285% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,211	1,730,085	1,149,186	252,298	0	4,114,780
1a	Audit Adjustments						
2	Cost Per Diem	51.1290	89.9680	59.7601	13.1200		213.9771
3	Cost Per Diem Inflated	52.9402	92.1438	61.8770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.9402	92.1438	61.8770	13.1200		220.0810
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2627		59.5724			
7	Provider Target Rate	51.4106		60.9329			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	92.1438	58.7454	13.1200		214.9667
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	92.1438	58.7454	13.1200		214.9667
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210676-00 - 2012/01
233.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

AVANTE AT BOCA RATON, INC.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	5,563,717	14.5683
Indexed Asset Value	6,954,646	< 60% of Base:	False	20% ROE(2):	1,390,929	0.7689
FRVS Base Asset:	3,136,303	Interest Rate:	11.0000 %	Insurance Cost(3):	67,070	1.6282
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	113,085	2.7453
ROE Factor	0.026150	Amortization Rate:	11.0000 %	Home Office(3):	33,076	0.8030
		Interest Only:	False	Replacement(3&4):	37,768	0.0000
		Yearly Payment:	689,137	Total FRVS PD:		20.5137

(1) 80% Capital (\$5,563,717) amortized at 11.0000% for 20 years Principal & Interest of \$689,137 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$14.5683

(2) 20% ROE (\$1,390,929) times the ROE factor (0.026150) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.7689

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	92.1438	92.1438	6.6827	85.4611
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.1200	20.5137	1.4877	19.0260
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0736
Supplemental Rate Add-on				\$8.1747
Totals	214.9667	222.3604	16.1266	233.4821

***Medicaid Trend Adjustment :**



0 210684-00 - 2012/01
212.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Edgewater at Waterman Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 Brookfield Ave. Mount Dora FL 32757 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/19/1993 Acquired Date: 4/19/1993 Entered Medicaid 5/3/1993 Med # Active Date: 5/3/1993 Previous Med #	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,483 Medicare: 15,904 Medicaid: 15,057 Medicaid Utilization 36.29680% Occupancy: 94.71005% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.41006% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 151 Conditional: 30 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	867,558	1,356,708	1,147,589	319,208	0	3,691,063
1a	Audit Adjustments						
2	Cost Per Diem	57.6183	90.1048	76.2163	21.2000		245.1394
3	Cost Per Diem Inflated	60.4651	92.9146	79.9820			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.4651	92.9146	79.9820	21.2000		254.5617
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.1158		75.4521			
7	Provider Target Rate	70.6943		77.1753			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	92.9146	55.2316	13.6500		208.5108
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	92.9146	55.2316	13.6500		208.5108
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210684-00 - 2012/01
212.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Edgewater at Waterman Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/3/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,858,400.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,375,829	8.0720
Indexed Asset Value	5,469,786	< 60% of Base:	False	20% ROE(2):	1,093,957	0.8209
FRVS Base Asset:	3,861,960	Interest Rate:	4.0000 %	Insurance Cost(3):	74,137	1.7872
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	30,476	0.7347
ROE Factor	0.029580	Amortization Rate:	4.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	49,817	0.0000
		Yearly Payment:	318,200	Total FRVS PD:		11.4148

(1) 80% Capital (\$4,375,829) amortized at 4.0000% for 20 years Principal & Interest of \$318,200 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0720

(2) 20% ROE (\$1,093,957) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8209

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	92.9146	92.9146	6.7386	86.1760
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	11.4148	0.8278	10.5870
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.0414
Supplemental Rate Add-on				\$8.1747
Totals	208.5108	206.2756	14.9599	212.5318

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210781-00 - 2012/01
205.24

Brighton Gardens of Port St. Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1699 E. Lyngate Drive Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/13/1993 Acquired Date: 10/13/1993 Entered Medicaid 10/18/1993 Med # Active Date: 10/18/1993 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 30 Maximum: 10,950 Max Annualized: 10,950 Total Patient: 10,247 Medicare: 4,045 Medicaid: 4,579	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 44.68625% Occupancy: 93.57991% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.99712% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	195,987	389,771	271,190	126,472	0	983,420
1a	Audit Adjustments						
2	Cost Per Diem	42.8013	85.1214	59.2247	27.6200		214.7674
3	Cost Per Diem Inflated	44.7023	87.5141	61.8552			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7023	87.5141	61.8552	27.6200		221.6916
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.0880		64.6620			
7	Provider Target Rate	77.8257		66.1388			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7023	87.5141	61.8552	13.6500		207.7216
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.7023	87.5141	61.8552	13.6500		207.7216
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210781-00 - 2012/01
205.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Brighton Gardens of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/18/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 1,370,548 FRVS Base Asset: 982,590 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,968,820.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,096,438	12.4447
	< 60% of Base:	False	20% ROE(2):	274,110	0.7677
	Interest Rate:	10.0000 %	Insurance Cost(3):	8,552	0.8346
	Chase Rate:	6.5000 %	Taxes Cost(3):	21,434	2.0917
	Amortization Rate:	9.5000 %	Home Office(3):	23,231	2.2671
	Interest Only:	False	Replacement(3&4):	16,294	0.0000
Yearly Payment:	122,643	Total FRVS PD:		18.4058	

(1) 80% Capital (\$1,096,438) amortized at 9.5000% for 20 years Principal & Interest of \$122,643 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$12.4447

(2) 20% ROE (\$274,110) times the ROE factor (0.027600) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.7677

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	32,753
Comparison Date:	1/1/1993	Current RS PBS:	49,785
Comparison Bed	30	Effective PBS Limitation	982,590

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7023	44.7023	3.2420	41.4603
Patient Care				
Direct Care	87.5141	87.5141	6.3469	81.1672
Indirect Care	61.8552	61.8552	4.4860	57.3692
Property	13.6500	18.4058	1.3349	17.0709
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	207.7216	212.4774	15.4098	205.2423

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 210889-00 - 2012/01

218.76

Emory L. Bennett Memorial Veterans Nursing Ho

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1920 Mason Avenue Daytona Beach FL 32117 County: Volusia[64] Region: North [1] Area: 4 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/27/1993 Acquired Date: 12/27/1993 Entered Medicaid 1/19/1994 Med # Active Date: 1/19/1994 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,976 Medicare: 1,841 Medicaid: 12,387	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 36.45809% Occupancy: 77.57078% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.98190% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	721,802	1,271,220	829,533	147,529	0	2,970,084
1a	Audit Adjustments						
2	Cost Per Diem	58.2709	102.6253	66.9680	11.9100		239.7742
3	Cost Per Diem Inflated	60.1999	105.0180	69.1849			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.1999	105.0180	69.1849	11.9100		246.3128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.4240		57.4841			
7	Provider Target Rate	74.0780		58.7969			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	55.2316	11.9100		209.4132
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	55.2316	11.9100		209.4132
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 210889-00 - 2012/01
218.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Emory L. Bennett Memorial Veterans Nursing Ho

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/19/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00	Total Amount	Per Diem
RS to Start Calcs: 1993/07	Type: None [1]	80% Capital(1): 3,969,838	5.9692
Indexed Asset Value: 4,962,297	< 60% of Base: True	20% ROE(2): 992,459	0.6503
FRVS Base Asset: 3,930,360	Interest Rate: 6.0000 %	Insurance Cost(3): 4,676	0.1376
Occup Adj Factor: 0.9000	Chase Rate: 6.0000 %	Taxes Cost(3): 0	0.0000
ROE Factor: 0.025830	Amortization Rate: 6.0000 %	Home Office(3): 41,574	1.2236
	Interest Only: True	Replacement(3&4): 44,486	0.0000
	Yearly Payment: 235,307	Total FRVS PD: 7.9807	

- (1) 80% Capital (\$3,969,838) amortized at 6.0000% for 20 years Interest of \$235,307 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9692
- (2) 20% ROE (\$992,459) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6503
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	11.9100	7.9807	0.5788	7.4019
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0040
Supplemental Rate Add-on				\$8.1747
Totals	209.4132	205.4839	14.9025	218.7601

*Medicaid Trend Adjustment :



0 210943-00 - 2012/01
221.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Stratford Court at Palm Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
45 Katherine Blvd Palm Harbor FL 34684 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/15/1992 Acquired Date: 1/15/1992 Entered Medicaid 2/12/1992 Med # Active Date: 10/8/1993 Previous Med # 204374	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,422 Medicare: 6,065 Medicaid: 6,441 Medicaid Utilization 31.53952% Occupancy: 93.25114% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.58608% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	306,457	553,082	392,032	86,309	0	1,337,880
1a	Audit Adjustments						
2	Cost Per Diem	47.5791	85.8690	60.8651	13.3999		207.7132
3	Cost Per Diem Inflated	49.6923	88.2827	63.5684			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.6923	88.2827	63.5684	13.3999		214.9433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9816		59.8341			
7	Provider Target Rate	61.3515		61.2006			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.6923	88.2827	61.2006	13.3999		212.5755
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.6923	88.2827	61.2006	13.3999		212.5755
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210943-00 - 2012/01
221.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Stratford Court at Palm Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/12/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,493,048.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	1,908,081	10.8285
Indexed Asset Value	2,385,101	< 60% of Base:	False	20% ROE(2):	477,020	0.6680
FRVS Base Asset:	1,859,160	Interest Rate:	10.2000 %	Insurance Cost(3):	10,099	0.4945
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	18,938	0.9273
ROE Factor	0.027600	Amortization Rate:	9.5000 %	Home Office(3):	44,795	2.1935
		Interest Only:	False	Replacement(3&4):	104,172	0.0000
		Yearly Payment:	213,430	Total FRVS PD:		15.1118

(1) 80% Capital (\$1,908,081) amortized at 9.5000% for 20 years Principal & Interest of \$213,430 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.8285

(2) 20% ROE (\$477,020) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6680

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,859,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.6923	49.6923	3.6039	46.0884
Patient Care				
Direct Care	88.2827	88.2827	6.4026	81.8801
Indirect Care	61.2006	61.2006	4.4385	56.7621
Property	13.3999	15.1118	1.0960	14.0158
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.8688
Supplemental Rate Add-on				\$8.1747
Totals	212.5755	214.2874	15.5410	221.7899

***Medicaid Trend Adjustment :**



0 210951-00 - 2012/01
182.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sabal Palms Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
499 Alternate Keene Road Largo FL 33771-1652 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/18/1990 Acquired Date: 4/15/1990 Entered Medicaid 5/18/1990 Med # Active Date: 1/7/1994 Previous Med # 202134	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 244 Maximum: 89,060 Max Annualized: 89,060 Total Patient: 84,356 Medicare: 11,146 Medicaid: 56,782	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.31234% Occupancy: 94.71817% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.42022% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,027,995	4,231,400	2,590,579	1,304,850	0	10,154,824
1a	Audit Adjustments						
2	Cost Per Diem	35.7155	74.5201	45.6232	22.9800		178.8388
3	Cost Per Diem Inflated	37.7381	77.1074	48.2068			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.7381	77.1074	48.2068	22.9800		186.0323
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9119		49.4013			
7	Provider Target Rate	41.8463		50.5295			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.7381	77.1074	48.2068	13.6500		176.7023
12/13	Medicaid Adjustment Rate		1.5018	0.9389			
14	Prospective Per Diem 11	37.7381	78.6092	49.1457	13.6500		179.1430
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 210951-00 - 2012/01
182.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sabal Palms Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/18/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 11,149,034 FRVS Base Asset: 3,602,760 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	8,919,227	13.2419
	< 60% of Base:	False	20% ROE(2):	2,229,807	0.8780
	Interest Rate:	10.4000 %	Insurance Cost(3):	143,071	1.6960
	Chase Rate:	7.9800 %	Taxes Cost(3):	205,970	2.4417
	Amortization Rate:	10.4000 %	Home Office(3):	53,923	0.6392
	Interest Only:	False	Replacement(3&4):	431,572	0.0000
Yearly Payment:	1,061,393	Total FRVS PD:		18.8968	

(1) 80% Capital (\$8,919,227) amortized at 10.4000% for 20 years Principal & Interest of \$1,061,393 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$13.2419

(2) 20% ROE (\$2,229,807) times the ROE factor (0.031560) divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = \$0.8780

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.7381	37.7381	2.7369	35.0012
Patient Care				
Direct Care	78.6092	78.6092	5.7011	72.9081
Indirect Care	49.1457	49.1457	3.5643	45.5814
Property	13.6500	18.8968	1.3705	17.5263
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5583
Supplemental Rate Add-on				\$8.1747
Totals	179.1430	184.3898	13.3728	182.7500

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 211010-00 - 2012/01 211.15

Stratford Court at Boca Pointe

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6343 Via Sonrisa De Sur Boca Raton FL 33433 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/17/1994 Acquired Date: 3/17/1994 Entered Medicaid 3/17/1994 Med # Active Date: 3/17/1994 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,441 Medicare: 8,376 Medicaid: 6,970	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 34.09814% Occupancy: 93.33790% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.69455% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	286,793	580,586	391,299	128,875	0	1,387,553
1a	Audit Adjustments						
2	Cost Per Diem	41.1468	83.2978	56.1405	18.4900		199.0751
3	Cost Per Diem Inflated	42.9743	85.6392	58.6340			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9743	85.6392	58.6340	18.4900		205.7375
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.7878		72.7808			
7	Provider Target Rate	73.4273		74.4430			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9743	85.6392	58.6340	13.6500		200.8975
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.9743	85.6392	58.6340	13.6500		200.8975
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 211010-00 - 2012/01
211.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Stratford Court at Boca Pointe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/17/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 2,717,154 FRVS Base Asset: 1,995,300 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,217,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,173,723	12.3360
	< 60% of Base:	False	20% ROE(2):	543,431	0.7610
	Interest Rate:	10.0000 %	Insurance Cost(3):	19,449	0.9515
	Chase Rate:	6.5000 %	Taxes Cost(3):	38,503	1.8836
	Amortization Rate:	9.5000 %	Home Office(3):	45,195	2.2110
	Interest Only:	False	Replacement(3&4):	80,560	0.0000
Yearly Payment:	243,143	Total FRVS PD:	18.1431		

(1) 80% Capital (\$2,173,723) amortized at 9.5000% for 20 years Principal & Interest of \$243,143 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.3360

(2) 20% ROE (\$543,431) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7610

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,995,300

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9743	42.9743	3.1167	39.8576
Patient Care				
Direct Care	85.6392	85.6392	6.2109	79.4283
Indirect Care	58.6340	58.6340	4.2524	54.3816
Property	13.6500	18.1431	1.3158	16.8273
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.4835
Supplemental Rate Add-on				\$8.1747
Totals	200.8975	205.3906	14.8958	211.1530

***Medicaid Trend Adjustment :**



0 211052-00 - 2012/01

231.38

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

W. FRANK WELLS NURSING FACILITY

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
159 NORTH THRID STREE Macleenny FL 32063 County: Baker [2] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1993 Previous Med # 200042	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 15,944 Medicare: 1,685 Medicaid: 13,461	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 84.42674% Occupancy: 64.23852% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 80.31341% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,105,417	1,675,633	1,265,104	288,200	0	4,334,354
1a	Audit Adjustments						
2	Cost Per Diem	82.1200	124.4806	93.9829	21.4100		321.9935
3	Cost Per Diem Inflated	86.1774	128.3623	98.6264			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	86.1774	128.3623	98.6264	21.4100		334.5761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.6536		71.7128			
7	Provider Target Rate	72.2672		73.3506			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	94.3159	60.7689	13.6500		218.7309
12/13	Medicaid Adjustment Rate		3.6529	2.3536			
14	Prospective Per Diem 11	49.9961	97.9688	63.1225	13.6500		224.7374
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 211052-00 - 2012/01
231.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

W. FRANK WELLS NURSING FACILITY

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 1,946,358 FRVS Base Asset: 965,194 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,557,086	8.6664
	< 60% of Base:	True	20% ROE(2):	389,272	0.5155
	Interest Rate:	12.5000 %	Insurance Cost(3):	0	0.0000
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	193,589	Total FRVS PD:		9.1819	

(1) 80% Capital (\$1,557,086) amortized at 12.5000% for 20 years Interest of \$193,589 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$8.6664

(2) 20% ROE (\$389,272) times the ROE factor (0.029580) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.5155

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 68	Effective PBS Limitation	1,938,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	97.9688	97.9688	7.1051	90.8637
Indirect Care	63.1225	63.1225	4.5779	58.5446
Property	13.6500	9.1819	0.6659	8.5160
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9148
Supplemental Rate Add-on				\$8.1747
Totals	224.7374	220.2693	15.9748	231.3840

***Medicaid Trend Adjustment :**



0 211281-00 - 2012/01
180.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Huntington Place Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1775 Huntington Lane Rockledge FL 32955 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 1/1/1972 Med # Active Date: 10/1/1994 Previous Med # 203742	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 35,434 Medicare: 7,172 Medicaid: 22,168	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.56138% Occupancy: 97.07945% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.37238% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,812	1,648,426	925,874	560,850	0	3,946,962
1a	Audit Adjustments						
2	Cost Per Diem	36.6209	74.3606	41.7662	25.3000		178.0477
3	Cost Per Diem Inflated	37.7183	75.9764	43.0178			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.7183	75.9764	43.0178	25.3000		182.0125
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		55.2575			
7	Provider Target Rate	47.6372		56.5195			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.7183	75.9764	43.0178	13.6500		170.3625
12/13	Medicaid Adjustment Rate		1.0737	0.6079			
14	Prospective Per Diem 11	37.7183	77.0501	43.6257	13.6500		172.0441
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211281-00 - 2012/01
180.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Huntington Place Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Fixed [2]	80% Capital(1):	1,802,828	6.5485
Indexed Asset Value	2,253,535	< 60% of Base:	False	20% ROE(2):	450,707	0.3544
FRVS Base Asset:	1,346,503	Interest Rate:	10.4400 %	Insurance Cost(3):	7,276	0.2053
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	44,495	1.2557
ROE Factor	0.025830	Amortization Rate:	10.4400 %	Home Office(3):	23,187	0.6544
		Interest Only:	False	Replacement(3&4):	95,391	0.0000
		Yearly Payment:	215,118	Total FRVS PD:		9.0183

- (1) 80% Capital (\$1,802,828) amortized at 10.4400% for 20 years Principal & Interest of \$215,118 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$6.5485
- (2) 20% ROE (\$450,707) times the ROE factor (0.025830) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.3544
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.7183	37.7183	2.7355	34.9828
Patient Care				
Direct Care	77.0501	77.0501	5.5880	71.4621
Indirect Care	43.6257	43.6257	3.1639	40.4618
Property	13.6500	9.0183	0.6540	8.3643
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8691
Supplemental Rate Add-on				\$8.1747
Totals	172.0441	167.4124	12.1414	180.3148

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 211435-00 - 2012/01 185.65

Hardee Manor Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 Orange Place Wauchula FL 33873 County: Hardee [25] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 4/1/1982 Previous Med # 206636	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 79 Maximum: 28,835 Max Annualized: 28,835 Total Patient: 26,281 Medicare: 3,555 Medicaid: 19,403	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.82900% Occupancy: 91.14271% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.95004% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,725	1,306,070	734,013	424,150	0	3,458,958
1a	Audit Adjustments						
2	Cost Per Diem	51.2666	67.3128	37.8299	21.8600		178.2693
3	Cost Per Diem Inflated	53.5436	69.2049	39.5101			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.5436	69.2049	39.5101	21.8600		184.1186
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6372	69.2049	39.5101	13.6500		170.0022
12/13	Medicaid Adjustment Rate		1.8552	1.0592			
14	Prospective Per Diem 11	47.6372	71.0601	40.5693	13.6500		172.9166
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 211435-00 - 2012/01
185.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hardee Manor Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1989 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 2,407,754 FRVS Base Asset: 893,513 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	926,800.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,926,203	8.8924
	< 60% of Base:	False	20% ROE(2):	481,551	0.5121
	Interest Rate:	10.5000 %	Insurance Cost(3):	21,582	0.8212
	Chase Rate:	9.0000 %	Taxes Cost(3):	35,038	1.3332
	Amortization Rate:	10.5000 %	Home Office(3):	21,378	0.8134
	Interest Only:	False	Replacement(3&4):	44,606	0.0000
Yearly Payment:	230,770	Total FRVS PD:	12.3723		

(1) 80% Capital (\$1,926,203) amortized at 10.5000% for 20 years Principal & Interest of \$230,770 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$8.8924

(2) 20% ROE (\$481,551) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$0.5121

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6372	47.6372	3.4548	44.1824
Patient Care				
Direct Care	71.0601	71.0601	5.1536	65.9065
Indirect Care	40.5693	40.5693	2.9423	37.6270
Property	13.6500	12.3723	0.8973	11.4750
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2891
Supplemental Rate Add-on				\$8.1747
Totals	172.9166	171.6389	12.4480	185.6547

***Medicaid Trend Adjustment :**



0 211516-00 - 2012/01
197.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

LAUREL POINTE HEALTH AND REHABILITA

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
703 South 26th Street Ft. Pierce FL 34947 County: St Lucie[56] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 12/1/1980 Med # Active Date: 12/20/1993 Previous Med # 209121	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 33,682 Medicare: 4,570 Medicaid: 22,435 Medicaid Utilization 66.60828% Occupancy: 86.24248% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.82359% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,077	1,748,667	1,065,636	393,510	0	4,187,890
1a	Audit Adjustments						
2	Cost Per Diem	43.6852	77.9437	47.4988	17.5400		186.6677
3	Cost Per Diem Inflated	45.9485	80.4660	49.9597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.9485	80.4660	49.9597	17.5400		193.9142
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	80.4660	49.9597	13.6500		186.0746
12/13	Medicaid Adjustment Rate		1.5035	0.9335			
14	Prospective Per Diem 11	41.9989	81.9695	50.8932	13.6500		188.5116
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211516-00 - 2012/01
197.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

LAUREL POINTE HEALTH AND REHABILITA

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,382,588.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Fixed [2]	80% Capital(1):	2,231,464	6.4168
Indexed Asset Value	2,789,330	< 60% of Base:	False	20% ROE(2):	557,866	0.4828
FRVS Base Asset:	1,564,975	Interest Rate:	8.0940 %	Insurance Cost(3):	34,183	1.0149
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	57,727	1.7139
ROE Factor	0.030420	Amortization Rate:	8.0940 %	Home Office(3):	13,267	0.3939
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	225,547	Total FRVS PD:		10.0223

(1) 80% Capital (\$2,231,464) amortized at 8.0940% for 20 years Principal & Interest of \$225,547 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.4168

(2) 20% ROE (\$557,866) times the ROE factor (0.030420) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.4828

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	81.9695	81.9695	5.9448	76.0247
Indirect Care	50.8932	50.8932	3.6910	47.2022
Property	13.6500	10.0223	0.7269	9.2954
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2804
Supplemental Rate Add-on				\$8.1747
Totals	188.5116	184.8839	13.4086	197.9304

***Medicaid Trend Adjustment :**



0 211532-00 - 2012/01

201.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Citrus County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3325 Jerwayne Lane Lecanto FL 34461 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/15/1994 Acquired Date: 11/15/1994 Entered Medicaid 11/15/1994 Med # Active Date: 11/15/1994 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,115 Medicare: 18,784 Medicaid: 11,745	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	527,656	1,027,217	681,548	275,773	0	2,512,194
1a	Audit Adjustments						
2	Cost Per Diem	44.9260	87.4599	58.0288	23.4800		213.8947
3	Cost Per Diem Inflated	46.2723	89.3603	59.7678			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2723	89.3603	59.7678	23.4800		218.8804
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3282		46.5433			
7	Provider Target Rate	48.4091		47.6063			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2723	89.3603	47.6063	13.6500		196.8889
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.2723	89.3603	47.6063	13.6500		196.8889
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/1994	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
Year of Phase-In/ Full:	Amount: 4,800,000.00	80% Capital(1):	4,510,812 9.2529
RS to Start Calcs: 1994/07	Type: Variable [3]	20% ROE(2):	1,127,703 0.7389
Indexed Asset Value 5,638,515	< 60% of Base: False	Insurance Cost(3):	14,389 0.3984
FRVS Base Asset: 3,754,020	Interest Rate: 8.1315 %	Taxes Cost(3):	87,793 2.4309
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Home Office(3):	40,262 1.1148
ROE Factor 0.025830	Amortization Rate: 5.2500 %	Replacement(3&4):	92,354 0.0000
	Interest Only: False	Total FRVS PD:	13.9359
	Yearly Payment: 364,750		

(1) 80% Capital (\$4,510,812) amortized at 5.2500% for 20 years Principal & Interest of \$364,750 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2529

(2) 20% ROE (\$1,127,703) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7389

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	49,785
Comparison Bed 111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2723	46.2723	3.3559	42.9164
Patient Care				
Direct Care	89.3603	89.3603	6.4808	82.8795
Indirect Care	47.6063	47.6063	3.4526	44.1537
Property	13.6500	13.9359	1.0107	12.9252
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.1495
Supplemental Rate Add-on				\$8.1747
Totals	196.8889	197.1748	14.3000	201.1990

***Medicaid Trend Adjustment :**



0 211885-00 - 2012/01
198.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Plaza West

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
912 American Eagle Blvd Sun City Center FL 33573 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/10/1994 Acquired Date: 6/10/1994 Entered Medicaid 6/10/1994 Med # Active Date: 6/10/1994 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 37,468 Medicare: 15,279 Medicaid: 10,397	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	533,551	858,487	645,874	802,648	0	2,840,560
1a	Audit Adjustments						
2	Cost Per Diem	51.3178	82.5706	62.1212	77.2000		273.2096
3	Cost Per Diem Inflated	53.5971	84.8916	64.8803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.5971	84.8916	64.8803	77.2000		280.5690
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9691		54.0017			
7	Provider Target Rate	48.0418		55.2350			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.0418	84.8916	55.2350	13.6500		201.8184
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.0418	84.8916	55.2350	13.6500		201.8184
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211885-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.54

Plaza West

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/10/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 4,457,947 FRVS Base Asset: 1,396,710 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	5,755,000.00		
	Type:	Variable [3]		
	< 60% of Base:	False	80% Capital(1):	3,566,358
	Interest Rate:	8.5654 %	20% ROE(2):	891,589
	Chase Rate:	8.8462 %	Insurance Cost(3):	37,089
	Amortization Rate:	8.5654 %	Taxes Cost(3):	56,436
	Interest Only:	False	Home Office(3):	145,177
Yearly Payment:	373,169	Replacement(3&4):	91,679	
		Total FRVS PD:	17.0866	

(1) 80% Capital (\$3,566,358) amortized at 8.5654% for 20 years Principal & Interest of \$373,169 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.0529

(2) 20% ROE (\$891,589) times the ROE factor (0.027600) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.6629

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	49,785
Comparison Bed 42	Effective PBS Limitation	1,396,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0418	48.0418	3.4842	44.5576
Patient Care				
Direct Care	84.8916	84.8916	6.1567	78.7349
Indirect Care	55.2350	55.2350	4.0059	51.2291
Property	13.6500	17.0866	1.2392	15.8474
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	201.8184	205.2550	14.8860	198.5437

***Medicaid Trend Adjustment :**



0 211923-00 - 2012/01
178.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Park of Madison

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1900 Country Club Road Madison FL 32340 County: Madison [40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/25/1995 Acquired Date: 8/25/1995 Entered Medicaid 8/25/1995 Med # Active Date: 8/25/1995 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,884 Medicare: 3,872 Medicaid: 32,212	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,398	2,197,464	1,154,050	771,800	0	5,245,712
1a	Audit Adjustments						
2	Cost Per Diem	34.8441	68.2188	35.8267	23.9600		162.8496
3	Cost Per Diem Inflated	36.6494	70.4264	37.6829			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.6494	70.4264	37.6829	23.9600		168.7187
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.1076		45.2972			
7	Provider Target Rate	38.9779		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.6494	70.4264	37.6829	13.6500		158.4087
12/13	Medicaid Adjustment Rate		2.4374	1.3042			
14	Prospective Per Diem 11	36.6494	72.8638	38.9871	13.6500		162.1503
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 211923-00 - 2012/01
178.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lake Park of Madison

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/25/1995	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,760,000.00	Total Amount	Per Diem
RS to Start Calcs: 1995/07	Type: Fixed [2]	80% Capital(1): 3,934,359	10.8168
Indexed Asset Value 4,917,949	< 60% of Base: False	20% ROE(2): 983,590	0.7590
FRVS Base Asset: 2,757,416	Interest Rate: 9.0532 %	Insurance Cost(3): 27,260	0.6835
Occup Adj Factor: 0.9000	Chase Rate: 7.6489 %	Taxes Cost(3): 55,601	1.3941
ROE Factor 0.030420	Amortization Rate: 9.0532 %	Home Office(3): 15,224	0.3817
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 426,398	Total FRVS PD:	14.0351

- (1) 80% Capital (\$3,934,359) amortized at 9.0532% for 20 years Principal & Interest of \$426,398 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8168
- (2) 20% ROE (\$983,590) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7590
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 34,904
Comparison Date: 1/1/1995	Current RS PBS: 49,785
Comparison Bed 79	Effective PBS Limitation 2,757,416

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.6494	36.6494	2.6580	33.9914
Patient Care				
Direct Care	72.8638	72.8638	5.2844	67.5794
Indirect Care	38.9871	38.9871	2.8275	36.1596
Property	13.6500	14.0351	1.0179	13.0172
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0967
Supplemental Rate Add-on				\$8.1747
Totals	162.1503	162.5354	11.7878	178.0190

***Medicaid Trend Adjustment :**



0 212032-00 - 2012/01
218.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

E.J. Healey Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 45th Street West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1995 Previous Med # 201812	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 198 Maximum: 72,270 Max Annualized: 72,270 Total Patient: 37,056 Medicare: 340 Medicaid: 27,115 Medicaid Utilization 73.17304% Occupancy: 51.27439% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 64.10517% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,572,864	4,282,690	3,330,522	231,020	0	10,417,096
1a	Audit Adjustments						
2	Cost Per Diem	94.8871	157.9454	122.8295	8.5200		384.1820
3	Cost Per Diem Inflated	99.5753	162.8707	128.8983			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	99.5753	162.8707	128.8983	8.5200		399.8643
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	94.9106		97.6404			
7	Provider Target Rate	97.0782		99.8704			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	8.5200		215.5249
12/13	Medicaid Adjustment Rate		2.5366	1.5315			
14	Prospective Per Diem 11	50.9575	99.8386	60.2769	8.5200		219.5930
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212032-00 - 2012/01
218.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

E.J. Healey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 9,577,771 FRVS Base Asset: 5,586,000 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	7,662,217	14.6461
	< 60% of Base:	True	20% ROE(2):	1,915,554	0.8711
	Interest Rate:	12.5000 %	Insurance Cost(3):	26,075	0.7037
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	16,855	0.0000
Yearly Payment:	952,624	Total FRVS PD:		16.2209	

(1) 80% Capital (\$7,662,217) amortized at 12.5000% for 20 years Interest of \$952,624 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$14.6461

(2) 20% ROE (\$1,915,554) times the ROE factor (0.029580) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$0.8711

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.8386	99.8386	7.2407	92.5979
Indirect Care	60.2769	60.2769	4.3715	55.9054
Property	8.5200	16.2209	1.1764	15.0445
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	219.5930	227.2939	16.4843	218.9843

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212083-00 - 2012/01
190.05

Westminster Woods on Julington Creek

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
25 William Bartram Scenic Hi Jacksonville FL 32259 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/12/1970 Acquired Date: 1/1/1996 Entered Medicaid 1/1/1996 Med # Active Date: 1/1/1996 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,300 Medicare: 3,057 Medicaid: 6,460	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 31.82266% Occupancy: 92.69406% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.88960% Weighted Low Occ Adjustment Factor: 100.00000%	Medicare: 3,057 Medicaid: 6,460	Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	315,102	503,751	435,420	127,391	0	1,381,664
1a	Audit Adjustments						
2	Cost Per Diem	48.7774	77.9800	67.4025	19.7200		213.8799
3	Cost Per Diem Inflated	50.7323	80.0016	70.1039			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7323	80.0016	70.1039	19.7200		220.5578
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8979		78.3872			
7	Provider Target Rate	56.1517		80.1774			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	80.0016	60.7689	13.6500		204.4166
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9961	80.0016	60.7689	13.6500		204.4166
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212083-00 - 2012/01
190.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westminster Woods on Julington Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None [1]	80% Capital(1):	607,901	2.5981
Indexed Asset Value	759,876	< 60% of Base:	True	20% ROE(2):	151,975	0.2064
FRVS Base Asset:	584,877	Interest Rate:	8.5000 %	Insurance Cost(3):	42,057	2.0718
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026770	Amortization Rate:	8.5000 %	Home Office(3):	9,114	0.4490
		Interest Only:	True	Replacement(3&4):	191,356	0.0000
		Yearly Payment:	51,208	Total FRVS PD:		5.3253

- (1) 80% Capital (\$607,901) amortized at 8.5000% for 20 years Interest of \$51,208 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$2.5981
- (2) 20% ROE (\$151,975) times the ROE factor (0.026770) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2064
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	49,785
Comparison Bed 57	Effective PBS Limitation	584,877

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	80.0016	80.0016	5.8021	74.1995
Indirect Care	60.7689	60.7689	4.4072	56.3617
Property	13.6500	5.3253	0.3862	4.9391
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	204.4166	196.0919	14.2214	190.0452

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212121-00 - 2012/01

190.49

Homestead Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1330 NW First Avenue Homestead FL 33030 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/1/1995 Previous Med # 201464	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 64 Maximum: 23,360 Max Annualized: 23,360 Total Patient: 22,204 Medicare: 3,215 Medicaid: 15,322	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 69.00558% Occupancy: 95.05137% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.83680% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	607,070	1,033,238	721,114	264,917	5,500	2,631,839
1a	Audit Adjustments						
2	Cost Per Diem	39.6208	67.4349	47.0640	17.2900	0.3590	171.7686
3	Cost Per Diem Inflated	41.6736	69.6171	49.5024			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6736	69.6171	49.5024	17.2900	0.3590	178.4421
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6736	69.6171	49.5024	13.6500	0.3590	174.8021
12/13	Medicaid Adjustment Rate		1.4885	1.0584			
14	Prospective Per Diem 11	41.6736	71.1056	50.5608	13.6500	0.3590	177.3490
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212121-00 - 2012/01
190.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Homestead Manor

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1983/01	Amount: 5,230,000.00	80% Capital(1): 2,256,171	11.3391
Indexed Asset Value: 2,820,214	Type: Fixed [2]	20% ROE(2): 564,043	0.8161
FRVS Base Asset: 1,361,312	< 60% of Base: False	Insurance Cost(3): 36,166	1.6288
Occup Adj Factor: 0.9000	Interest Rate: 8.7000 %	Taxes Cost(3): 0	0.0000
ROE Factor: 0.030420	Chase Rate: 8.7500 %	Home Office(3): 0	0.0000
	Amortization Rate: 8.7000 %	Replacement(3&4): 200,060	0.0000
	Interest Only: False	Total FRVS PD:	13.7840
	Yearly Payment: 238,393		

(1) 80% Capital (\$2,256,171) amortized at 8.7000% for 20 years Principal & Interest of \$238,393 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$11.3391

(2) 20% ROE (\$564,043) times the ROE factor (0.030420) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = \$0.8161

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed: 54	Effective PBS Limitation	1,539,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6736	41.6736	3.0223	38.6513
Patient Care				
Direct Care	71.1056	71.1056	5.1569	65.9487
Indirect Care	50.5608	50.5608	3.6669	46.8939
Property	13.6500	13.7840	0.9900	12.6600
ROE	0.3590	0.2780	0.0260	0.3330
ROE Adjustment	-0.2780	-0.2780	-0.0202	-0.2578
Quality Assess-Medicaid Share				\$18.0876
Supplemental Rate Add-on				\$8.1747
Totals	177.0710	177.1240	12.8419	190.4914

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212164-00 - 2012/01
204.27

Ybor City Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1709 Taliaferro Ave. Tampa FL 33602 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 3/1/1996 Previous Med # 200999	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 80 Maximum: 29,200 Max Annualized: 29,200 Total Patient: 27,028 Medicare: 2,372 Medicaid: 21,305	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.82566% Occupancy: 92.56164% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.72405% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,895	1,737,107	1,017,274	210,280	0	3,834,556
1a	Audit Adjustments						
2	Cost Per Diem	40.8306	81.5352	47.7481	9.8700		179.9839
3	Cost Per Diem Inflated	42.0542	83.3069	49.1790			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0542	83.3069	49.1790	9.8700		184.4101
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.0542	83.3069	49.1790	9.8700		184.4101
12/13	Medicaid Adjustment Rate		2.7015	1.5948			
14	Prospective Per Diem 11	42.0542	86.0084	50.7738	9.8700		188.7064
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212164-00 - 2012/01
204.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ybor City Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	235,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,026,342	9.5864
Indexed Asset Value	2,532,928	< 60% of Base:	True	20% ROE(2):	506,586	0.4979
FRVS Base Asset:	924,242	Interest Rate:	13.0000 %	Insurance Cost(3):	30,703	1.1360
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	10,383	0.3842
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	4,931	0.1824
		Interest Only:	True	Replacement(3&4):	5,898	0.0000
		Yearly Payment:	251,930	Total FRVS PD:		11.7869

(1) 80% Capital (\$2,026,342) amortized at 12.5000% for 20 years Interest of \$251,930 divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = \$9.5864

(2) 20% ROE (\$506,586) times the ROE factor (0.025830) divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = \$0.4979

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	80	Effective PBS Limitation	2,280,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0542	42.0542	3.0499	39.0043
Patient Care				
Direct Care	86.0084	86.0084	6.2377	79.7707
Indirect Care	50.7738	50.7738	3.6823	47.0915
Property	9.8700	11.7869	0.8548	10.9321
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2939
Supplemental Rate Add-on				\$8.1747
Totals	188.7064	190.6233	13.8247	204.2672

***Medicaid Trend Adjustment :**



0 212393-00 - 2012/01
206.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Fountains Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3800 North Federal Hwy. Boca Raton FL 33431 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/1996 Previous Med # 201758	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 51 Maximum: 18,615 Max Annualized: 18,615 Total Patient: 14,467 Medicare: 908 Medicaid: 8,587	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.35578% Occupancy: 77.71689% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.16458% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	451,710	542,233	492,089	93,770	0	1,579,802
1a	Audit Adjustments						
2	Cost Per Diem	52.6039	63.1458	57.3063	10.9200		183.9760
3	Cost Per Diem Inflated	54.9403	64.9208	59.8515			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9403	64.9208	59.8515	10.9200		190.6326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0038		59.9316			
7	Provider Target Rate	57.2828		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.9403	64.9208	59.8515	10.9200		190.6326
12/13	Medicaid Adjustment Rate		0.6833	0.6300			
14	Prospective Per Diem 11	54.9403	65.6041	60.4815	10.9200		191.9459
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212393-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

206.69

The Fountains Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	935,310	5.9203
Indexed Asset Value	1,169,137	< 60% of Base:	False	20% ROE(2):	233,827	0.3852
FRVS Base Asset:	728,314	Interest Rate:	8.7500 %	Insurance Cost(3):	18,224	1.2597
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	53,558	3.7021
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	5,408	0.3738
		Interest Only:	False	Replacement(3&4):	30,996	0.0000
		Yearly Payment:	99,185	Total FRVS PD:		11.6411

(1) 80% Capital (\$935,310) amortized at 8.7500% for 20 years Principal & Interest of \$99,185 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$5.9203

(2) 20% ROE (\$233,827) times the ROE factor (0.027600) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = \$0.3852

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 51	Effective PBS Limitation	1,453,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	54.9403	54.9403	3.9845	50.9558
Patient Care				
Direct Care	65.6041	65.6041	4.7579	60.8462
Indirect Care	60.4815	60.4815	4.3864	56.0951
Property	10.9200	11.6411	0.8443	10.7968
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8226
Supplemental Rate Add-on				\$8.1747
Totals	191.9459	192.6670	13.9731	206.6912

***Medicaid Trend Adjustment :**



0 212636-00 - 2012/01
164.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woodland Terrace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
120 Chipola Avenue Deland FL 32720 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/27/1996 Acquired Date: 9/27/1996 Entered Medicaid 9/27/1996 Med # Active Date: 9/27/1996 Previous Med # 299594	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,861 Medicare: 6,664 Medicaid: 25,844	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.29724% Occupancy: 97.85616% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.34346% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	833,926	1,706,099	814,005	722,340	0	4,076,370
1a	Audit Adjustments						
2	Cost Per Diem	32.2677	66.0153	31.4969	27.9500		157.7299
3	Cost Per Diem Inflated	33.7009	67.8709	32.8958			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.7009	67.8709	32.8958	27.9500		162.4176
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.2675		45.2972			
7	Provider Target Rate	40.1643		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.7009	67.8709	32.8958	13.6500		148.1176
12/13	Medicaid Adjustment Rate		0.7862	0.3811			
14	Prospective Per Diem 11	33.7009	68.6571	33.2769	13.6500		149.2849
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212636-00 - 2012/01
164.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woodland Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/27/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,238,429	10.1977
Indexed Asset Value	5,298,036	< 60% of Base:	False	20% ROE(2):	1,059,607	0.7419
FRVS Base Asset:	4,325,640	Interest Rate:	8.1900 %	Insurance Cost(3):	50,755	1.1842
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	71,846	1.6763
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	11,471	0.2676
		Interest Only:	False	Replacement(3&4):	43,760	0.0000
		Yearly Payment:	401,994	Total FRVS PD:		14.0677

(1) 80% Capital (\$4,238,429) amortized at 7.2500% for 20 years Principal & Interest of \$401,994 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1977

(2) 20% ROE (\$1,059,607) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7419

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.7009	33.7009	2.4441	31.2568
Patient Care				
Direct Care	68.6571	68.6571	4.9793	63.6778
Indirect Care	33.2769	33.2769	2.4134	30.8635
Property	13.6500	14.0677	1.0202	13.0475
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8616
Supplemental Rate Add-on				\$8.1747
Totals	149.2849	149.7026	10.8570	164.8819

***Medicaid Trend Adjustment :**



0 212709-00 - 2012/01
178.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Suncoast Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6909 9th Street South St. Petersburg FL 33705-6272 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1968 Acquired Date: 8/23/1996 Entered Medicaid 8/23/1996 Med # Active Date: 8/23/1996 Previous Med #	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,318 Medicare: 6,427 Medicaid: 17,939	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 46.81612% Occupancy: 87.48402% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.37581% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	788,512	1,363,106	1,137,417	272,852	0	3,561,887
1a	Audit Adjustments						
2	Cost Per Diem	43.9552	75.9856	63.4047	15.2100		198.5555
3	Cost Per Diem Inflated	45.7169	77.9555	65.9459			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7169	77.9555	65.9459	15.2100		204.8283
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0936		54.2122			
7	Provider Target Rate	46.1235		55.4503			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.7169	77.9555	55.4503	13.6500		192.7727
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.7169	77.9555	55.4503	13.6500		192.7727
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212709-00 - 2012/01
178.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Suncoast Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/23/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1996/07	Type: None [1]		80% Capital(1): 1,258,612		2.6097
Indexed Asset Value 1,573,265	< 60% of Base: True		20% ROE(2): 314,653		0.2137
FRVS Base Asset: 1,652,021	Interest Rate: 8.2500 %		Insurance Cost(3): 32,990		0.8610
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %		Taxes Cost(3): 0		0.0000
ROE Factor 0.026770	Amortization Rate: 8.2500 %		Home Office(3): 16,379		0.4274
	Interest Only: True		Replacement(3&4): 596,781		0.0000
	Yearly Payment: 102,874		Total FRVS PD:		4.1118

- (1) 80% Capital (\$1,258,612) amortized at 8.2500% for 20 years Interest of \$102,874 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.6097
- (2) 20% ROE (\$314,653) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2137
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 10,261
Comparison Date: 1/1/1971	Current RS PBS: 49,785
Comparison Bed 161	Effective PBS Limitation 1,652,021

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7169	45.7169	3.3156	42.4013
Patient Care				
Direct Care	77.9555	77.9555	5.6537	72.3018
Indirect Care	55.4503	55.4503	4.0215	51.4288
Property	13.6500	4.1118	0.2982	3.8136
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	192.7727	183.2345	13.2890	178.1202

***Medicaid Trend Adjustment :**



0 212733-00 - 2012/01
150.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oceanside Extended Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 9th Street Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1976 Acquired Date: 3/1/1976 Entered Medicaid 3/1/1976 Med # Active Date: 11/1/1996 Previous Med # 209449	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 196 Maximum: 71,540 Max Annualized: 71,540 Total Patient: 71,213 Medicare: 17,025 Medicaid: 53,418 Medicaid Utilization 75.01158% Occupancy: 99.54292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 124.45229% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,618,555	3,565,951	1,820,827	1,104,684	0	8,110,017
1a	Audit Adjustments						
2	Cost Per Diem	30.2998	66.7556	34.0864	20.6800		151.8218
3	Cost Per Diem Inflated	31.6456	68.6320	35.6003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.6456	68.6320	35.6003	20.6800		156.5579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.6456	68.6320	35.6003	13.6500		149.5279
12/13	Medicaid Adjustment Rate		1.9312	1.0017			
14	Prospective Per Diem 11	31.6456	70.5632	36.6020	13.6500		152.4608
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212733-00 - 2012/01
150.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oceanside Extended Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/01 Indexed Asset Value 6,116,706 FRVS Base Asset: 3,339,389 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,150,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,893,365	7.9146
	< 60% of Base:	False	20% ROE(2):	1,223,341	0.5244
	Interest Rate:	8.5000 %	Insurance Cost(3):	117,145	1.6450
	Chase Rate:	9.0000 %	Taxes Cost(3):	76,965	1.0808
	Amortization Rate:	8.5000 %	Home Office(3):	8,822	0.1239
	Interest Only:	False	Replacement(3&4):	45,066	0.0000
Yearly Payment:	509,589	Total FRVS PD:		11.2887	

(1) 80% Capital (\$4,893,365) amortized at 8.5000% for 20 years Principal & Interest of \$509,589 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$7.9146

(2) 20% ROE (\$1,223,341) times the ROE factor (0.027600) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = \$0.5244

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 196	Effective PBS Limitation	5,586,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.6456	31.6456	2.2951	29.3505
Patient Care				
Direct Care	70.5632	70.5632	5.1175	65.4457
Indirect Care	36.6020	36.6020	2.6545	33.9475
Property	13.6500	11.2887	0.8187	10.4700
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.1198
Supplemental Rate Add-on				\$8.1747
Totals	152.4608	150.0995	10.8858	150.5082

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212792-00 - 2012/01

184.78

Florida Lutheran Retirement Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
450 NORTH MCDONALD AV DeLand FL 32724 County: Volusia [64] Region: North [1] Area: 4 Control Church Non-Profit [2] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/17/1997 Acquired Date: 1/17/1997 Entered Medicaid 1/17/1997 Med # Active Date: 1/17/1997 Previous Med # 299604	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,335 Medicare: 1,366 Medicaid: 12,295	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 57.62831% Occupancy: 97.42009% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.79826% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	480,144	1,003,411	585,285	219,343	0	2,288,183
1a	Audit Adjustments						
2	Cost Per Diem	39.0520	81.6113	47.6035	17.8400		186.1068
3	Cost Per Diem Inflated	41.2635	84.4448	50.2993			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2635	84.4448	50.2993	17.8400		193.8476
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		55.9895			
7	Provider Target Rate	42.9238		57.2682			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.2635	84.4448	50.2993	13.6500		189.6576
12/13	Medicaid Adjustment Rate		0.7247	0.4317			
14	Prospective Per Diem 11	41.2635	85.1695	50.7310	13.6500		190.8140
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212792-00 - 2012/01
184.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Florida Lutheran Retirement Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/17/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	2,369,844	10.7659
Indexed Asset Value	2,962,305	< 60% of Base:	False	20% ROE(2):	592,461	0.9487
FRVS Base Asset:	2,191,560	Interest Rate:	6.5100 %	Insurance Cost(3):	17,077	0.8004
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031560	Amortization Rate:	6.5100 %	Home Office(3):	15,794	0.7403
		Interest Only:	False	Replacement(3&4):	261,572	0.0000
		Yearly Payment:	212,195	Total FRVS PD:		13.2553

(1) 80% Capital (\$2,369,844) amortized at 6.5100% for 20 years Principal & Interest of \$212,195 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.7659

(2) 20% ROE (\$592,461) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.9487

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2635	41.2635	2.9926	38.2709
Patient Care				
Direct Care	85.1695	85.1695	6.1768	78.9927
Indirect Care	50.7310	50.7310	3.6792	47.0518
Property	13.6500	13.2553	0.9613	12.2940
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	190.8140	190.4193	13.8099	184.7841

*Medicaid Trend Adjustment :



0 212806-00 - 2012/01

244.85

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Palmetto Sub Acute Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7600 S.W. 8th Street Miami FL 33144 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/24/1997 Acquired Date: 1/24/1997 Entered Medicaid 1/24/1997 Med # Active Date: 1/24/1997 Previous Med # 299608	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 32,322 Medicare: 20,478 Medicaid: 11,363 Medicaid Utilization 35.15562% Occupancy: 93.21413% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.53981% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	647,577	1,123,819	729,728	310,664	0	2,811,788
1a	Audit Adjustments						
2	Cost Per Diem	56.9900	98.9016	64.2197	27.3400		247.4513
3	Cost Per Diem Inflated	60.0798	102.2187	67.7015			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	60.0798	102.2187	67.7015	27.3400		257.3400
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6607		68.2068			
7	Provider Target Rate	62.0461		69.7645			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.2187	67.7015	13.6500		242.6351
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	102.2187	67.7015	13.6500		242.6351
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212806-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

244.85

Palmetto Sub Acute Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/24/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,450,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	3,407,720	12.1306
Indexed Asset Value	4,259,650	< 60% of Base:	False	20% ROE(2):	851,930	0.8474
FRVS Base Asset:	3,104,710	Interest Rate:	9.4022 %	Insurance Cost(3):	85,908	2.6579
Occup Adj Factor:	0.9000	Chase Rate:	7.6957 %	Taxes Cost(3):	71,126	2.2005
ROE Factor	0.031040	Amortization Rate:	9.4022 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	150,765	0.0000
		Yearly Payment:	378,565	Total FRVS PD:		17.8364

(1) 80% Capital (\$3,407,720) amortized at 9.4022% for 20 years Principal & Interest of \$378,565 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$12.1306

(2) 20% ROE (\$851,930) times the ROE factor (0.031040) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.8474

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 85	Effective PBS Limitation	3,104,710

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.2187	102.2187	7.4133	94.8054
Indirect Care	67.7015	67.7015	4.9100	62.7915
Property	13.6500	17.8364	1.2936	16.5428
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$7.7502
Supplemental Rate Add-on				\$8.1747
Totals	242.6351	246.8215	17.9005	244.8459

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212849-00 - 2012/01

192.52

Tarpon Bavou Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
515 Chesapeake Drive Tarpon Springs FL 34689 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1972 Acquired Date: 7/1/1972 Entered Medicaid 7/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210854	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,321 Medicare: 4,679 Medicaid: 27,751	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.40483% Occupancy: 82.92466% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.67552% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21220353	Semester Index: 1.27500780
		Cost: 1.05181000	Target: 1.01598689
		DC FY Index: 1.16916514	DC Sem Index: 1.20700000
		DC Inflation: 1.03236058	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	931,880	2,250,664	1,123,944	490,083	0	4,796,571
1a	Audit Adjustments						
2	Cost Per Diem	33.5801	81.1021	40.5010	17.6600		172.8432
3	Cost Per Diem Inflated	35.3199	83.7266	42.5994			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.3199	83.7266	42.5994	17.6600		179.3059
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.3199	83.7266	42.5994	13.6500		175.2959
12/13	Medicaid Adjustment Rate		2.4871	1.2654			
14	Prospective Per Diem 11	35.3199	86.2137	43.8648	13.6500		179.0484
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212849-00 - 2012/01
192.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Tarpon Bayou Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 3,649,100 FRVS Base Asset: 1,883,680 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,166,667.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,919,280	9.4770
	< 60% of Base:	False	20% ROE(2):	729,820	0.5632
	Interest Rate:	11.5000 %	Insurance Cost(3):	82,844	2.2809
	Chase Rate:	9.5000 %	Taxes Cost(3):	42,736	1.1766
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	53,760	0.0000
Yearly Payment:	373,585	Total FRVS PD:	13.4977		

- (1) 80% Capital (\$2,919,280) amortized at 11.5000% for 20 years Principal & Interest of \$373,585 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4770
- (2) 20% ROE (\$729,820) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5632
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.3199	35.3199	2.5615	32.7584
Patient Care				
Direct Care	86.2137	86.2137	6.2526	79.9611
Indirect Care	43.8648	43.8648	3.1813	40.6835
Property	13.6500	13.4977	0.9789	12.5188
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4254
Supplemental Rate Add-on				\$8.1747
Totals	179.0484	178.8961	12.9743	192.5219

***Medicaid Trend Adjustment :**



0 212865-00 - 2012/01

183.36

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Lakeland Hills Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
610 East Bella Vista Drive Lakeland FL 33805 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210749	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,546 Medicare: 4,763 Medicaid: 28,699	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	998,680	2,216,587	1,199,608	487,596	0	4,902,471
1a	Audit Adjustments						
2	Cost Per Diem	34.7984	77.2357	41.7996	16.9900		170.8237
3	Cost Per Diem Inflated	35.7324	78.7917	42.9215			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.7324	78.7917	42.9215	16.9900		174.4356
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.7324	78.7917	42.9215	13.6500		171.0956
12/13	Medicaid Adjustment Rate		2.5288	1.3775			
14	Prospective Per Diem 11	35.7324	81.3205	44.2990	13.6500		175.0019
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212865-00 - 2012/01
183.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeland Hills Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 2,659,826 FRVS Base Asset: 1,403,125 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,583,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,127,861	4.9253
	< 60% of Base:	False	20% ROE(2):	531,965	0.3459
	Interest Rate:	6.7500 %	Insurance Cost(3):	55,255	1.5119
	Chase Rate:	4.7500 %	Taxes Cost(3):	33,335	0.9121
	Amortization Rate:	6.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	35,444	0.0000
Yearly Payment:	194,154	Total FRVS PD:		7.6952	

- (1) 80% Capital (\$2,127,861) amortized at 6.7500% for 20 years Principal & Interest of \$194,154 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.9253
- (2) 20% ROE (\$531,965) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3459
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.7324	35.7324	2.5915	33.1409
Patient Care				
Direct Care	81.3205	81.3205	5.8977	75.4228
Indirect Care	44.2990	44.2990	3.2127	41.0863
Property	13.6500	7.6952	0.5581	7.1371
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3935
Supplemental Rate Add-on				\$8.1747
Totals	175.0019	169.0471	12.2600	183.3553

***Medicaid Trend Adjustment :**



0 212881-00 - 2012/01
177.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Groves Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
512 South 11th Street Lake Wales FL 33853 County: Polk[53] Region: Central[3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1973 Acquired Date: 10/1/1973 Entered Medicaid 10/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210773	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,885 Medicare: 8,105 Medicaid: 30,533	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.68020% Occupancy: 93.34475% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.70312% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	943,458	2,253,894	1,260,741	537,075	0	4,995,168
1a	Audit Adjustments						
2	Cost Per Diem	30.8996	73.8183	41.2911	17.5900		163.5990
3	Cost Per Diem Inflated	32.5005	76.2071	43.4304			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.5005	76.2071	43.4304	17.5900		169.7280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.5005	76.2071	43.4304	13.6500		165.7880
12/13	Medicaid Adjustment Rate		2.1159	1.2059			
14	Prospective Per Diem 11	32.5005	78.3230	44.6363	13.6500		169.1098
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212881-00 - 2012/01
177.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Groves Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 2,172,585 FRVS Base Asset: 1,240,145 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem	
	Amount: 2,708,333.00 Type: Variable [3] < 60% of Base: False Interest Rate: 11.5000 % Chase Rate: 9.5000 % Amortization Rate: 11.5000 % Interest Only: False Yearly Payment: 222,423	Total Amount	Per Diem	80% Capital(1): 1,738,068 5.6424 20% ROE(2): 434,517 0.3353 Insurance Cost(3): 64,545 1.5787 Taxes Cost(3): 34,856 0.8525 Home Office(3): 0 0.0000 Replacement(3&4): 51,956 0.0000

(1) 80% Capital (\$1,738,068) amortized at 11.5000% for 20 years Principal & Interest of \$222,423 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.6424

(2) 20% ROE (\$434,517) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3353

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.5005	32.5005	2.3571	30.1434
Patient Care				
Direct Care	78.3230	78.3230	5.6803	72.6427
Indirect Care	44.6363	44.6363	3.2372	41.3991
Property	13.6500	8.4089	0.6098	7.7991
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9572
Supplemental Rate Add-on				\$8.1747
Totals	169.1098	163.8687	11.8844	177.1162

***Medicaid Trend Adjustment :**



0 212890-00 - 2012/01
189.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Egret Cove Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
550 62nd Street South St. Petersburg FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 7/1/1971 Entered Medicaid 7/1/1971 Med # Active Date: 9/1/1996 Previous Med # 210811	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,559 Medicare: 4,818 Medicaid: 29,080	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 75.41689% Occupancy: 88.03425% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.06373% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	992,672	2,333,324	1,263,376	359,429	0	4,948,801
1a	Audit Adjustments						
2	Cost Per Diem	34.1359	80.2381	43.4448	12.3600		170.1788
3	Cost Per Diem Inflated	35.9866	82.9292	45.8003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.9866	82.9292	45.8003	12.3600		177.0761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.9866	82.9292	45.8003	12.3600		177.0761
12/13	Medicaid Adjustment Rate		2.3713	1.3096			
14	Prospective Per Diem 11	35.9866	85.3005	47.1099	12.3600		180.7570
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212890-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

189.93

Egret Cove Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,031,187 FRVS Base Asset: 1,389,485 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,166,667.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	10.0000 %	80% Capital(1):	1,624,950	4.7735
	Chase Rate:	8.0000 %	20% ROE(2):	406,237	0.3199
	Amortization Rate:	10.0000 %	Insurance Cost(3):	61,521	1.5955
	Interest Only:	False	Taxes Cost(3):	35,624	0.9239
Yearly Payment:	188,173	Home Office(3):	0	0.0000	
		Replacement(3&4):	116,575	0.0000	
		Total FRVS PD:		7.6128	

(1) 80% Capital (\$1,624,950) amortized at 10.0000% for 20 years Principal & Interest of \$188,173 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.7735

(2) 20% ROE (\$406,237) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3199

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.9866	35.9866	2.6099	33.3767
Patient Care				
Direct Care	85.3005	85.3005	6.1864	79.1141
Indirect Care	47.1099	47.1099	3.4166	43.6933
Property	12.3600	7.6128	0.5521	7.0607
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5073
Supplemental Rate Add-on				\$8.1747
Totals	180.7570	176.0098	12.7650	189.9268

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212903-00 - 2012/01

186.91

Emerald Coast Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
114 Third Street South Ft. Walton Beach FL 32548 County: Okaloosa [46] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1973 Acquired Date: 9/1/1973 Entered Medicaid 9/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210757	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,178 Medicare: 5,345 Medicaid: 23,123	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.91453% Occupancy: 82.59817% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.26735% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	812,106	1,842,880	942,984	372,512	0	3,970,482
1a	Audit Adjustments						
2	Cost Per Diem	35.1211	79.6990	40.7812	16.1100		171.7113
3	Cost Per Diem Inflated	37.0253	82.3720	42.9922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0253	82.3720	42.9922	16.1100		178.4995
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0253	82.3720	42.9922	13.6500		176.0395
12/13	Medicaid Adjustment Rate		1.2894	0.6730			
14	Prospective Per Diem 11	37.0253	83.6614	43.6652	13.6500		178.0019
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212903-00 - 2012/01
186.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Emerald Coast Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 2,537,499 FRVS Base Asset: 1,330,721 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,708,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,029,999	6.5901
	< 60% of Base:	False	20% ROE(2):	507,500	0.3996
	Interest Rate:	11.5000 %	Insurance Cost(3):	53,399	1.4760
	Chase Rate:	9.5000 %	Taxes Cost(3):	16,732	0.4625
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	54,132	0.0000
Yearly Payment:	259,782	Total FRVS PD:		8.9282	

- (1) 80% Capital (\$2,029,999) amortized at 11.5000% for 20 years Principal & Interest of \$259,782 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.5901
- (2) 20% ROE (\$507,500) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3996
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0253	37.0253	2.6852	34.3401
Patient Care				
Direct Care	83.6614	83.6614	6.0675	77.5939
Indirect Care	43.6652	43.6652	3.1668	40.4984
Property	13.6500	8.9282	0.6475	8.2807
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0253
Supplemental Rate Add-on				\$8.1747
Totals	178.0019	173.2801	12.5670	186.9131

***Medicaid Trend Adjustment :**



0 212911-00 - 2012/01
204.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Clearwater Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1270 Turner Street Clearwater FL 34616 County: Pinellas[52] Region: Central[3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1972 Acquired Date: 1/1/1974 Entered Medicaid 1/1/1974 Med # Active Date: 9/1/1996 Previous Med # 210838	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,113 Medicare: 2,905 Medicaid: 29,399 Medicaid Utilization 86.18122% Occupancy: 77.88356% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.37296% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,153,691	2,516,831	1,501,597	423,934	0	5,596,053
1a	Audit Adjustments						
2	Cost Per Diem	39.2425	85.6094	51.0765	14.4200		190.3484
3	Cost Per Diem Inflated	41.2757	88.3798	53.7228			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2757	88.3798	53.7228	14.4200		197.7983
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	88.3798	48.2597	13.6500		190.2114
12/13	Medicaid Adjustment Rate		3.5974	1.9644			
14	Prospective Per Diem 11	39.9219	91.9772	50.2241	13.6500		195.7732
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212911-00 - 2012/01
204.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Clearwater Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1974/01 Indexed Asset Value 2,429,278 FRVS Base Asset: 1,302,829 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem				
	Amount:	5,416,667.00	<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type:	Variable [3]	80% Capital(1):	1,943,422	5.7091		
	< 60% of Base:	False	20% ROE(2):	485,856	0.3749		
	Interest Rate:	10.0000 %	Insurance Cost(3):	70,704	2.0726		
	Chase Rate:	8.0000 %	Taxes Cost(3):	35,212	1.0322		
	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000		
Interest Only:	False	Replacement(3&4):	153,159	0.0000			
Yearly Payment:	225,053	Total FRVS PD:	9.1888				

- (1) 80% Capital (\$1,943,422) amortized at 10.0000% for 20 years Principal & Interest of \$225,053 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7091
- (2) 20% ROE (\$485,856) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3749
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	91.9772	91.9772	6.6706	85.3066
Indirect Care	50.2241	50.2241	3.6425	46.5816
Property	13.6500	9.1888	0.6664	8.5224
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3489
Supplemental Rate Add-on				\$8.1747
Totals	195.7732	191.3120	13.8748	204.9608

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212971-00 - 2012/01

200.59

Florida Presbyterian Homes, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16 Lake Hunter Drive Lakeland FL 33803 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/14/1997 Acquired Date: 3/20/1997 Entered Medicaid 3/20/1997 Med # Active Date: 3/20/1997 Previous Med # 299625	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 48 Maximum: 17,520 Max Annualized: 17,520 Total Patient: 15,958 Medicare: 1,604 Medicaid: 5,263	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 32.98032% Occupancy: 91.08447% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.87724% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	251,986	427,930	316,005	61,524	0	1,057,445
1a	Audit Adjustments						
2	Cost Per Diem	47.8788	81.3091	60.0428	11.6899		200.9206
3	Cost Per Diem Inflated	50.0053	83.5946	62.7096			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0053	83.5946	62.7096	11.6899		207.9994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4433		63.6464			
7	Provider Target Rate	65.9151		65.1000			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.0053	83.5946	62.7096	11.6899		207.9994
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.0053	83.5946	62.7096	11.6899		207.9994
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 212971-00 - 2012/01
200.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Florida Presbyterian Homes, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/20/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	None [1]	80% Capital(1):	1,763,656	9.1422
Indexed Asset Value	2,204,570	< 60% of Base:	True	20% ROE(2):	440,914	0.7718
FRVS Base Asset:	1,461,040	Interest Rate:	8.2500 %	Insurance Cost(3):	19,790	1.2401
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	25,443	0.0000
		Yearly Payment:	144,154	Total FRVS PD:		11.1541

- (1) 80% Capital (\$1,763,656) amortized at 8.2500% for 20 years Interest of \$144,154 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$9.1422
- (2) 20% ROE (\$440,914) times the ROE factor (0.027600) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = \$0.7718
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 40	Effective PBS Limitation	1,461,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.0053	50.0053	3.6266	46.3787
Patient Care				
Direct Care	83.5946	83.5946	6.0626	77.5320
Indirect Care	62.7096	62.7096	4.5480	58.1616
Property	11.6899	11.1541	0.8089	10.3452
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	207.9994	207.4636	15.0461	200.5922

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212989-00 - 2012/01

197.27

Bay Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1336 St. Andrew Blvd Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1972 Acquired Date: 8/1/1972 Entered Medicaid 8/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210820	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 160 Maximum: 58,400 Max Annualized: 58,400 Total Patient: 40,284 Medicare: 5,509 Medicaid: 32,315	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.21795% Occupancy: 68.97945% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 86.24071% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,121,881	2,744,157	1,371,313	760,695	0	5,998,046
1a	Audit Adjustments						
2	Cost Per Diem	34.7170	84.9190	42.4358	23.5400		185.6118
3	Cost Per Diem Inflated	36.5157	87.6670	44.6344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.5157	87.6670	44.6344	23.5400		192.3571
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.5157	87.6670	44.6344	13.6500		182.4671
12/13	Medicaid Adjustment Rate		2.9803	1.5174			
14	Prospective Per Diem 11	36.5157	90.6473	46.1518	13.6500		186.9648
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212989-00 - 2012/01
197.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Variable [3]	80% Capital(1):	3,338,038	8.1274
Indexed Asset Value	4,172,547	< 60% of Base:	False	20% ROE(2):	834,509	0.4830
FRVS Base Asset:	2,287,922	Interest Rate:	11.5000 %	Insurance Cost(3):	79,823	1.9815
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	11,712	0.2907
ROE Factor	0.030420	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	34,521	0.0000
		Yearly Payment:	427,174	Total FRVS PD:		10.8826

- (1) 80% Capital (\$3,338,038) amortized at 11.5000% for 20 years Principal & Interest of \$427,174 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$8.1274
- (2) 20% ROE (\$834,509) times the ROE factor (0.030420) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$0.4830
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 160	Effective PBS Limitation	4,560,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5157	36.5157	2.6483	33.8674
Patient Care				
Direct Care	90.6473	90.6473	6.5741	84.0732
Indirect Care	46.1518	46.1518	3.3471	42.8047
Property	13.6500	10.8826	0.7893	10.0933
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2577
Supplemental Rate Add-on				\$8.1747
Totals	186.9648	184.1974	13.3588	197.2710

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 212997-00 - 2012/01

190.54

Bartow Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2055 East Georgia Street Bartow FL 33830 County: Polk [53] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1972 Acquired Date: 11/1/1972 Entered Medicaid 11/1/1972 Med # Active Date: 9/1/1996 Previous Med # 210846	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,894 Medicare: 3,818 Medicaid: 29,151	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 81.21413% Occupancy: 81.94977% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.45669% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,087	2,262,155	1,277,705	529,091	0	5,173,038
1a	Audit Adjustments						
2	Cost Per Diem	37.8748	77.6013	43.8306	18.1500		177.4567
3	Cost Per Diem Inflated	38.8914	79.1647	45.0070			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.8914	79.1647	45.0070	18.1500		181.2131
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2028		47.1821			
7	Provider Target Rate	41.1210		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8914	79.1647	45.0070	13.6500		176.7131
12/13	Medicaid Adjustment Rate		2.7799	1.5805			
14	Prospective Per Diem 11	38.8914	81.9446	46.5875	13.6500		181.0735
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 212997-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

190.54

Bartow Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/07 Indexed Asset Value 2,455,621 FRVS Base Asset: 1,301,763 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,833,333.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,964,497	6.3775
	< 60% of Base:	False	20% ROE(2):	491,124	0.3193
	Interest Rate:	11.5000 %	Insurance Cost(3):	56,117	1.5634
	Chase Rate:	9.5000 %	Taxes Cost(3):	20,060	0.5589
	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	85,808	0.0000
Yearly Payment:	251,400	Total FRVS PD:		8.8191	

(1) 80% Capital (\$1,964,497) amortized at 11.5000% for 20 years Principal & Interest of \$251,400 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.3775

(2) 20% ROE (\$491,124) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3193

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8914	38.8914	2.8206	36.0708
Patient Care				
Direct Care	81.9446	81.9446	5.9430	76.0016
Indirect Care	46.5875	46.5875	3.3787	43.2088
Property	13.6500	8.8191	0.6396	8.1795
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9003
Supplemental Rate Add-on				\$8.1747
Totals	181.0735	176.2426	12.7819	190.5357

***Medicaid Trend Adjustment :**



0 213004-00 - 2012/01
197.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Boca Ciega Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1414 59th Street South Gulfport FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1973 Acquired Date: 2/1/1973 Entered Medicaid 2/1/1973 Med # Active Date: 9/1/1996 Previous Med # 210862	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,676 Medicare: 3,131 Medicaid: 31,023 Medicaid Utilization 86.95762% Occupancy: 81.45205% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.83442% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,126,600	2,682,075	1,233,222	390,890	0	5,432,787
1a	Audit Adjustments						
2	Cost Per Diem	36.3150	86.4544	39.7519	12.6000		175.1213
3	Cost Per Diem Inflated	38.1965	89.2521	41.8114			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1965	89.2521	41.8114	12.6000		181.8600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1965	89.2521	41.8114	12.6000		181.8600
12/13	Medicaid Adjustment Rate		3.7109	1.7384			
14	Prospective Per Diem 11	38.1965	92.9630	43.5498	12.6000		187.3093
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213004-00 - 2012/01
197.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Boca Ciega Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,583,333.00		Total Amount	Per Diem
RS to Start Calcs:	1973/01	Type:	Variable [3]	80% Capital(1):	1,966,133	5.7758
Indexed Asset Value	2,457,666	< 60% of Base:	False	20% ROE(2):	491,533	0.3793
FRVS Base Asset:	1,377,951	Interest Rate:	10.0000 %	Insurance Cost(3):	61,092	1.7124
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	28,804	0.8074
ROE Factor	0.030420	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	63,503	0.0000
		Yearly Payment:	227,683	Total FRVS PD:		8.6749

(1) 80% Capital (\$1,966,133) amortized at 10.0000% for 20 years Principal & Interest of \$227,683 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.7758

(2) 20% ROE (\$491,533) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3793

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1965	38.1965	2.7702	35.4263
Patient Care				
Direct Care	92.9630	92.9630	6.7421	86.2209
Indirect Care	43.5498	43.5498	3.1584	40.3914
Property	12.6000	8.6749	0.6291	8.0458
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2938
Supplemental Rate Add-on				\$8.1747
Totals	187.3093	183.3842	13.2998	197.5529

***Medicaid Trend Adjustment :**



0 213098-00 - 2012/01
218.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Tamarac Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7901 NW 88th Avenue Tamarac FL 33321 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 2/1/1983 Med # Active Date: 1/1/1997 Previous Med # 207187	02/01/2010-01/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,285 Medicare: 1,647 Medicaid: 16,422	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.33754% Occupancy: 75.99315% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.00949% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	720,967	1,369,478	943,359	162,906	0	3,196,710
1a	Audit Adjustments						
2	Cost Per Diem	43.9025	83.3929	57.4448	9.9200		194.6602
3	Cost Per Diem Inflated	45.7889	85.6762	59.9131			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7889	85.6762	59.9131	9.9200		201.2982
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4796		60.2969			
7	Provider Target Rate	60.8380		61.6740			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.7889	85.6762	58.7454	9.9200		200.1305
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.7889	85.6762	58.7454	9.9200		200.1305
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213098-00 - 2012/01
218.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Tamarac Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,920,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	3,338,810	9.8083
Indexed Asset Value	4,173,512	< 60% of Base:	False	20% ROE(2):	834,702	0.5734
FRVS Base Asset:	2,529,788	Interest Rate:	10.0000 %	Insurance Cost(3):	51,510	1.5475
Occup Adj Factor:	0.9000	Chase Rate:	9.2500 %	Taxes Cost(3):	81,924	2.4613
ROE Factor	0.027080	Amortization Rate:	10.0000 %	Home Office(3):	10,885	0.3270
		Interest Only:	False	Replacement(3&4):	66,601	0.0000
		Yearly Payment:	386,643	Total FRVS PD:		14.7175

- (1) 80% Capital (\$3,338,810) amortized at 10.0000% for 20 years Principal & Interest of \$386,643 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8083
- (2) 20% ROE (\$834,702) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5734
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7889	45.7889	3.3208	42.4681
Patient Care				
Direct Care	85.6762	85.6762	6.2136	79.4626
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	9.9200	14.7175	1.0674	13.6501
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1035
Supplemental Rate Add-on				\$8.1747
Totals	200.1305	204.9280	14.8623	218.3439

***Medicaid Trend Adjustment :**



0 213152-00 - 2012/01
243.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Water's Edge Extended Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1500 S.W. Capri Palm City FL 34990 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/30/1993 Acquired Date: 4/21/1997 Entered Medicaid 4/21/1997 Med # Active Date: 4/23/1997 Previous Med # 299638	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 10,530 Medicare: 4,030 Medicaid: 1,956 Medicaid Utilization 18.57550% Occupancy: 80.13698% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 100.19027% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 181 Standard: 0 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	155,013	225,386	230,429	32,450	0	643,278
1a	Audit Adjustments						
2	Cost Per Diem	79.2500	115.2280	117.8062	16.5900		328.8742
3	Cost Per Diem Inflated	82.7699	118.4669	123.0385			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	82.7699	118.4669	123.0385	16.5900		340.8653
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	89.4840		114.1444			
7	Provider Target Rate	91.5277		116.7513			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.9097	72.5715	13.6500		248.1961
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	102.9097	72.5715	13.6500		248.1961
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213152-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

243.29

Water's Edge Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/21/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 1,511,208 FRVS Base Asset: 1,375,626 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,616,800.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,208,966	10.2610
	< 60% of Base:	False	20% ROE(2):	302,242	0.7054
	Interest Rate:	8.0000 %	Insurance Cost(3):	51,321	4.8738
	Chase Rate:	7.7500 %	Taxes Cost(3):	32,780	3.1130
	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	1,789,841	0.0000
Yearly Payment:	121,347	Total FRVS PD:	18.9532		

(1) 80% Capital (\$1,208,966) amortized at 8.0000% for 20 years Principal & Interest of \$121,347 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$10.2610

(2) 20% ROE (\$302,242) times the ROE factor (0.027600) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.7054

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	49,785
Comparison Bed 42	Effective PBS Limitation	1,375,626

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	18.9532	1.3746	17.5786
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	248.1961	253.4993	18.3848	243.2892

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 213161-00 - 2012/01

194.53

Life Care Center at Wells Crossing

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
355 Crossing Boulevard Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/16/1997 Acquired Date: 6/16/1997 Entered Medicaid 7/23/1997 Med # Active Date: 7/23/1997 Previous Med # 299641	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,308 Medicare: 15,952 Medicaid: 15,392	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.17960% Occupancy: 87.46119% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.34726% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082	
		Semester Index: 1.27500780	
		Cost: 1.02996741	
		Target: 1.01598689	
		DC FY Index: 1.18133049	
		DC Sem Index: 1.20700000	
		DC Inflation: 1.02172932	
		PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	652,801	1,273,836	818,108	305,223	0	3,049,968
1a	Audit Adjustments						
2	Cost Per Diem	42.4117	82.7596	53.1515	19.8300		198.1528
3	Cost Per Diem Inflated	43.6827	84.5579	54.7443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6827	84.5579	54.7443	19.8300		202.8149
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5821		45.2972			
7	Provider Target Rate	49.6916		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6827	84.5579	46.3317	13.6500		188.2223
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.6827	84.5579	46.3317	13.6500		188.2223
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213161-00 - 2012/01
194.53

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center at Wells Crossing

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/23/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 7,543,145.00			Total Amount	Per Diem
RS to Start Calcs: 1997/01	Type: Fixed [2]		80% Capital(1): 4,255,429		8.9110
Indexed Asset Value 5,319,286	< 60% of Base: False		20% ROE(2): 1,063,857		0.6971
FRVS Base Asset: 0	Interest Rate: 5.5000 %		Insurance Cost(3): 19,199		0.5012
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %		Taxes Cost(3): 75,910		1.9816
ROE Factor 0.025830	Amortization Rate: 5.5000 %		Home Office(3): 36,568		0.9546
	Interest Only: False		Replacement(3&4): 94,569		0.0000
	Yearly Payment: 351,271		Total FRVS PD:		13.0455

(1) 80% Capital (\$4,255,429) amortized at 5.5000% for 20 years Principal & Interest of \$351,271 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.9110

(2) 20% ROE (\$1,063,857) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6971

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 36,526
Comparison Date: 7/1/1996	Current RS PBS: 49,785
Comparison Bed 111	Effective PBS Limitation 4,054,386

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6827	43.6827	3.1681	40.5146
Patient Care				
Direct Care	84.5579	84.5579	6.1325	78.4254
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	13.6500	13.0455	0.9461	12.0994
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.3428
Supplemental Rate Add-on				\$8.1747
Totals	188.2223	187.6178	13.6069	194.5284

***Medicaid Trend Adjustment :**



0 213322-00 - 2012/01
202.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Haborchase of Venice

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 Pinebrook Road Venice FL 34292 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1997 Acquired Date: 4/1/1997 Entered Medicaid 4/1/1997 Med # Active Date: 4/1/1997 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 16,425 Max Annualized: 16,425 Total Patient: 15,145 Medicare: 9,060 Medicaid: 3,911	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 25.82370% Occupancy: 92.20700% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.28066% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	208,481	332,743	208,076	123,627	0	872,927
1a	Audit Adjustments						
2	Cost Per Diem	53.3063	85.0788	53.2028	31.6101		223.1980
3	Cost Per Diem Inflated	55.6739	87.4703	55.5658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.6739	87.4703	55.5658	31.6101		230.3201
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.3502	87.4703	55.5658	13.6500		209.0363
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.3502	87.4703	55.5658	13.6500		209.0363
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213322-00 - 2012/01
202.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Haborchase of Venice

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,846,813.00			Total Amount Per Diem
RS to Start Calcs: 1997/01	Type: Fixed [2]		80% Capital(1): 1,571,267	11.0128
Indexed Asset Value 1,964,084	< 60% of Base: False		20% ROE(2): 392,817	0.7334
FRVS Base Asset: 1,643,670	Interest Rate: 8.4300 %		Insurance Cost(3): 14,059	0.9283
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 21,891	1.4454
ROE Factor 0.027600	Amortization Rate: 8.4300 %		Home Office(3): 0	0.0000
	Interest Only: False		Replacement(3&4): 3,034	0.0000
	Yearly Payment: 162,796		Total FRVS PD:	14.1199

(1) 80% Capital (\$1,571,267) amortized at 8.4300% for 20 years Principal & Interest of \$162,796 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$11.0128

(2) 20% ROE (\$392,817) times the ROE factor (0.027600) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.7334

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 36,526
Comparison Date: 7/1/1996	Current RS PBS: 49,785
Comparison Bed 45	Effective PBS Limitation 1,643,670

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3502	52.3502	3.7967	48.5535
Patient Care				
Direct Care	87.4703	87.4703	6.3437	81.1266
Indirect Care	55.5658	55.5658	4.0299	51.5359
Property	13.6500	14.1199	1.0240	13.0959
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	209.0363	209.5062	15.1943	202.4866

***Medicaid Trend Adjustment :**



0 213403-00 - 2012/01

199.90

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Life Care Center Of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3211 Rouse Road Orlando FL 32817 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/2/1997 Acquired Date: 10/2/1997 Entered Medicaid 10/2/1997 Med # Active Date: 10/2/1997 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,738 Medicare: 22,583 Medicaid: 8,570	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 21.03687% Occupancy: 93.00913% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.28351% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	420,795	717,384	483,805	188,626	0	1,810,610
1a	Audit Adjustments						
2	Cost Per Diem	49.1009	83.7088	56.4533	22.0100		211.2730
3	Cost Per Diem Inflated	50.5723	85.5277	58.1451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5723	85.5277	58.1451	22.0100		216.2551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1226		47.7364			
7	Provider Target Rate	55.3587		48.8266			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	85.5277	48.8266	13.6500		197.1461
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	85.5277	48.8266	13.6500		197.1461
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213403-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.90

Life Care Center Of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/2/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 5,650,244 FRVS Base Asset: 2,222,460 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,962,559.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,520,195	7.9803
	< 60% of Base:	False	20% ROE(2):	1,130,049	0.7405
	Interest Rate:	3.5000 %	Insurance Cost(3):	24,716	0.6067
	Chase Rate:	3.2500 %	Taxes Cost(3):	105,838	2.5980
	Amortization Rate:	3.5000 %	Home Office(3):	45,985	1.1288
	Interest Only:	False	Replacement(3&4):	111,255	0.0000
Yearly Payment:	314,584	Total FRVS PD:	13.0543		

(1) 80% Capital (\$4,520,195) amortized at 3.5000% for 20 years Principal & Interest of \$314,584 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9803

(2) 20% ROE (\$1,130,049) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7405

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	85.5277	85.5277	6.2028	79.3249
Indirect Care	48.8266	48.8266	3.5411	45.2855
Property	13.6500	13.0543	0.9468	12.1075
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.4256
Supplemental Rate Add-on				\$8.1747
Totals	197.1461	196.5504	14.2547	199.8960

***Medicaid Trend Adjustment :**



0 213462-00 - 2012/01
215.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Madison Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2481 West US 90 Madison FL 32340 County: Madison[40] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 3/1/1998 Previous Med # 208311	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,062 Medicare: 2,379 Medicaid: 14,862	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	694,103	1,209,877	853,441	262,909	0	3,020,330
1a	Audit Adjustments						
2	Cost Per Diem	46.7032	81.4074	57.4244	17.6900		203.2250
3	Cost Per Diem Inflated	48.1028	83.1763	59.1453			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1028	83.1763	59.1453	17.6900		208.1144
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4608		50.6206			
7	Provider Target Rate	43.4305		51.7767			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4305	83.1763	51.7767	13.6500		192.0335
12/13	Medicaid Adjustment Rate		2.2533	1.4027			
14	Prospective Per Diem 11	43.4305	85.4296	53.1794	13.6500		195.6895
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213462-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

215.22

Madison Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 2,959,952 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,950,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,367,962	17.6539
	< 60% of Base:	False	20% ROE(2):	591,990	0.7758
	Interest Rate:	13.7380 %	Insurance Cost(3):	25,691	1.2806
	Chase Rate:	13.0000 %	Taxes Cost(3):	24,209	1.2067
	Amortization Rate:	13.7380 %	Home Office(3):	3,614	0.1801
	Interest Only:	False	Replacement(3&4):	38,006	0.0000
Yearly Payment:	347,959	Total FRVS PD:	21.0971		

(1) 80% Capital (\$2,367,962) amortized at 13.7380% for 20 years Principal & Interest of \$347,959 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$17.6539

(2) 20% ROE (\$591,990) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7758

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4305	43.4305	3.1498	40.2807
Patient Care				
Direct Care	85.4296	85.4296	6.1957	79.2339
Indirect Care	53.1794	53.1794	3.8568	49.3226
Property	13.6500	21.0971	1.5301	19.5670
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6420
Supplemental Rate Add-on				\$8.1747
Totals	195.6895	203.1366	14.7324	215.2209

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 213837-00 - 2012/01
234.63

VI at Lakeside Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days	
2792 Donnelly Drive Lantana FL 33462 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/22/1997 Acquired Date: 8/1/1998 Entered Medicaid 8/1/1998 Med # Active Date: 8/1/1998 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 13,719 Medicare: 5,610 Medicaid: 1	Superior: 0 Standard: 181 Conditional: 0 Total: 181	
	Medicaid Utilization 0.00729% Occupancy: 62.64384% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 78.31968% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	122	99	96	10	0	327
1a	Audit Adjustments						
2	Cost Per Diem	122.0000	99.0000	96.0000	10.0000		327.0000
3	Cost Per Diem Inflated	127.4186	101.7828	100.2638			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	127.4186	101.7828	100.2638	10.0000		339.4652
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	138.6281		82.7748			
7	Provider Target Rate	141.7941		84.6652			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	101.7828	72.5715	10.0000		243.4192
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	101.7828	72.5715	10.0000		243.4192
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213837-00 - 2012/01
234.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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VI at Lakeside Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/07 Indexed Asset Value 2,239,827 FRVS Base Asset: 2,222,460 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	1,791,862	7.6580
	< 60% of Base:	True	20% ROE(2):	447,965	0.6273
	Interest Rate:	8.5000 %	Insurance Cost(3):	10,480	0.7639
	Chase Rate:	8.5000 %	Taxes Cost(3):	23,306	1.6988
	Amortization Rate:	8.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	150,940	Total FRVS PD:	10.7480		

- (1) 80% Capital (\$1,791,862) amortized at 8.5000% for 20 years Interest of \$150,940 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.6580
- (2) 20% ROE (\$447,965) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6273
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	101.7828	101.7828	7.3817	94.4011
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	10.0000	10.7480	0.7795	9.9685
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	243.4192	244.1672	17.7080	234.6339

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

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223.03

Page Rehabilitation and Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2310 North Airport Road Fort Myers FL 33907 County: Lee[36] Region: South[2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 10/1/1998 Previous Med # 201391	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,014 Medicare: 7,452 Medicaid: 40,244	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.86517% Occupancy: 95.91172% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.91243% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,715,856	3,715,511	2,421,929	313,098	0	8,166,394
1a	Audit Adjustments						
2	Cost Per Diem	42.6363	92.3246	60.1811	7.7800		202.9220
3	Cost Per Diem Inflated	44.7429	95.2036	63.1546			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7429	95.2036	63.1546	7.7800		210.8811
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2832		58.9359			
7	Provider Target Rate	44.2717		60.2819			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2717	95.2036	58.7454	7.7800		206.0007
12/13	Medicaid Adjustment Rate		1.4850	0.9163			
14	Prospective Per Diem 11	44.2717	96.6886	59.6617	7.7800		208.4020
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 213900-00 - 2012/01
223.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Page Rehabilitation and Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,386,200.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	6,147,914	8.6993
Indexed Asset Value	7,684,892	< 60% of Base:	False	20% ROE(2):	1,536,978	0.7689
FRVS Base Asset:	1,043,401	Interest Rate:	5.6650 %	Insurance Cost(3):	91,607	1.4538
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate:	5.6650 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	501,288	0.0000
		Yearly Payment:	514,388	Total FRVS PD:		10.9220

(1) 80% Capital (\$6,147,914) amortized at 5.6650% for 20 years Principal & Interest of \$514,388 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.6993

(2) 20% ROE (\$1,536,978) times the ROE factor (0.029580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7689

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2717	44.2717	3.2108	41.0609
Patient Care				
Direct Care	96.6886	96.6886	7.0123	89.6763
Indirect Care	59.6617	59.6617	4.3269	55.3348
Property	7.7800	10.9220	0.7921	10.1299
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6488
Supplemental Rate Add-on				\$8.1747
Totals	208.4020	211.5440	15.3421	223.0254

***Medicaid Trend Adjustment :**



0 213934-00 - 2012/01
202.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

TMH Skilled Nursing Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1609 Medical Drive Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1973 Acquired Date: 8/1/1973 Entered Medicaid 11/1/1974 Med # Active Date: 11/16/1998 Previous Med # 204447	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 14,525 Medicare: 3,790 Medicaid: 899	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 6.18933% Occupancy: 35.21639% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 44.02886% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	94,673	183,519	243,746	21,414	0	543,352
1a	Audit Adjustments						
2	Cost Per Diem	105.3092	204.1368	271.1301	23.8198		604.3959
3	Cost Per Diem Inflated	110.5124	210.5025	284.5262			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	110.5124	210.5025	284.5262	23.8198		629.3609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	108.4900		358.8507			
7	Provider Target Rate	110.9677		367.0463			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	55.2316	13.6500		211.1532
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	55.2316	13.6500		211.1532
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 213934-00 - 2012/01
202.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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TMH Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1973/07 Indexed Asset Value 4,231,049 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	3,384,839	11.3368
	< 60% of Base:	True	20% ROE(2):	846,210	0.6743
	Interest Rate:	12.5000 %	Insurance Cost(3):	1,261	0.0868
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	420,828	Total FRVS PD:		12.0979	

(1) 80% Capital (\$3,384,839) amortized at 12.5000% for 20 years Interest of \$420,828 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$11.3368

(2) 20% ROE (\$846,210) times the ROE factor (0.029580) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.6743

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 113	Effective PBS Limitation	4,326,883

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	12.0979	0.8774	11.2205
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	211.1532	209.6011	15.2011	202.5747

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 214027-00 - 2012/01 198.27

Gramercy Park Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17475 S. Dixie Highway Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1985 Acquired Date: 1/1/1985 Entered Medicaid 1/1/1985 Med # Active Date: 4/8/1997 Previous Med # 208396	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 58,693 Medicare: 3,007 Medicaid: 47,844 Medicaid Utilization 81.51568% Occupancy: 89.33486% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.68979% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,591,775	3,694,303	2,045,689	639,674	0	7,971,441
1a	Audit Adjustments						
2	Cost Per Diem	33.2701	77.2156	42.7575	13.3700		166.6132
3	Cost Per Diem Inflated	35.0739	79.8054	45.0757			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.0739	79.8054	45.0757	13.3700		173.3250
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.0739	79.8054	45.0757	13.3700		173.3250
12/13	Medicaid Adjustment Rate		2.8295	1.5982			
14	Prospective Per Diem 11	35.0739	82.6349	46.6739	13.3700		177.7527
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214027-00 - 2012/01
198.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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Gramercy Park Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,105,900.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	6,581,986	13.7876
Indexed Asset Value	8,227,482	< 60% of Base:	False	20% ROE(2):	1,645,496	0.8638
FRVS Base Asset:	5,130,000	Interest Rate:	11.0000 %	Insurance Cost(3):	55,846	0.9515
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	184,550	3.1443
ROE Factor	0.031040	Amortization Rate:	11.0000 %	Home Office(3):	11,390	0.1941
		Interest Only:	False	Replacement(3&4):	100,727	0.0000
		Yearly Payment:	815,262	Total FRVS PD:		18.9413

(1) 80% Capital (\$6,581,986) amortized at 11.0000% for 20 years Principal & Interest of \$815,262 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.7876

(2) 20% ROE (\$1,645,496) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8638

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.0739	35.0739	2.5437	32.5302
Patient Care				
Direct Care	82.6349	82.6349	5.9930	76.6419
Indirect Care	46.6739	46.6739	3.3850	43.2889
Property	13.3700	18.9413	1.3737	17.5676
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.0664
Supplemental Rate Add-on				\$8.1747
Totals	177.7527	183.3240	13.2954	198.2697

***Medicaid Trend Adjustment :**



0 214035-00 - 2012/01
239.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

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Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9380 N.E 7TH AVENUE Miami FL 33150 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1979 Acquired Date: 1/1/1979 Entered Medicaid 1/1/1979 Med # Active Date: 2/15/1999 Previous Med # 211982	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 33,075 Medicare: 8,524 Medicaid: 24,039	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.68027% Occupancy: 91.53175% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.43644% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,458,538	2,499,489	1,580,369	353,854	0	5,892,250
1a	Audit Adjustments						
2	Cost Per Diem	60.6738	103.9764	65.7419	14.7200		245.1121
3	Cost Per Diem Inflated	62.4920	106.2357	67.7120			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.4920	106.2357	67.7120	14.7200		251.1597
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		60.4406			
7	Provider Target Rate	52.3502		61.8210			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.3502	102.9097	61.8210	13.6500		230.7309
12/13	Medicaid Adjustment Rate		2.6258	1.5774			
14	Prospective Per Diem 11	52.3502	105.5355	63.3984	13.6500		234.9341
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 214035-00 - 2012/01
239.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

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FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,200,000.00			Total Amount	Per Diem
RS to Start Calcs: 1979/01	Type: Fixed [2]		80% Capital(1): 2,025,515		8.0995
Indexed Asset Value 2,531,894	< 60% of Base: False		20% ROE(2): 506,379		0.4022
FRVS Base Asset: 1,432,785	Interest Rate: 11.7500 %		Insurance Cost(3): 38,184		1.1545
Occup Adj Factor: 0.9000	Chase Rate: 9.0000 %		Taxes Cost(3): 42,063		1.2717
ROE Factor 0.025830	Amortization Rate: 11.7500 %		Home Office(3): 11,228		0.3395
	Interest Only: False		Replacement(3&4): 47,856		0.0000
	Yearly Payment: 263,408		Total FRVS PD:		11.2674

(1) 80% Capital (\$2,025,515) amortized at 11.7500% for 20 years Principal & Interest of \$263,408 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$8.0995

(2) 20% ROE (\$506,379) times the ROE factor (0.025830) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.4022

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 99	Effective PBS Limitation 2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3502	52.3502	3.7967	48.5535
Patient Care				
Direct Care	105.5355	105.5355	7.6539	97.8816
Indirect Care	63.3984	63.3984	4.5979	58.8005
Property	13.6500	11.2674	0.8172	10.4502
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6993
Supplemental Rate Add-on				\$8.1747
Totals	234.9341	232.5515	16.8657	239.5598

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 214043-00 - 2012/01

225.11

Marion House Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
3930 E Silver Springs Blvd Ocala FL 32670 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/4/1991 Acquired Date: 4/4/1991 Entered Medicaid 4/18/1991 Med # Active Date: 7/1/1998 Previous Med # 203602	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 72.05228% Occupancy: 90.83334% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.56325% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,785 Medicare: 5,303 Medicaid: 28,666	Superior: 181 Standard: 0 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20943572		
			Semester Index: 1.27500780		
			Cost: 1.05421709		
			Target: 1.01598689		
			DC FY Index: 1.16783181		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03353924		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,166,783	2,667,102	1,581,010	447,763	0	5,862,658
1a	Audit Adjustments						
2	Cost Per Diem	40.7027	93.0406	55.1528	15.6200		204.5161
3	Cost Per Diem Inflated	42.9095	96.1611	58.1430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9095	96.1611	58.1430	15.6200		212.8336
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7777		59.3575			
7	Provider Target Rate	44.7775		60.7131			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9095	95.5570	55.2316	13.6500		207.3481
12/13	Medicaid Adjustment Rate		2.3707	1.3702			
14	Prospective Per Diem 11	42.9095	97.9277	56.6018	13.6500		211.0890
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 214043-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

225.11

Marion House Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/18/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,167,671 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,899,145.00			
	Type:	Fixed [2]			
	< 60% of Base:	False			
	Interest Rate:	10.7500 %	80% Capital(1):	4,134,137	12.7766
	Chase Rate:	10.0000 %	20% ROE(2):	1,033,534	0.8138
	Amortization Rate:	10.7500 %	Insurance Cost(3):	48,114	1.2094
	Interest Only:	False	Taxes Cost(3):	67,858	1.7056
Yearly Payment:	503,652	Home Office(3):	7,720	0.1940	
		Replacement(3&4):	209,849	0.0000	
		Total FRVS PD:		16.6994	

(1) 80% Capital (\$4,134,137) amortized at 10.7500% for 20 years Principal & Interest of \$503,652 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.7766

(2) 20% ROE (\$1,033,534) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8138

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9095	42.9095	3.1120	39.7975
Patient Care				
Direct Care	97.9277	97.9277	7.1021	90.8256
Indirect Care	56.6018	56.6018	4.1050	52.4968
Property	13.6500	16.6994	1.2111	15.4883
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3309
Supplemental Rate Add-on				\$8.1747
Totals	211.0890	214.1384	15.5302	225.1138

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 214060-00 - 2012/01

192.17

Life Care Center of Hilliard

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
US 1 & 3rd Street Hilliard FL 32046 County: Nassau [45] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/3/1990 Acquired Date: 4/3/1990 Entered Medicaid 5/1/1990 Med # Active Date: 2/1/1999 Previous Med # 201928	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,422 Medicare: 8,634 Medicaid: 25,220	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.97443% Occupancy: 90.00456% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.52708% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,053,728	1,986,526	1,083,426	801,996	0	4,925,676
1a	Audit Adjustments						
2	Cost Per Diem	41.7814	78.7679	42.9590	31.8000		195.3083
3	Cost Per Diem Inflated	43.0335	80.4795	44.2464			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0335	80.4795	44.2464	31.8000		199.5594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9152		45.2972			
7	Provider Target Rate	52.0780		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0335	80.4795	44.2464	13.6500		181.4094
12/13	Medicaid Adjustment Rate		1.2652	0.6956			
14	Prospective Per Diem 11	43.0335	81.7447	44.9420	13.6500		183.3702
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 214060-00 - 2012/01
192.17

Life Care Center of Hilliard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 5,129,173 FRVS Base Asset: 1,801,380 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,103,338	7.9878
	< 60% of Base:	True	20% ROE(2):	1,025,835	0.6722
	Interest Rate:	7.7500 %	Insurance Cost(3):	16,327	0.4142
	Chase Rate:	7.7500 %	Taxes Cost(3):	36,591	0.9282
	Amortization Rate:	7.7500 %	Home Office(3):	33,342	0.8458
	Interest Only:	True	Replacement(3&4):	139,246	0.0000
Yearly Payment:	314,879	Total FRVS PD:	10.8482		

- (1) 80% Capital (\$4,103,338) amortized at 7.7500% for 20 years Interest of \$314,879 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.9878
- (2) 20% ROE (\$1,025,835) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6722
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS					
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Components	Cost	FRVS	MTA*	Final Component	
Operating	43.0335	43.0335	3.1210	39.9125	
Patient Care					
Direct Care	81.7447	81.7447	5.9285	75.8162	
Indirect Care	44.9420	44.9420	3.2594	41.6826	
Property	13.6500	10.8482	0.7868	10.0614	
ROE	0.0000	0.0000			
ROE Adjustment	0.0000	0.0000			
Quality Assess-Medicaid Share				\$16.5178	
Supplemental Rate Add-on				\$8.1747	
Totals	183.3702	180.5684	13.0957	192.1652	

*Medicaid Trend Adjustment :



0 214914-00 - 2012/01

213.06

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Baldomero Lopez State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6919 Parkway Blvd. Land O Lakes FL 34639 County: Pasco [51] Region: Central [3] Area: 5 Control Government Non-Prof Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1999 Acquired Date: 1/1/1999 Entered Medicaid 5/7/1999 Med # Active Date: 5/7/1999 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,535 Medicare: 1,003 Medicaid: 23,147	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.16871% Occupancy: 99.39498% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 124.26734% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	996,751	2,290,396	1,049,124	206,703	0	4,542,974
1a	Audit Adjustments						
2	Cost Per Diem	43.0618	98.9500	45.3244	8.9300		196.2662
3	Cost Per Diem Inflated	44.4873	101.2570	46.8248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4873	101.2570	46.8248	8.9300		201.4991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1967		57.2361			
7	Provider Target Rate	59.5258		58.5433			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4873	96.4295	46.8248	8.9300		196.6716
12/13	Medicaid Adjustment Rate		0.3438	0.1669			
14	Prospective Per Diem 11	44.4873	96.7733	46.9917	8.9300		197.1823
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 214914-00 - 2012/01

213.06

Baldomero Lopez State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	None [1]	80% Capital(1):	4,383,274	8.5328
Indexed Asset Value	5,479,093	< 60% of Base:	True	20% ROE(2):	1,095,819	0.7180
FRVS Base Asset:	886,642	Interest Rate:	7.7500 %	Insurance Cost(3):	6,212	0.1427
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	42,935	0.9862
		Interest Only:	True	Replacement(3&4):	63,822	0.0000
		Yearly Payment:	336,361	Total FRVS PD:		10.3797

(1) 80% Capital (\$4,383,274) amortized at 7.7500% for 20 years Interest of \$336,361 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5328

(2) 20% ROE (\$1,095,819) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7180

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4873	44.4873	3.2264	41.2609
Patient Care				
Direct Care	96.7733	96.7733	7.0184	89.7549
Indirect Care	46.9917	46.9917	3.4080	43.5837
Property	8.9300	10.3797	0.7528	9.6269
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.6627
Supplemental Rate Add-on				\$8.1747
Totals	197.1823	198.6320	14.4056	213.0638

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 215597-00 - 2012/01 194.24

Osprey Point Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1104 South Main Street Bushnell FL 33513 County: Sumter[60] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/2/1999 Acquired Date: 7/2/1999 Entered Medicaid 7/2/1999 Med # Active Date: 7/2/1999 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,291 Medicare: 8,493 Medicaid: 9,543	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.03070% Occupancy: 92.65297% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.83823% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	394,906	711,000	511,310	157,269	0	1,774,485
1a	Audit Adjustments						
2	Cost Per Diem	41.3817	74.5049	53.5796	16.4800		185.9462
3	Cost Per Diem Inflated	43.2197	76.5992	55.9593			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2197	76.5992	55.9593	16.4800		192.2582
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6481		49.8552			
7	Provider Target Rate	43.6221		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2197	76.5992	50.9938	13.6500		184.4627
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.2197	76.5992	50.9938	13.6500		184.4627
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 215597-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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194.24

Osprey Point Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/2/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,725,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	2,235,424	12.5709
Indexed Asset Value	2,794,280	< 60% of Base:	False	20% ROE(2):	558,856	0.7826
FRVS Base Asset:	2,330,760	Interest Rate:	9.3700 %	Insurance Cost(3):	12,873	0.6344
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	44,025	2.1697
ROE Factor	0.027600	Amortization Rate:	9.3700 %	Home Office(3):	7,761	0.3825
		Interest Only:	False	Replacement(3&4):	21,008	0.0000
		Yearly Payment:	247,772	Total FRVS PD:		16.5401

(1) 80% Capital (\$2,235,424) amortized at 9.3700% for 20 years Principal & Interest of \$247,772 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.5709

(2) 20% ROE (\$558,856) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7826

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2197	43.2197	3.1345	40.0852
Patient Care				
Direct Care	76.5992	76.5992	5.5553	71.0439
Indirect Care	50.9938	50.9938	3.6983	47.2955
Property	13.6500	16.5401	1.1996	15.3405
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.2975
Supplemental Rate Add-on				\$8.1747
Totals	184.4627	187.3528	13.5877	194.2373

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 216399-00 - 2012/01

234.86

Harbour's Edge

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 E. Linton Boulevard Delray Beach FL 33483 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/3/1987 Acquired Date: 8/3/1987 Entered Medicaid 6/1/1999 Med # Active Date: 6/1/1999 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 54 Maximum: 19,710 Max Annualized: 19,710 Total Patient: 14,623 Medicare: 5,378 Medicaid: 706	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 4.82801% Occupancy: 74.19077% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 92.75609% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	45,673	86,488	73,239	12,482	0	217,882
1a	Audit Adjustments						
2	Cost Per Diem	64.6926	122.5042	103.7380	17.6799		308.6147
3	Cost Per Diem Inflated	67.5659	125.9477	108.3455			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.5659	125.9477	108.3455	17.6799		319.5390
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	105.6775		106.0174			
7	Provider Target Rate	108.0910		108.4387			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.9097	72.5715	13.6500		248.1961
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	102.9097	72.5715	13.6500		248.1961
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 216399-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

234.86

Harbour's Edge

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	None [1]	80% Capital(1):	787,463	3.4065
Indexed Asset Value	984,329	< 60% of Base:	True	20% ROE(2):	196,866	0.3063
FRVS Base Asset:	0	Interest Rate:	0.0000 %	Insurance Cost(3):	54,502	3.7271
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	33,166	2.2681
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	2,328	0.1592
		Interest Only:	True	Replacement(3&4):	4,426,800	0.0000
		Yearly Payment:	60,428	Total FRVS PD:		9.8672

(1) 80% Capital (\$787,463) amortized at 7.7500% for 20 years Interest of \$60,428 divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = \$3.4065

(2) 20% ROE (\$196,866) times the ROE factor (0.027600) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = \$0.3063

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 54	Effective PBS Limitation	1,576,530

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	9.8672	0.7156	9.1516
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	248.1961	244.4133	17.7258	234.8622

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 217263-00 - 2012/01

203.57

Crystal River Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
136 Northeast 12th Avenue Crystal River FL 34429 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/8/1976 Acquired Date: 12/8/1976 Entered Medicaid 12/8/1976 Med # Active Date: 7/1/1999 Previous Med # 206873	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 37,659 Medicare: 6,130 Medicaid: 27,442	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,274,738	2,327,405	1,143,571	484,351	0	5,230,065
1a	Audit Adjustments						
2	Cost Per Diem	46.4521	84.8118	41.6723	17.6500		190.5862
3	Cost Per Diem Inflated	47.9899	86.7892	43.0518			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9899	86.7892	43.0518	17.6500		195.4809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7400		45.2972			
7	Provider Target Rate	49.8531		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	86.7892	43.0518	13.6500		190.2056
12/13	Medicaid Adjustment Rate		2.2329	1.1077			
14	Prospective Per Diem 11	46.7146	89.0221	44.1595	13.6500		193.5462
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217263-00 - 2012/01
203.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Crystal River Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,920,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/07	Type:	Variable [3]	80% Capital(1):	4,093,608	7.4622
Indexed Asset Value	5,117,010	< 60% of Base:	False	20% ROE(2):	1,023,402	0.5365
FRVS Base Asset:	2,866,100	Interest Rate:	6.5500 %	Insurance Cost(3):	31,249	0.8298
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	59,969	1.5924
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	47,728	1.2674
		Interest Only:	False	Replacement(3&4):	219,727	0.0000
		Yearly Payment:	367,698	Total FRVS PD:		11.6883

(1) 80% Capital (\$4,093,608) amortized at 6.5500% for 20 years Principal & Interest of \$367,698 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$7.4622

(2) 20% ROE (\$1,023,402) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.5365

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 150	Effective PBS Limitation	4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	89.0221	89.0221	6.4563	82.5658
Indirect Care	44.1595	44.1595	3.2026	40.9569
Property	13.6500	11.6883	0.8477	10.8406
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7073
Supplemental Rate Add-on				\$8.1747
Totals	193.5462	191.5845	13.8945	203.5720

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 217395-00 - 2012/01

188.42

Ocala Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1201 Southeast 24th Road Ocala FL 34471 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/21/1977 Acquired Date: 11/21/1977 Entered Medicaid 11/21/1977 Med # Active Date: 7/1/1999 Previous Med # 206890	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,409 Medicare: 7,503 Medicaid: 40,272	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 70.14928% Occupancy: 87.38052% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.24641% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,384,286	3,359,647	1,445,242	672,542	0	6,861,717
1a	Audit Adjustments						
2	Cost Per Diem	34.3734	83.4239	35.8870	16.7000		170.3843
3	Cost Per Diem Inflated	35.5113	85.3689	37.0750			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.5113	85.3689	37.0750	16.7000		174.6552
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4190		45.2972			
7	Provider Target Rate	41.3421		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.5113	85.3689	37.0750	13.6500		171.6052
12/13	Medicaid Adjustment Rate		1.9351	0.8404			
14	Prospective Per Diem 11	35.5113	87.3040	37.9154	13.6500		174.3807
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217395-00 - 2012/01
188.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ocala Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,160,000.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Variable [3]	80% Capital(1):	6,341,584	9.6333
Indexed Asset Value	7,926,980	< 60% of Base:	False	20% ROE(2):	1,585,396	0.6926
FRVS Base Asset:	4,016,165	Interest Rate:	6.5500 %	Insurance Cost(3):	82,447	1.4361
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	48,330	0.8419
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	68,114	1.1865
		Interest Only:	False	Replacement(3&4):	218,918	0.0000
		Yearly Payment:	569,616	Total FRVS PD:		13.7904

(1) 80% Capital (\$6,341,584) amortized at 6.5500% for 20 years Principal & Interest of \$569,616 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.6333

(2) 20% ROE (\$1,585,396) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6926

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.5113	35.5113	2.5754	32.9359
Patient Care				
Direct Care	87.3040	87.3040	6.3317	80.9723
Indirect Care	37.9154	37.9154	2.7498	35.1656
Property	13.6500	13.7904	1.0001	12.7903
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3858
Supplemental Rate Add-on				\$8.1747
Totals	174.3807	174.5211	12.6570	188.4246

***Medicaid Trend Adjustment :**



0 217727-00 - 2012/01
198.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Melbourne Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2125 West New Havene Avenu West Melbourne FL 32904 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1979 Acquired Date: 9/11/1980 Entered Medicaid 9/11/1980 Med # Active Date: 7/1/1999 Previous Med # 206911	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 51,198 Medicare: 5,903 Medicaid: 31,307	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 61.14887% Occupancy: 77.92694% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.42719% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,158,893	2,853,295	1,176,341	500,286	0	5,688,815
1a	Audit Adjustments						
2	Cost Per Diem	37.0171	91.1392	37.5744	15.9800		181.7107
3	Cost Per Diem Inflated	39.1134	94.3035	39.7022			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.1134	94.3035	39.7022	15.9800		189.0991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8544		47.1821			
7	Provider Target Rate	47.9245		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.1134	94.3035	39.7022	13.6500		186.7691
12/13	Medicaid Adjustment Rate		1.1828	0.4980			
14	Prospective Per Diem 11	39.1134	95.4863	40.2002	13.6500		188.4499
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217727-00 - 2012/01
198.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Melbourne Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2011	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,108,783.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	4,571,568	6.6075
Indexed Asset Value	5,714,460	< 60% of Base:	False	20% ROE(2):	1,142,892	0.6100
FRVS Base Asset:	2,055,416	Interest Rate:	5.9264 %	Insurance Cost(3):	13,226	0.2583
Occup Adj Factor:	0.9000	Chase Rate:	5.3347 %	Taxes Cost(3):	88,879	1.7360
ROE Factor	0.031560	Amortization Rate:	5.9264 %	Home Office(3):	60,502	1.1817
		Interest Only:	False	Replacement(3&4):	79,625	0.0000
		Yearly Payment:	390,700	Total FRVS PD:		10.3935

(1) 80% Capital (\$4,571,568) amortized at 5.9264% for 20 years Principal & Interest of \$390,700 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.6075

(2) 20% ROE (\$1,142,892) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6100

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.1134	39.1134	2.8367	36.2767
Patient Care				
Direct Care	95.4863	95.4863	6.9251	88.5612
Indirect Care	40.2002	40.2002	2.9155	37.2847
Property	13.6500	10.3935	0.7538	9.6397
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7115
Supplemental Rate Add-on				\$8.1747
Totals	188.4499	185.1934	13.4311	198.6485

***Medicaid Trend Adjustment :**



0 217735-00 - 2012/01
207.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Augustine Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
51 Sunrise Boulevard St. Augustine FL 32086 County: St Johns[55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/2/1976 Acquired Date: 4/2/1976 Entered Medicaid 4/2/1976 Med # Active Date: 7/1/1999 Previous Med # 206903	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,364 Medicare: 5,863 Medicaid: 28,100	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.24575% Occupancy: 87.58904% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.50712% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,460	2,565,353	1,208,913	474,328	0	5,417,054
1a	Audit Adjustments						
2	Cost Per Diem	41.5822	91.2937	43.0218	16.8800		192.7777
3	Cost Per Diem Inflated	42.9588	93.4222	44.4460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9588	93.4222	44.4460	16.8800		197.7070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0214		45.2972			
7	Provider Target Rate	55.2552		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9588	93.4222	44.4460	13.6500		194.4770
12/13	Medicaid Adjustment Rate		2.4431	1.1623			
14	Prospective Per Diem 11	42.9588	95.8653	45.6083	13.6500		198.0824
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 217735-00 - 2012/01
207.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Augustine Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,760,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Variable [3]	80% Capital(1):	3,193,868	7.2775
Indexed Asset Value	3,992,335	< 60% of Base:	False	20% ROE(2):	798,467	0.5232
FRVS Base Asset:	2,002,828	Interest Rate:	6.5500 %	Insurance Cost(3):	29,134	0.7594
Occup Adj Factor:	0.9000	Chase Rate:	5.7500 %	Taxes Cost(3):	39,322	1.0250
ROE Factor	0.025830	Amortization Rate:	6.5500 %	Home Office(3):	49,425	1.2883
		Interest Only:	False	Replacement(3&4):	238,770	0.0000
		Yearly Payment:	286,881	Total FRVS PD:		10.8734

(1) 80% Capital (\$3,193,868) amortized at 6.5500% for 20 years Principal & Interest of \$286,881 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.2775

(2) 20% ROE (\$798,467) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5232

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9588	42.9588	3.1156	39.8432
Patient Care				
Direct Care	95.8653	95.8653	6.9526	88.9127
Indirect Care	45.6083	45.6083	3.3077	42.3006
Property	13.6500	10.8734	0.7886	10.0848
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9177
Supplemental Rate Add-on				\$8.1747
Totals	198.0824	195.3058	14.1645	207.2337

***Medicaid Trend Adjustment :**



0 217743-00 - 2012/01

200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Davtona Beach Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1055 Third Avenue Daytona Beach FL 32117 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1977 Acquired Date: 10/1/1977 Entered Medicaid 10/1/1977 Med # Active Date: 7/1/1999 Previous Med # 206881	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 55,044 Medicare: 5,176 Medicaid: 43,691	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 79.37468% Occupancy: 83.78082% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 104.74592% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,547,289	3,989,473	1,585,740	657,550	0	7,780,052
1a	Audit Adjustments						
2	Cost Per Diem	35.4144	91.3111	36.2944	15.0500		178.0699
3	Cost Per Diem Inflated	37.4199	94.4814	38.3497			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4199	94.4814	38.3497	15.0500		185.3010
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8499		45.2972			
7	Provider Target Rate	59.1711		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4199	94.4814	38.3497	13.6500		183.9010
12/13	Medicaid Adjustment Rate		3.1223	1.2673			
14	Prospective Per Diem 11	37.4199	97.6037	39.6170	13.6500		188.2906
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217743-00 - 2012/01
200.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Davtona Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,972,858.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed [2]	80% Capital(1):	4,403,168	7.6420
Indexed Asset Value	5,503,960	< 60% of Base:	False	20% ROE(2):	1,100,792	0.5875
FRVS Base Asset:	3,068,148	Interest Rate:	8.3000 %	Insurance Cost(3):	39,153	0.7113
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	101,095	1.8366
ROE Factor	0.031560	Amortization Rate:	8.3000 %	Home Office(3):	62,632	1.1379
		Interest Only:	False	Replacement(3&4):	402,404	0.0000
		Yearly Payment:	451,874	Total FRVS PD:		11.9153

(1) 80% Capital (\$4,403,168) amortized at 8.3000% for 20 years Principal & Interest of \$451,874 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$7.6420

(2) 20% ROE (\$1,100,792) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5875

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.4199	37.4199	2.7138	34.7061
Patient Care				
Direct Care	97.6037	97.6037	7.0786	90.5251
Indirect Care	39.6170	39.6170	2.8732	36.7438
Property	13.6500	11.9153	0.8641	11.0512
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1612
Supplemental Rate Add-on				\$8.1747
Totals	188.2906	186.5559	13.5297	200.3621

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 217824-00 - 2012/01

211.82

Life Care Center of Port St. Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3720 South Jennings Road Port St Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/9/1999 Acquired Date: 9/9/1999 Entered Medicaid 9/9/1999 Med # Active Date: 9/9/1999 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 123 Maximum: 44,895 Max Annualized: 44,895 Total Patient: 40,498 Medicare: 19,128 Medicaid: 15,373	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 37.95990% Occupancy: 90.20604% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.77899% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	756,700	1,375,072	891,016	388,168	0	3,410,956
1a	Audit Adjustments						
2	Cost Per Diem	49.2227	89.4472	57.9598	25.2500		221.8797
3	Cost Per Diem Inflated	50.6978	91.3908	59.6967			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.6978	91.3908	59.6967	25.2500		227.0353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8824		50.3196			
7	Provider Target Rate	54.0902		51.4688			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.6978	91.3908	51.4688	13.6500		207.2074
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.6978	91.3908	51.4688	13.6500		207.2074
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 217824-00 - 2012/01
211.82

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Port St. Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,495,769.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	4,599,387	9.2045
Indexed Asset Value	5,749,234	< 60% of Base:	False	20% ROE(2):	1,149,847	0.7351
FRVS Base Asset:	4,778,058	Interest Rate:	7.2400 %	Insurance Cost(3):	19,937	0.4923
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	99,673	2.4612
ROE Factor	0.025830	Amortization Rate:	5.2500 %	Home Office(3):	44,143	1.0900
		Interest Only:	False	Replacement(3&4):	142,519	0.0000
		Yearly Payment:	371,912	Total FRVS PD:		13.9831

(1) 80% Capital (\$4,599,387) amortized at 5.2500% for 20 years Principal & Interest of \$371,912 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$9.2045

(2) 20% ROE (\$1,149,847) times the ROE factor (0.025830) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = \$0.7351

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 123	Effective PBS Limitation	4,778,058

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.6978	50.6978	3.6768	47.0210
Patient Care				
Direct Care	91.3908	91.3908	6.6280	84.7628
Indirect Care	51.4688	51.4688	3.7327	47.7361
Property	13.6500	13.9831	1.0141	12.9690
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.1604
Supplemental Rate Add-on				\$8.1747
Totals	207.2074	207.5405	15.0516	211.8240

***Medicaid Trend Adjustment :**



0 218057-00 - 2012/01
201.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeshore Villas Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16002 Lakeshore Villas Drive Tampa FL 33613	02/01/2010-01/31/2011	Number of Beds: 179	Superior: 0
County: Hillsborough[29]	Days In CR 365	Maximum: 65,335	Standard: 181
Region: Central[3] Area: 6	First Used: 2012/01	Max Annualized: 65,335	Conditional: 0
Control Private Non-Profit [3]	Last Used: 2012/01	Total Patient: 58,589	Total: 181
Current Class Central Large [6]	Unaudited [3]	Medicare: 9,481	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 34,510	FY Index: 1.22248089
Operating Ex > 18 months [1]	Medicaid Utilization 58.90184%		Semester Index: 1.27500780
Open Date: 9/1/1986	Occupancy: 89.67475%		Cost: 1.04296747
Acquired Date: 9/1/1986	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 9/1/1986	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17483274
Med # Active Date: 7/1/1999	Low Occupancy Adjustment Factor: 112.11475%		DC Sem Index: 1.20700000
Previous Med # 209040	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02738029
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,533,216	2,692,946	1,963,714	815,126	0	7,005,002
1a	Audit Adjustments						
2	Cost Per Diem	44.4282	78.0338	56.9028	23.6200		202.9848
3	Cost Per Diem Inflated	46.3372	80.1704	59.3478			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.3372	80.1704	59.3478	23.6200		209.4754
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5400		47.1821			
7	Provider Target Rate	51.6943		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3372	80.1704	48.2597	13.6500		188.4173
12/13	Medicaid Adjustment Rate		0.8029	0.4833			
14	Prospective Per Diem 11	46.3372	80.9733	48.7430	13.6500		189.7035
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 218057-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

201.85

Lakeshore Villas Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 17,754,294.00		
RS to Start Calcs: 1986/07		Type: Fixed [2]	80% Capital(1): 5,960,977	9.6991
Indexed Asset Value 7,451,221		< 60% of Base: False	20% ROE(2): 1,490,244	0.6863
FRVS Base Asset: 2,801,043		Interest Rate: 7.3640 %	Insurance Cost(3): 44,679	0.7626
Occup Adj Factor: 0.9000		Chase Rate: 7.7500 %	Taxes Cost(3): 393	0.0067
ROE Factor 0.027080		Amortization Rate: 7.3640 %	Home Office(3): 64,013	1.0926
		Interest Only: False	Replacement(3&4): 34,869	0.0000
		Yearly Payment: 570,321	Total FRVS PD:	12.2473

(1) 80% Capital (\$5,960,977) amortized at 7.3640% for 20 years Principal & Interest of \$570,321 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.6991

(2) 20% ROE (\$1,490,244) times the ROE factor (0.027080) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.6863

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,448,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3372	46.3372	3.3606	42.9766
Patient Care				
Direct Care	80.9733	80.9733	5.8725	75.1008
Indirect Care	48.7430	48.7430	3.5350	45.2080
Property	13.6500	12.2473	0.9900	12.6600
ROE	0.0000	0.0936		
ROE Adjustment	0.0000	-0.0936		
Quality Assess-Medicaid Share				\$17.7275
Supplemental Rate Add-on				\$8.1747
Totals	189.7035	188.3008	13.7581	201.8476

***Medicaid Trend Adjustment :**



0 218171-00 - 2012/01
195.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

W. JACKSONVILLE HEALTH AND REHAB CEI

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1650 Fouraker Road Jacksonville FL 32221 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1990 Acquired Date: 7/20/1990 Entered Medicaid 8/10/1990 Med # Active Date: 3/25/1999 Previous Med # 202550	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,894 Medicare: 7,618 Medicaid: 23,846	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,118,432	1,853,440	1,161,212	339,806	0	4,472,890
1a	Audit Adjustments						
2	Cost Per Diem	46.9023	77.7254	48.6963	14.2500		187.5740
3	Cost Per Diem Inflated	49.3323	80.2406	51.2193			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.3323	80.2406	51.2193	14.2500		195.0422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.4123		46.5184			
7	Provider Target Rate	40.3124		47.5808			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.3124	80.2406	47.5808	13.6500		181.7838
12/13	Medicaid Adjustment Rate		1.0210	0.6054			
14	Prospective Per Diem 11	40.3124	81.2616	48.1862	13.6500		183.4102
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 218171-00 - 2012/01
195.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

W. JACKSONVILLE HEALTH AND REHAB CEI

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/10/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,500,000.00	Total Amount	Per Diem
RS to Start Calcs: 1990/07	Type: Variable [3]	80% Capital(1): 4,428,018	9.4637
Indexed Asset Value 5,535,022	< 60% of Base: False	20% ROE(2): 1,107,004	0.8543
FRVS Base Asset: 3,620,880	Interest Rate: 5.7500 %	Insurance Cost(3): 40,664	1.0455
Occup Adj Factor: 0.9000	Chase Rate: 6.2500 %	Taxes Cost(3): 61,757	1.5878
ROE Factor 0.030420	Amortization Rate: 5.7500 %	Home Office(3): 15,872	0.4081
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 373,061	Total FRVS PD:	13.3594

(1) 80% Capital (\$4,428,018) amortized at 5.7500% for 20 years Principal & Interest of \$373,061 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4637

(2) 20% ROE (\$1,107,004) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8543

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.3124	40.3124	2.9236	37.3888
Patient Care				
Direct Care	81.2616	81.2616	5.8934	75.3682
Indirect Care	48.1862	48.1862	3.4947	44.6915
Property	13.6500	13.3594	0.9689	12.3905
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0074
Supplemental Rate Add-on				\$8.1747
Totals	183.4102	183.1196	13.2806	195.0211

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 219380-00 - 2012/01

199.84

Life Care Center of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1510 Cypress Gardens Boulevard Winter Haven FL 33884 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/3/1999 Acquired Date: 11/3/1999 Entered Medicaid 11/3/1999 Med # Active Date: 11/3/1999 Previous Med #	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 177 Maximum: 64,605 Max Annualized: 64,605 Total Patient: 59,709 Medicare: 27,495 Medicaid: 27,094	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 45.37674% Occupancy: 92.42164% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.54900% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,130,731	2,350,402	1,598,167	767,573	0	5,846,873
1a	Audit Adjustments						
2	Cost Per Diem	41.7336	86.7499	58.9860	28.3300		215.7995
3	Cost Per Diem Inflated	42.9842	88.6349	60.7537			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9842	88.6349	60.7537	28.3300		220.7028
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8262		47.1821			
7	Provider Target Rate	48.9185		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9842	88.6349	48.2597	13.6500		193.5288
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.9842	88.6349	48.2597	13.6500		193.5288
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 219380-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.84

Life Care Center of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 8,109,272 FRVS Base Asset: 6,875,742 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	13,959,827.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,487,418	9.6309
	< 60% of Base:	False	20% ROE(2):	1,621,854	0.7205
	Interest Rate:	6.0500 %	Insurance Cost(3):	30,080	0.5038
	Chase Rate:	8.2500 %	Taxes Cost(3):	155,632	2.6065
	Amortization Rate:	6.0500 %	Home Office(3):	60,009	1.0050
	Interest Only:	False	Replacement(3&4):	22,911	0.0000
Yearly Payment:	559,982	Total FRVS PD:	14.4667		

(1) 80% Capital (\$6,487,418) amortized at 6.0500% for 20 years Principal & Interest of \$559,982 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$9.6309

(2) 20% ROE (\$1,621,854) times the ROE factor (0.025830) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = \$0.7205

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 177	Effective PBS Limitation	6,875,742

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9842	42.9842	3.1174	39.8668
Patient Care				
Direct Care	88.6349	88.6349	6.4282	82.2067
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.6500	14.4667	1.0492	13.4175
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.4108
Supplemental Rate Add-on				\$8.1747
Totals	193.5288	194.3455	14.0948	199.8362

***Medicaid Trend Adjustment :**



0 220604-00 - 2012/01
214.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Century Care Center.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6020 Industrial Blvd. Century FL 32535 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/12/1994 Acquired Date: 8/12/1994 Entered Medicaid 8/12/1994 Med # Active Date: 2/29/2000 Previous Med # 211168	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 88 Maximum: 32,120 Max Annualized: 32,120 Total Patient: 30,551 Medicare: 3,047 Medicaid: 24,094 Medicaid Utilization 78.86485% Occupancy: 95.11519% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.91658% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,091,494	2,081,179	1,173,580	487,663	0	4,833,916
1a	Audit Adjustments						
2	Cost Per Diem	45.3015	86.3775	48.7084	20.2400		200.6274
3	Cost Per Diem Inflated	47.7576	89.2745	51.3492			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.7576	89.2745	51.3492	20.2400		208.6213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9149		49.8552			
7	Provider Target Rate	43.8950		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8950	89.2745	50.9938	13.6500		197.8133
12/13	Medicaid Adjustment Rate		2.8990	1.6559			
14	Prospective Per Diem 11	43.8950	92.1735	52.6497	13.6500		202.3682
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 220604-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

214.52

Century Care Center.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/12/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,207,800.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed [2]	80% Capital(1):	2,677,620	10.0005
Indexed Asset Value	3,347,025	< 60% of Base:	False	20% ROE(2):	669,405	0.7188
FRVS Base Asset:	2,367,400	Interest Rate:	10.0000 %	Insurance Cost(3):	43,429	1.4215
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	28,144	0.9212
ROE Factor	0.031040	Amortization Rate:	9.0000 %	Home Office(3):	5,143	0.1683
		Interest Only:	False	Replacement(3&4):	5,182	0.0000
		Yearly Payment:	289,095	Total FRVS PD:	13.2303	

(1) 80% Capital (\$2,677,620) amortized at 9.0000% for 20 years Principal & Interest of \$289,095 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$10.0005

(2) 20% ROE (\$669,405) times the ROE factor (0.031040) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = \$0.7188

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	49,785
Comparison Bed 70	Effective PBS Limitation	2,367,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8950	43.8950	3.1834	40.7116
Patient Care				
Direct Care	92.1735	92.1735	6.6848	85.4887
Indirect Care	52.6497	52.6497	3.8184	48.8313
Property	13.6500	13.2303	0.9595	12.2708
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0406
Supplemental Rate Add-on				\$8.1747
Totals	202.3682	201.9485	14.6461	214.5177

***Medicaid Trend Adjustment :**



0 220612-00 - 2012/01

204.20

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Santa Rosa Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5386 Broad Steet Milton FL 32570 County: Santa Rosa [57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1971 Acquired Date: 3/1/1971 Entered Medicaid 1/1/1971 Med # Active Date: 2/29/2000 Previous Med # 203505	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 35,178 Medicare: 2,622 Medicaid: 28,142 Medicaid Utilization 79.99886% Occupancy: 87.61644% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.54137% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 146 Conditional: 35 Total: 181 Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,238	2,462,872	1,295,904	379,073	0	5,260,087
1a	Audit Adjustments						
2	Cost Per Diem	39.8777	87.5159	46.0488	13.4700		186.9124
3	Cost Per Diem Inflated	42.0398	90.4511	48.5454			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0398	90.4511	48.5454	13.4700		194.5063
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	90.4511	46.3317	13.4700		188.0978
12/13	Medicaid Adjustment Rate		2.4623	1.2613			
14	Prospective Per Diem 11	37.8450	92.9134	47.5930	13.4700		191.8214
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 220612-00 - 2012/01
204.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Santa Rosa Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,294,047 FRVS Base Asset: 1,673,412 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	815,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,635,238	9.0669
	< 60% of Base:	True	20% ROE(2):	658,809	0.5659
	Interest Rate:	8.2700 %	Insurance Cost(3):	52,487	1.4920
	Chase Rate:	12.5000 %	Taxes Cost(3):	21,202	0.6027
	Amortization Rate:	12.5000 %	Home Office(3):	5,892	0.1675
	Interest Only:	True	Replacement(3&4):	11,994	0.0000
Yearly Payment:	327,632	Total FRVS PD:	11.8950		

(1) 80% Capital (\$2,635,238) amortized at 12.5000% for 20 years Interest of \$327,632 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$9.0669

(2) 20% ROE (\$658,809) times the ROE factor (0.031040) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.5659

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	92.9134	92.9134	6.7385	86.1749
Indirect Care	47.5930	47.5930	3.4516	44.1414
Property	13.4700	11.8950	0.8627	11.0323
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5736
Supplemental Rate Add-on				\$8.1747
Totals	191.8214	190.2464	13.7975	204.1972

***Medicaid Trend Adjustment :**



0 220621-00 - 2012/01

219.46

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Sandy Ridge Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5360 Glover Lane Milton FL 32570 County: Santa Rosa [57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 4/24/1987 Med # Active Date: 2/29/2000 Previous Med # 209465	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,896 Medicare: 1,939 Medicaid: 15,022 Medicaid Utilization 75.50261% Occupancy: 90.84932% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.58323% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	716,230	1,333,431	784,875	195,887	0	3,030,423
1a	Audit Adjustments						
2	Cost Per Diem	47.6787	88.7652	52.2484	13.0400		201.7323
3	Cost Per Diem Inflated	50.2637	91.7423	55.0812			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.2637	91.7423	55.0812	13.0400		210.1272
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		50.3213			
7	Provider Target Rate	42.9238		51.4706			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9238	91.7423	51.4706	13.0400		199.1767
12/13	Medicaid Adjustment Rate		2.6321	1.4767			
14	Prospective Per Diem 11	42.9238	94.3744	52.9473	13.0400		203.2855
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 220621-00 - 2012/01
219.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sandy Ridge Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/29/2000	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 1,650,000.00	Total Amount	Per Diem
RS to Start Calcs: 1985/07	Type: Fixed [2]	80% Capital(1): 2,239,329	13.5485
Indexed Asset Value: 2,799,161	< 60% of Base: False	20% ROE(2): 559,832	0.8816
FRVS Base Asset: 1,695,540	Interest Rate: 10.4310 %	Insurance Cost(3): 29,677	1.4916
Occup Adj Factor: 0.9000	Chase Rate: 9.0000 %	Taxes Cost(3): 17,738	0.8915
ROE Factor: 0.031040	Amortization Rate: 10.4310 %	Home Office(3): 3,324	0.1671
	Interest Only: False	Replacement(3&4): 28,691	0.0000
	Yearly Payment: 267,040	Total FRVS PD:	16.9803

(1) 80% Capital (\$2,239,329) amortized at 10.4310% for 20 years Principal & Interest of \$267,040 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$13.5485

(2) 20% ROE (\$559,832) times the ROE factor (0.031040) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8816

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,259
Comparison Date: 1/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,695,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9238	42.9238	3.1130	39.8108
Patient Care				
Direct Care	94.3744	94.3744	6.8444	87.5300
Indirect Care	52.9473	52.9473	3.8400	49.1073
Property	13.0400	16.9803	1.2315	15.7488
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0888
Supplemental Rate Add-on				\$8.1747
Totals	203.2855	207.2258	15.0289	219.4604

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 221465-00 - 2012/01 176.19

Clermont Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
151 East Minnehaha Ave Clermont FL 34711 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1968 Acquired Date: 7/1/1981 Entered Medicaid 7/1/1981 Med # Active Date: 9/29/1999 Previous Med # 212539	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 182 Maximum: 60,788 Max Annualized: 66,430 Total Patient: 54,731 Medicare: 10,426 Medicaid: 39,663	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.46898% Occupancy: 90.03586% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.56622% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,213,875	3,054,408	1,476,739	680,220	0	6,425,242
1a	Audit Adjustments						
2	Cost Per Diem	30.6047	77.0090	37.2322	17.1500		161.9959
3	Cost Per Diem Inflated	31.9197	79.1175	38.8320			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.9197	79.1175	38.8320	17.1500		167.0192
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.9197	79.1175	38.8320	13.6500		163.5192
12/13	Medicaid Adjustment Rate		1.9999	0.9816			
14	Prospective Per Diem 11	31.9197	81.1174	39.8136	13.6500		166.5007
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 221465-00 - 2012/01
176.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Clermont Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,153,991.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Variable [3]	80% Capital(1):	5,371,414	7.8865
Indexed Asset Value	6,714,267	< 60% of Base:	False	20% ROE(2):	1,342,853	0.6049
FRVS Base Asset:	2,631,593	Interest Rate:	6.2600 %	Insurance Cost(3):	73,858	1.3495
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026930	Amortization Rate:	6.2600 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	66,697	0.0000
		Yearly Payment:	471,510	Total FRVS PD:		9.8409

(1) 80% Capital (\$5,371,414) amortized at 6.2600% for 20 years Principal & Interest of \$471,510 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$7.8865

(2) 20% ROE (\$1,342,853) times the ROE factor (0.026930) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = \$0.6049

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 142	Effective PBS Limitation	4,047,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.9197	31.9197	2.3150	29.6047
Patient Care				
Direct Care	81.1174	81.1174	5.8830	75.2344
Indirect Care	39.8136	39.8136	2.8874	36.9262
Property	13.6500	9.8409	0.7137	9.1272
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1210
Supplemental Rate Add-on				\$8.1747
Totals	166.5007	162.6916	11.7991	176.1882

***Medicaid Trend Adjustment :**



0 221473-00 - 2012/01
230.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Calusa Harbour

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2525 East First St Ft. Myers FL 33901 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 4/23/1999 Previous Med # 210935	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,166 Medicare: 9,411 Medicaid: 5,821 Medicaid Utilization 28.86542% Occupancy: 92.08219% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.12462% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	341,261	516,498	373,890	98,433	33,825	1,363,907
1a	Audit Adjustments						
2	Cost Per Diem	58.6258	88.7301	64.2312	16.9100	5.8109	234.3079
3	Cost Per Diem Inflated	61.2297	91.2242	67.0840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.2297	91.2242	67.0840	16.9100	5.8109	242.2588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	83.7244		62.0232			
7	Provider Target Rate	85.6365		63.4397			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	91.2242	63.4397	13.6500	5.8109	233.1897
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	91.2242	63.4397	13.6500	5.8109	233.1897
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 221473-00 - 2012/01
230.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Calusa Harbour

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
RS to Start Calcs: 1984/01	Type:	2,120,000.00	80% Capital(1):	1,558,383	8.0926
Indexed Asset Value: 1,947,979	< 60% of Base:	Variable [3]	20% ROE(2):	389,596	0.5456
FRVS Base Asset: 1,177,008	Interest Rate:	8.2640 %	Insurance Cost(3):	23,375	1.1591
Occup Adj Factor: 0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	17,213	0.8536
ROE Factor: 0.027600	Amortization Rate:	8.2640 %	Home Office(3):	47,843	2.3725
	Interest Only:	False	Replacement(3&4):	1,309,033	0.0000
	Yearly Payment:	159,506	Total FRVS PD:		13.0234

(1) 80% Capital (\$1,558,383) amortized at 8.2640% for 20 years Principal & Interest of \$159,506 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.0926

(2) 20% ROE (\$389,596) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5456

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed: 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	91.2242	91.2242	6.6160	84.6082
Indirect Care	63.4397	63.4397	4.6009	58.8388
Property	13.6500	13.0234	0.9900	12.6600
ROE	5.8109	5.4087	0.4214	5.3895
ROE Adjustment	-5.4087	-5.4087	-0.3923	-5.0164
Quality Assess-Medicaid Share				\$11.2798
Supplemental Rate Add-on				\$8.1747
Totals	227.7810	226.7522	16.5196	230.7159

***Medicaid Trend Adjustment :**



0 221589-00 - 2012/01

196.98

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Delaney Park Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
215 Annie St Orlando FL 32806 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1992 Acquired Date: 7/1/1992 Entered Medicaid 3/30/1993 Med # Active Date: 9/29/1999 Previous Med # 213268	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 20,040 Max Annualized: 21,900 Total Patient: 18,279 Medicare: 4,792 Medicaid: 9,572	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	377,118	721,832	509,904	163,011	0	1,771,865
1a	Audit Adjustments						
2	Cost Per Diem	39.3980	75.4108	53.2704	17.0300		185.1092
3	Cost Per Diem Inflated	41.0908	77.4756	55.5593			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0908	77.4756	55.5593	17.0300		191.1557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0908	77.4756	55.5593	13.6500		187.7757
12/13	Medicaid Adjustment Rate		0.2062	0.1479			
14	Prospective Per Diem 11	41.0908	77.6818	55.7072	13.6500		188.1298
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 221589-00 - 2012/01
196.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Delaney Park Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/30/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1992/07	Type: None [1]		80% Capital(1): 2,305,613		9.8537
Indexed Asset Value 2,882,016	< 60% of Base: True		20% ROE(2): 576,403		0.7875
FRVS Base Asset: 1,896,540	Interest Rate: 8.5000 %		Insurance Cost(3): 27,510		1.5050
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 2,078		0.1137
ROE Factor 0.026930	Amortization Rate: 8.5000 %		Home Office(3): 0		0.0000
	Interest Only: True		Replacement(3&4): 92,086		0.0000
	Yearly Payment: 194,217		Total FRVS PD:		12.2599

- (1) 80% Capital (\$2,305,613) amortized at 8.5000% for 20 years Interest of \$194,217 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.8537
- (2) 20% ROE (\$576,403) times the ROE factor (0.026930) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7875
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 31,609
Comparison Date: 1/1/1992	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0908	41.0908	2.9801	38.1107
Patient Care				
Direct Care	77.6818	77.6818	5.6338	72.0480
Indirect Care	55.7072	55.7072	4.0401	51.6671
Property	13.6500	12.2599	0.8891	11.3708
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6053
Supplemental Rate Add-on				\$8.1747
Totals	188.1298	186.7397	13.5431	196.9766

***Medicaid Trend Adjustment :**



0 223239-00 - 2012/01
214.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Regents Park at Aventura

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
18905 NE 25th Avenue North Miami Beach FL 33180 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/11/1988 Acquired Date: 1/11/1988 Entered Medicaid 11/21/1988 Med # Active Date: 5/1/2000 Previous Med # 200450	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,262 Medicare: 15,810 Medicaid: 33,242	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,364,097	2,644,876	2,333,800	1,143,192	0	7,485,965
1a	Audit Adjustments						
2	Cost Per Diem	41.0353	79.5643	70.2064	34.3900		225.1960
3	Cost Per Diem Inflated	43.1613	82.1390	73.8438			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1613	82.1390	73.8438	34.3900		233.5341
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6318		56.1991			
7	Provider Target Rate	44.6283		57.4826			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.1613	82.1390	57.4826	13.6500		196.4329
12/13	Medicaid Adjustment Rate		0.3938	0.2756			
14	Prospective Per Diem 11	43.1613	82.5328	57.7582	13.6500		197.1023
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223239-00 - 2012/01
214.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Regents Park at Aventura

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/21/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 7,500,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/01	Type: Variable [3]	80% Capital(1): 7,121,431	9.8602
Indexed Asset Value 8,901,789	< 60% of Base: False	20% ROE(2): 1,780,358	0.9159
FRVS Base Asset: 5,296,140	Interest Rate: 5.4000 %	Insurance Cost(3): 476,506	7.7782
Occup Adj Factor: 0.9000	Chase Rate: 5.7500 %	Taxes Cost(3): 232,508	3.7953
ROE Factor 0.030420	Amortization Rate: 5.4000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 134,102	0.0000
	Yearly Payment: 583,033	Total FRVS PD: 22.3496	

(1) 80% Capital (\$7,121,431) amortized at 5.4000% for 20 years Principal & Interest of \$583,033 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.8602

(2) 20% ROE (\$1,780,358) times the ROE factor (0.030420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.9159

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,423
Comparison Date: 7/1/1987	Current RS PBS: 49,785
Comparison Bed 180	Effective PBS Limitation 5,296,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1613	43.1613	3.1302	40.0311
Patient Care				
Direct Care	82.5328	82.5328	5.9856	76.5472
Indirect Care	57.7582	57.7582	4.1889	53.5693
Property	13.6500	22.3496	1.6209	20.7287
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6918
Supplemental Rate Add-on				\$8.1747
Totals	197.1023	205.8019	14.9256	214.7428

***Medicaid Trend Adjustment :**



0 223654-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

183.41

Orlando Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
830 West 29th Street Orlando FL 32805 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1971 Acquired Date: 5/1/1971 Entered Medicaid 5/1/1971 Med # Active Date: 9/29/1999 Previous Med # 218367	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 82.70523% Occupancy: 77.56230% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.97130% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 420 Maximum: 153,300 Max Annualized: 153,300 Total Patient: 118,903 Medicare: 10,356 Medicaid: 98,339	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,757,685	7,829,033	4,181,043	1,106,314	0	16,874,076
1a	Audit Adjustments						
2	Cost Per Diem	38.2115	79.6127	42.5166	11.2500		171.5908
3	Cost Per Diem Inflated	40.3754	82.3768	44.9243			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.3754	82.3768	44.9243	11.2500		178.9265
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	82.3768	44.9243	11.2500		178.4730
12/13	Medicaid Adjustment Rate		3.0309	1.6529			
14	Prospective Per Diem 11	39.9219	85.4077	46.5772	11.2500		183.1568
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 223654-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

183.41

Orlando Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 16,336,065 FRVS Base Asset: 8,041,774 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	16,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	13,068,852	10.7815
	< 60% of Base:	False	20% ROE(2):	3,267,213	0.7474
	Interest Rate:	9.7500 %	Insurance Cost(3):	169,802	1.4281
	Chase Rate:	7.7500 %	Taxes Cost(3):	4,223	0.0355
	Amortization Rate:	9.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	774,921	0.0000
Yearly Payment:	1,487,523	Total FRVS PD:		12.9925	

(1) 80% Capital (\$13,068,852) amortized at 9.7500% for 20 years Principal & Interest of \$1,487,523 divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = \$10.7815

(2) 20% ROE (\$3,267,213) times the ROE factor (0.031560) divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = \$0.7474

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 420	Effective PBS Limitation	11,970,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	85.4077	85.4077	6.1941	79.2136
Indirect Care	46.5772	46.5772	3.3780	43.1992
Property	11.2500	12.9925	0.9423	12.0502
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.7429
Supplemental Rate Add-on				\$8.1747
Totals	183.1568	184.8993	13.4097	183.4072

***Medicaid Trend Adjustment :**



0 223786-00 - 2012/01
214.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8104 North Tuttle Avenue Sarasota Fl 34243 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/5/2000 Acquired Date: 5/5/2000 Entered Medicaid 6/26/2000 Med # Active Date: 6/29/2000 Previous Med #	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,446 Medicare: 23,524 Medicaid: 12,490	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 31.66354% Occupancy: 90.05936% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.59559% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	582,512	1,193,763	701,822	592,276	0	3,070,373
1a	Audit Adjustments						
2	Cost Per Diem	46.6383	95.5775	56.1907	47.4200		245.8265
3	Cost Per Diem Inflated	48.6422	98.1944	58.6051			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6422	98.1944	58.6051	47.4200		252.8617
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6828		49.1848			
7	Provider Target Rate	55.9317		50.3081			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6422	97.3020	50.3081	13.6500		209.9023
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6422	97.3020	50.3081	13.6500		209.9023
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223786-00 - 2012/01
214.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/29/2000 Year of Phase-In/ Full: RS to Start Calcs: 2000/01 Indexed Asset Value 5,974,200 FRVS Base Asset: 4,718,880 Occup Adj Factor: 0.9000 ROE Factor 0.027080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	4,779,360	11.4266
	< 60% of Base:	True	20% ROE(2):	1,194,840	0.8208
	Interest Rate:	9.5000 %	Insurance Cost(3):	19,389	0.4915
	Chase Rate:	9.5000 %	Taxes Cost(3):	99,463	2.5215
	Amortization Rate:	9.5000 %	Home Office(3):	49,170	1.2465
	Interest Only:	True	Replacement(3&4):	128,897	0.0000
Yearly Payment:	450,437	Total FRVS PD:	16.5069		

- (1) 80% Capital (\$4,779,360) amortized at 9.5000% for 20 years Interest of \$450,437 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4266
- (2) 20% ROE (\$1,194,840) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8208
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 7/1/1999	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6422	48.6422	3.5277	45.1145
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	50.3081	50.3081	3.6486	46.6595
Property	13.6500	16.5069	1.1971	15.3098
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.5370
Supplemental Rate Add-on				\$8.1747
Totals	209.9023	212.7592	15.4301	214.0408

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 223808-00 - 2012/01 225.34

Avante at Orlando, inc.

Type of Cost Report: Prospective with Interim Component[8] Type of Cost: Actual with Interim Component[3] Type of Rate: Prospective[1] Interim Component effective date :05/13/2011
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 North Semoran Boulevar Orlando FL 32807 County: Orange[48] Region: Central[3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1970 Acquired Date: 9/1/1970 Entered Medicaid 10/1/1980 Med # Active Date: 6/1/2000 Previous Med # 213063	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 118 Maximum: 43,070 Max Annualized: 43,070 Total Patient: 36,742 Medicare: 4,470 Medicaid: 29,260	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 79.63638% Occupancy: 85.30764% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.65482% Weighted Low Occ Adjustment Factor: 100.00000% Interim Component Effective date: 5/13/2011	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,362,077	2,694,469	1,495,737	168,830	0	5,721,113
1a	Audit Adjustments						
2	Cost Per Diem	46.5508	92.0871	51.1188	5.7700		195.5267
3	Cost Per Diem Inflated	48.1998	94.3141	52.9296			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1998	94.3141	52.9296	5.7700		201.2135
5a	Interim Adjustment	0.5711	0.1895	6.6237			
5b	Interim Adjusted Per Diem	48.7709	94.5036	59.5533			
6	Prior Semester: Provider Target Base	43.3707		53.7992			
7	Provider Target Rate	44.3612		55.0279			
7a	Interim Adjustment	0.5711		6.6237			
7b	Interim Adjusted Provider Target Rate	44.9323		61.6516			
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9323	94.5036	56.9334	5.7700		202.1393
12/13	Medicaid Adjustment Rate		3.1508	1.8982			
14	Prospective Per Diem 11	44.9323	97.6544	58.8316	5.7700		207.1883
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 223808-00 - 2012/01
225.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Orlando, inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,548,006 FRVS Base Asset: 1,773,104 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	450,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,838,405	9.1038
	< 60% of Base:	True	20% ROE(2):	709,601	0.4787
	Interest Rate:	7.2000 %	Insurance Cost(3):	56,701	1.5432
	Chase Rate:	12.5000 %	Taxes Cost(3):	32,217	0.8768
	Amortization Rate:	12.5000 %	Home Office(3):	25,630	0.6976
	Interest Only:	True	Replacement(3&4):	20,205	0.0000
Yearly Payment:	352,892	Total FRVS PD:		12.7001	

(1) 80% Capital (\$2,838,405) amortized at 12.5000% for 20 years Interest of \$352,892 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$9.1038

(2) 20% ROE (\$709,601) times the ROE factor (0.026150) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.4787

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9323	44.9323	3.2587	41.6736
Patient Care				
Direct Care	97.6544	97.6544	7.0823	90.5721
Indirect Care	58.8316	58.8316	4.2667	54.5649
Property	5.7700	12.7001	0.9211	11.7790
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5769
Supplemental Rate Add-on				\$8.1747
Totals	207.1883	214.1184	15.5288	225.3412

***Medicaid Trend Adjustment :**



0 223883-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.61

Doctors Lake of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
833 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/3/1987 Med # Active Date: 4/1/2000 Previous Med # 213811	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,969 Medicare: 2,769 Medicaid: 31,288	Superior: 0 Standard: 175 Conditional: 6 Total: 181
	Medicaid Utilization 78.28067% Occupancy: 91.25342% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.08846% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.02372171 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.01856540 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,466,952	2,563,817	1,338,113	572,570	0	5,941,452
1a	Audit Adjustments						
2	Cost Per Diem	46.8855	81.9425	42.7676	18.3000		189.8956
3	Cost Per Diem Inflated	47.9977	83.4638	43.7821			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9977	83.4638	43.7821	18.3000		193.5436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4233		49.8586			
7	Provider Target Rate	43.3922		50.9973			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3922	83.4638	43.7821	13.6500		184.2881
12/13	Medicaid Adjustment Rate		2.5674	1.3468			
14	Prospective Per Diem 11	43.3922	86.0312	45.1289	13.6500		188.2023
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 223883-00 - 2012/01
202.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Doctors Lake of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,463,183 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,370,546	9.6167
	< 60% of Base:	True	20% ROE(2):	1,092,637	0.7046
	Interest Rate:	8.7500 %	Insurance Cost(3):	51,886	1.2982
	Chase Rate:	8.7500 %	Taxes Cost(3):	89,542	2.2403
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	31,630	0.0000
Yearly Payment:	379,092	Total FRVS PD:	13.8598		

- (1) 80% Capital (\$4,370,546) amortized at 8.7500% for 20 years Interest of \$379,092 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6167
- (2) 20% ROE (\$1,092,637) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7046
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3922	43.3922	3.1470	40.2452
Patient Care				
Direct Care	86.0312	86.0312	6.2393	79.7919
Indirect Care	45.1289	45.1289	3.2729	41.8560
Property	13.6500	13.8598	1.0052	12.8546
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6848
Supplemental Rate Add-on				\$8.1747
Totals	188.2023	188.4121	13.6644	202.6072

***Medicaid Trend Adjustment :**



0 224243-00 - 2012/01
201.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pensacola Health Care Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1717 West Avery Street Pensacola FL 32501 County: Escambia [17] Region: North [1] Area: 1 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1975 Acquired Date: 5/1/1975 Entered Medicaid 3/1/1984 Med # Active Date: 1/1/2000 Previous Med # 213772	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 118 Maximum: 43,070 Max Annualized: 43,070 Total Patient: 34,377 Medicare: 3,400 Medicaid: 28,625 Medicaid Utilization 83.26788% Occupancy: 79.81658% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.78969% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 150 Conditional: 31 Total: 181 Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,349,896	2,394,098	1,458,185	403,326	0	5,605,505
1a	Audit Adjustments						
2	Cost Per Diem	47.1579	83.6366	50.9410	14.0900		195.8255
3	Cost Per Diem Inflated	48.7190	85.5866	52.6274			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.7190	85.5866	52.6274	14.0900		201.0230
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.0090		50.5802			
7	Provider Target Rate	38.8771		51.7354			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8771	85.5866	51.7354	13.6500		189.8491
12/13	Medicaid Adjustment Rate		2.6546	1.6046			
14	Prospective Per Diem 11	38.8771	88.2412	53.3400	13.6500		194.1083
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 224243-00 - 2012/01
201.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pensacola Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/30/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	None [1]	80% Capital(1):	1,917,523	5.0339
Indexed Asset Value	2,396,904	< 60% of Base:	True	20% ROE(2):	479,381	0.3194
FRVS Base Asset:	1,100,592	Interest Rate:	10.2500 %	Insurance Cost(3):	42,466	1.2353
Occup Adj Factor:	0.9000	Chase Rate:	10.2500 %	Taxes Cost(3):	31,454	0.9150
ROE Factor	0.025830	Amortization Rate:	10.2500 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	44,446	0.0000
		Yearly Payment:	195,128	Total FRVS PD:		7.5036

(1) 80% Capital (\$1,917,523) amortized at 10.2500% for 20 years Interest of \$195,128 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$5.0339

(2) 20% ROE (\$479,381) times the ROE factor (0.025830) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = \$0.3194

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8771	38.8771	2.8195	36.0576
Patient Care				
Direct Care	88.2412	88.2412	6.3996	81.8416
Indirect Care	53.3400	53.3400	3.8684	49.4716
Property	13.6500	7.5036	0.5442	6.9594
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0582
Supplemental Rate Add-on				\$8.1747
Totals	194.1083	187.9619	13.6317	201.5631

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 224341-00 - 2012/01

197.46

MK of Haines City LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
409 10TH STREET Haines City FL 33844 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 12/1/1983 Med # Active Date: 7/1/2000 Previous Med # 207578	12/01/2009-11/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,613 Medicare: 5,844 Medicaid: 20,681	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.07149% Occupancy: 81.30822% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.65460% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.21884732 Semester Index: 1.27500780 Cost: 1.04607671 Target: 1.01598689 DC FY Index: 1.17283217 DC Sem Index: 1.20700000 DC Inflation: 1.02913275 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	878,115	1,639,505	942,139	317,660	0	3,777,419
1a	Audit Adjustments						
2	Cost Per Diem	42.4600	79.2759	45.5558	15.3600		182.6517
3	Cost Per Diem Inflated	44.4164	81.5854	47.6549			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4164	81.5854	47.6549	15.3600		189.0167
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	81.5854	47.6549	13.6500		182.8122
12/13	Medicaid Adjustment Rate		0.7408	0.4327			
14	Prospective Per Diem 11	39.9219	82.3262	48.0876	13.6500		183.9857
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 224341-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

197.46

MK of Haines City LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 4,303,077 FRVS Base Asset: 2,611,879 Occup Adj Factor: 0.9000 ROE Factor 0.028020	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,442,462	11.8986
	< 60% of Base:	False	20% ROE(2):	860,615	0.6117
	Interest Rate:	12.4900 %	Insurance Cost(3):	14,965	0.4202
	Chase Rate:	13.0000 %	Taxes Cost(3):	56,126	1.5760
	Amortization Rate:	12.4900 %	Home Office(3):	6,334	0.1779
	Interest Only:	False	Replacement(3&4):	139,915	0.0000
Yearly Payment:	469,043	Total FRVS PD:		14.6844	

(1) 80% Capital (\$3,442,462) amortized at 12.4900% for 20 years Principal & Interest of \$469,043 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8986

(2) 20% ROE (\$860,615) times the ROE factor (0.028020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6117

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	82.3262	82.3262	5.9706	76.3556
Indirect Care	48.0876	48.0876	3.4875	44.6001
Property	13.6500	14.6844	1.0650	13.6194
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6793
Supplemental Rate Add-on				\$8.1747
Totals	183.9857	185.0201	13.4184	197.4557

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 224910-00 - 2012/01

202.81

South Tampa Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4610 S. Manhattan Avenue Tampa FL 33611 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1978 Acquired Date: 10/1/1978 Entered Medicaid 10/1/1978 Med # Active Date: 1/1/2000 Previous Med # 213799	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 55,894 Medicare: 6,436 Medicaid: 42,709	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.41071% Occupancy: 85.54986% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.95765% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	Semester Index: 1.27500780
		Cost: 1.03310453	Target: 1.01598689
		DC FY Index: 1.17950000	DC Sem Index: 1.20700000
		DC Inflation: 1.02331496	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,724,682	3,739,075	1,892,416	617,572	0	7,973,745
1a	Audit Adjustments						
2	Cost Per Diem	40.3822	87.5477	44.3095	14.4600		186.6994
3	Cost Per Diem Inflated	41.7190	89.5889	45.7763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7190	89.5889	45.7763	14.4600		191.5442
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1741		47.1821			
7	Provider Target Rate	40.0688		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.0688	89.5889	45.7763	13.6500		189.0840
12/13	Medicaid Adjustment Rate		2.6619	1.3601			
14	Prospective Per Diem 11	40.0688	92.2508	47.1364	13.6500		193.1060
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 224910-00 - 2012/01
202.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

South Tampa Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,850,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed [2]	80% Capital(1):	4,134,070	8.1416
Indexed Asset Value	5,167,587	< 60% of Base:	False	20% ROE(2):	1,033,517	0.4540
FRVS Base Asset:	2,823,875	Interest Rate:	10.0000 %	Insurance Cost(3):	83,206	1.4886
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	7,872	0.1408
ROE Factor	0.025830	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	74,124	0.0000
		Yearly Payment:	478,736	Total FRVS PD:		10.2250

- (1) 80% Capital (\$4,134,070) amortized at 10.0000% for 20 years Principal & Interest of \$478,736 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$8.1416
- (2) 20% ROE (\$1,033,517) times the ROE factor (0.025830) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.4540
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 179	Effective PBS Limitation	5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.0688	40.0688	2.9060	37.1628
Patient Care				
Direct Care	92.2508	92.2508	6.6904	85.5604
Indirect Care	47.1364	47.1364	3.4185	43.7179
Property	13.6500	10.2250	0.7416	9.4834
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7147
Supplemental Rate Add-on				\$8.1747
Totals	193.1060	189.6810	13.7565	202.8139

***Medicaid Trend Adjustment :**



0 225053-00 - 2012/01

210.36

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

MK of North Port LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6940 Outreach Way	03/01/2010-02/28/2011	Number of Beds: 120	Superior: 0
North Port FL 34287	Days In CR 365	Maximum: 43,800	Standard: 181
County: Sarasota [58]	First Used: 2011/07	Max Annualized: 43,800	Conditional: 0
Region: South [2] Area: 8	Last Used: 2012/01	Total Patient: 32,917	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 7,067	Inflation
Current Class South Large [4]	Initial CR? False	Medicaid: 18,172	FY Index: 1.22417738
Class at 1/94: South Large [4]	Medicaid Utilization 55.20552%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 75.15297%		Cost: 1.04152210
Open Date: 12/1/1985	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 12/1/1985	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17566608
Entered Medicaid 12/17/1985	Low Occupancy Adjustment Factor: 93.95907%		DC Sem Index: 1.20700000
Med # Active Date: 8/1/2000	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02665206
Previous Med # 208736			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,464	1,648,110	959,420	380,522	0	3,643,516
1a	Audit Adjustments						
2	Cost Per Diem	36.0700	90.6950	52.7966	20.9400		200.5016
3	Cost Per Diem Inflated	37.5677	93.1122	54.9888			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.5677	93.1122	54.9888	20.9400		206.6087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.5677	93.1122	50.1876	13.6500		194.5175
12/13	Medicaid Adjustment Rate		0.5453	0.2939			
14	Prospective Per Diem 11	37.5677	93.6575	50.4815	13.6500		195.3567
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 225053-00 - 2012/01
210.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MK of North Port LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1997 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 5,141,144 FRVS Base Asset: 3,158,034 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,615,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,112,915	14.7730
	< 60% of Base:	False	20% ROE(2):	1,028,229	0.7011
	Interest Rate:	13.1170 %	Insurance Cost(3):	26,117	0.7934
	Chase Rate:	13.0000 %	Taxes Cost(3):	63,792	1.9380
	Amortization Rate:	13.1170 %	Home Office(3):	5,881	0.1787
	Interest Only:	False	Replacement(3&4):	96,855	0.0000
Yearly Payment:	582,350	Total FRVS PD:	18.3842		

- (1) 80% Capital (\$4,112,915) amortized at 13.1170% for 20 years Principal & Interest of \$582,350 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.7730
- (2) 20% ROE (\$1,028,229) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7011
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.5677	37.5677	2.7246	34.8431
Patient Care				
Direct Care	93.6575	93.6575	6.7924	86.8651
Indirect Care	50.4815	50.4815	3.6611	46.8204
Property	13.6500	18.3842	1.3333	17.0509
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6093
Supplemental Rate Add-on				\$8.1747
Totals	195.3567	200.0909	14.5114	210.3635

***Medicaid Trend Adjustment :**



0 225177-00 - 2012/01

210.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Victoria Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
955 NW 3rd Street Miami Fl 33128 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/13/2000 Acquired Date: 11/13/2000 Entered Medicaid 11/13/2000 Med # Active Date: 11/13/2000 Previous Med #	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 264 Maximum: 96,360 Max Annualized: 96,360 Total Patient: 93,884 Medicare: 17,389 Medicaid: 61,358	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.35512% Occupancy: 97.43047% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.81123% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,828,410	5,306,491	3,813,897	1,352,944	0	13,301,742
1a	Audit Adjustments						
2	Cost Per Diem	46.0968	86.4841	62.1581	22.0500		216.7890
3	Cost Per Diem Inflated	48.0108	88.7891	64.7390			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.0108	88.7891	64.7390	22.0500		223.5889
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5879		73.6866			
7	Provider Target Rate	50.7204		75.3695			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.0108	88.7891	58.7454	13.6500		209.1953
12/13	Medicaid Adjustment Rate		1.5338	1.0148			
14	Prospective Per Diem 11	48.0108	90.3229	59.7602	13.6500		211.7439
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225177-00 - 2012/01
210.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Victoria Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/13/2000	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 15,121,948.00	Total Amount	Per Diem
RS to Start Calcs: 2000/07	Type: Variable [3]	80% Capital(1): 9,748,348	13.4134
Indexed Asset Value 12,185,435	< 60% of Base: False	20% ROE(2): 2,437,087	0.7554
FRVS Base Asset: 5,618,709	Interest Rate: 10.5000 %	Insurance Cost(3): 42,527	0.4530
Occup Adj Factor: 0.9000	Chase Rate: 8.4408 %	Taxes Cost(3): 162,639	1.7323
ROE Factor 0.026880	Amortization Rate: 10.4408 %	Home Office(3): 58,102	0.6189
	Interest Only: False	Replacement(3&4): 91,026	0.0000
	Yearly Payment: 1,163,260	Total FRVS PD:	16.9730

- (1) 80% Capital (\$9,748,348) amortized at 10.4408% for 20 years Principal & Interest of \$1,163,260 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$13.4134
- (2) 20% ROE (\$2,437,087) times the ROE factor (0.026880) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = \$0.7554
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	49,785
Comparison Bed 141	Effective PBS Limitation	5,618,709

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0108	48.0108	3.4819	44.5289
Patient Care				
Direct Care	90.3229	90.3229	6.5506	83.7723
Indirect Care	59.7602	59.7602	4.3341	55.4261
Property	13.6500	16.9730	1.2310	15.7420
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.3406
Supplemental Rate Add-on				\$8.1747
Totals	211.7439	215.0669	15.5976	210.9846

***Medicaid Trend Adjustment :**



0 225274-00 - 2012/01

197.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MK of Fernandina Beach LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1625 Lime St Fernandina Beach FL 32034 County: Nassau[45] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1984 Acquired Date: 8/1/1984 Entered Medicaid 8/1/1984 Med # Active Date: 8/1/2000 Previous Med # 207951	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,895 Medicare: 6,316 Medicaid: 23,677	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 65.96183% Occupancy: 81.95205% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.45954% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	957,735	1,963,448	1,214,647	307,564	0	4,443,394
1a	Audit Adjustments						
2	Cost Per Diem	40.4500	82.9264	51.3007	12.9900		187.6671
3	Cost Per Diem Inflated	42.2466	85.2574	53.5792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2466	85.2574	53.5792	12.9900		194.0732
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.0339		45.2972			
7	Provider Target Rate	38.9025		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.9025	85.2574	46.3317	12.9900		183.4816
12/13	Medicaid Adjustment Rate		1.5310	0.8320			
14	Prospective Per Diem 11	38.9025	86.7884	47.1637	12.9900		185.8446
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225274-00 - 2012/01
197.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MK of Fernandina Beach LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,251,302	11.4219
Indexed Asset Value	4,064,128	< 60% of Base:	False	20% ROE(2):	812,826	0.5691
FRVS Base Asset:	2,454,766	Interest Rate:	12.7530 %	Insurance Cost(3):	23,816	0.6635
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	12.7530 %	Home Office(3):	6,462	0.1800
		Interest Only:	False	Replacement(3&4):	76,073	0.0000
		Yearly Payment:	450,250	Total FRVS PD:		12.8345

- (1) 80% Capital (\$3,251,302) amortized at 12.7530% for 20 years Principal & Interest of \$450,250 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4219
- (2) 20% ROE (\$812,826) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5691
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9025	38.9025	2.8214	36.0811
Patient Care				
Direct Care	86.7884	86.7884	6.2943	80.4941
Indirect Care	47.1637	47.1637	3.4205	43.7432
Property	12.9900	12.8345	0.9308	11.9037
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4285
Supplemental Rate Add-on				\$8.1747
Totals	185.8446	185.6891	13.4670	197.8253

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 225410-00 - 2012/01

212.77

MK of Winter Garden LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12751 W Colonial Dr Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1985 Acquired Date: 8/1/1985 Entered Medicaid 8/1/1985 Med # Active Date: 8/1/2000 Previous Med # 208523	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 34,454 Medicare: 4,578 Medicaid: 23,971	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 69.57392% Occupancy: 94.39452% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.01558% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,004,864	2,149,194	1,000,504	374,187	0	4,528,749
1a	Audit Adjustments						
2	Cost Per Diem	41.9200	89.6581	41.7381	15.6100		188.9262
3	Cost Per Diem Inflated	43.7819	92.1783	43.5919			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.7819	92.1783	43.5919	15.6100		195.1621
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3650		54.4328			
7	Provider Target Rate	43.3325		55.6760			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3325	92.1783	43.5919	13.6500		192.7527
12/13	Medicaid Adjustment Rate		2.0298	0.9599			
14	Prospective Per Diem 11	43.3325	94.2081	44.5518	13.6500		195.7424
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225410-00 - 2012/01
212.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MK of Winter Garden LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,400,000.00			Total Amount	Per Diem
RS to Start Calcs: 1985/07	Type: Fixed [2]		80% Capital(1): 3,918,332		16.8715
Indexed Asset Value 4,897,915	< 60% of Base: False		20% ROE(2): 979,583		0.8230
FRVS Base Asset: 3,060,682	Interest Rate: 13.1000 %		Insurance Cost(3): 29,399		0.8533
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %		Taxes Cost(3): 0		0.0000
ROE Factor 0.027600	Amortization Rate: 13.1000 %		Home Office(3): 6,202		0.1800
	Interest Only: False		Replacement(3&4): 110,224		0.0000
	Yearly Payment: 554,228		Total FRVS PD:		18.7278

(1) 80% Capital (\$3,918,332) amortized at 13.1000% for 20 years Principal & Interest of \$554,228 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$16.8715

(2) 20% ROE (\$979,583) times the ROE factor (0.027600) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.8230

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3325	43.3325	3.1427	40.1898
Patient Care				
Direct Care	94.2081	94.2081	6.8324	87.3757
Indirect Care	44.5518	44.5518	3.2311	41.3207
Property	13.6500	18.7278	1.3582	17.3696
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3397
Supplemental Rate Add-on				\$8.1747
Totals	195.7424	200.8202	14.5644	212.7702

***Medicaid Trend Adjustment :**



0 225631-00 - 2012/01
208.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Springtree Rehab & Health Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Springtree Drive Sunrise FL 33351 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1989 Acquired Date: 9/1/1989 Entered Medicaid 3/6/1990 Med # Active Date: 6/1/2000 Previous Med # 201871	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 36,391 Medicare: 4,412 Medicaid: 14,169	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 38.93545% Occupancy: 90.63761% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.31854% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	590,654	1,110,430	738,173	180,655	0	2,619,912
1a	Audit Adjustments						
2	Cost Per Diem	41.6864	78.3704	52.0977	12.7500		184.9045
3	Cost Per Diem Inflated	43.8462	80.9065	54.7969			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8462	80.9065	54.7969	12.7500		192.2996
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8068		60.5694			
7	Provider Target Rate	47.8758		61.9527			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8462	80.9065	54.7969	12.7500		192.2996
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.8462	80.9065	54.7969	12.7500		192.2996
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225631-00 - 2012/01
208.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Springtree Rehab & Health Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/6/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/07	Type:	Variable [3]	80% Capital(1):	3,798,897	11.4075
Indexed Asset Value	4,748,621	< 60% of Base:	False	20% ROE(2):	949,724	0.7995
FRVS Base Asset:	2,534,785	Interest Rate:	9.0700 %	Insurance Cost(3):	62,325	1.7126
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	82,209	2.2590
ROE Factor	0.030420	Amortization Rate:	9.0700 %	Home Office(3):	12,610	0.3465
		Interest Only:	False	Replacement(3&4):	157,305	0.0000
		Yearly Payment:	412,211	Total FRVS PD:		16.5251

(1) 80% Capital (\$3,798,897) amortized at 9.0700% for 20 years Principal & Interest of \$412,211 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$11.4075

(2) 20% ROE (\$949,724) times the ROE factor (0.030420) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.7995

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 85	Effective PBS Limitation	2,534,785

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8462	43.8462	3.1799	40.6663
Patient Care				
Direct Care	80.9065	80.9065	5.8677	75.0388
Indirect Care	54.7969	54.7969	3.9741	50.8228
Property	12.7500	16.5251	1.1985	15.3266
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5858
Supplemental Rate Add-on				\$8.1747
Totals	192.2996	196.0747	14.2202	208.6150

*Medicaid Trend Adjustment :



0 225754-00 - 2012/01
231.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pinecrest Convalescent Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13650 NE Third Street North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1967 Acquired Date: 7/1/1971 Entered Medicaid 7/1/1971 Med # Active Date: 6/1/2000 Previous Med # 222429	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 25,732 Medicare: 1,531 Medicaid: 20,292	Superior: 0 Standard: 138 Conditional: 43 Total: 181
	Medicaid Utilization 78.85901% Occupancy: 70.49863% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 88.14003% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,028,990	1,787,398	1,158,120	250,809	0	4,225,317
1a	Audit Adjustments						
2	Cost Per Diem	50.7091	88.0839	57.0727	12.3600		208.2257
3	Cost Per Diem Inflated	53.3363	90.9343	60.0296			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.3363	90.9343	60.0296	12.3600		216.6602
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.3502	90.9343	60.0296	12.3600		215.6741
12/13	Medicaid Adjustment Rate		2.2509	1.4859			
14	Prospective Per Diem 11	52.3502	93.1852	61.5155	12.3600		219.4109
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 225754-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

231.48

Pinecrest Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,296,711 FRVS Base Asset: 1,306,769 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	1,837,369	6.9539
	< 60% of Base:	True	20% ROE(2):	459,342	0.4254
	Interest Rate:	12.5000 %	Insurance Cost(3):	60,119	2.3364
	Chase Rate:	12.5000 %	Taxes Cost(3):	57,367	2.2294
	Amortization Rate:	12.5000 %	Home Office(3):	8,329	0.3237
	Interest Only:	True	Replacement(3&4):	24,329	0.0000
Yearly Payment:	228,435	Total FRVS PD:	12.2688		

(1) 80% Capital (\$1,837,369) amortized at 12.5000% for 20 years Interest of \$228,435 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$6.9539

(2) 20% ROE (\$459,342) times the ROE factor (0.030420) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.4254

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3502	52.3502	3.7967	48.5535
Patient Care				
Direct Care	93.1852	93.1852	6.7582	86.4270
Indirect Care	61.5155	61.5155	4.4614	57.0541
Property	12.3600	12.2688	0.8898	11.3790
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8916
Supplemental Rate Add-on				\$8.1747
Totals	219.4109	219.3197	15.9061	231.4799

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 225991-00 - 2012/01

193.56

Stuart Nursing & Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1500 Palm Beach Road Stuart FL 33494 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1973 Acquired Date: 6/1/1973 Entered Medicaid 6/1/1973 Med # Active Date: 1/1/2001 Previous Med # 203998	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,507 Medicare: 4,389 Medicaid: 23,777	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.12998% Occupancy: 83.34932% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 104.20645% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,000,683	1,978,242	818,987	238,959	0	4,036,871
1a	Audit Adjustments						
2	Cost Per Diem	42.0862	83.1998	34.4445	10.0500		169.7805
3	Cost Per Diem Inflated	43.9555	85.5385	35.9743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9555	85.5385	35.9743	10.0500		175.5183
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3887		49.0670			
7	Provider Target Rate	44.3796		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9555	85.5385	35.9743	10.0500		175.5183
12/13	Medicaid Adjustment Rate		1.4560	0.6123			
14	Prospective Per Diem 11	43.9555	86.9945	36.5866	10.0500		177.5866
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 225991-00 - 2012/01
193.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Stuart Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1973/01	Type:	Variable [3]	80% Capital(1):	3,630,426	8.7818
Indexed Asset Value	4,538,032	< 60% of Base:	False	20% ROE(2):	907,606	0.6355
FRVS Base Asset:	2,626,513	Interest Rate:	7.3200 %	Insurance Cost(3):	21,385	0.5858
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	78,696	2.1556
ROE Factor	0.027600	Amortization Rate:	7.3200 %	Home Office(3):	4,487	0.1229
		Interest Only:	False	Replacement(3&4):	45,173	0.0000
		Yearly Payment:	346,178	Total FRVS PD:		12.2816

- (1) 80% Capital (\$3,630,426) amortized at 7.3200% for 20 years Principal & Interest of \$346,178 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7818
- (2) 20% ROE (\$907,606) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6355
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 182	Effective PBS Limitation	5,187,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9555	43.9555	3.1878	40.7677
Patient Care				
Direct Care	86.9945	86.9945	6.3092	80.6853
Indirect Care	36.5866	36.5866	2.6534	33.9332
Property	10.0500	12.2816	0.8907	11.3909
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6073
Supplemental Rate Add-on				\$8.1747
Totals	177.5866	179.8182	13.0411	193.5591

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226009-00 - 2012/01
205.28

Port St. Lucie Nursing & Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7300 Oleander Avenue Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1982 Acquired Date: 3/1/1982 Entered Medicaid 3/1/1982 Med # Active Date: 1/1/2001 Previous Med # 206580	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 41,765 Medicare: 6,086 Medicaid: 30,421	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.83850% Occupancy: 63.56925% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 79.47667% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,983	2,799,389	1,109,256	337,673	0	5,665,301
1a	Audit Adjustments						
2	Cost Per Diem	46.6449	92.0216	36.4635	11.1000		186.2300
3	Cost Per Diem Inflated	48.7166	94.6082	38.0830			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.7166	94.6082	38.0830	11.1000		192.5078
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	94.6082	38.0830	11.1000		185.7901
12/13	Medicaid Adjustment Rate		2.4308	0.9785			
14	Prospective Per Diem 11	41.9989	97.0390	39.0615	11.1000		189.1994
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226009-00 - 2012/01
205.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Port St. Lucie Nursing & Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Variable [3]	80% Capital(1):	7,044,618	11.3604
Indexed Asset Value	8,805,772	< 60% of Base:	False	20% ROE(2):	1,761,154	0.8221
FRVS Base Asset:	5,130,000	Interest Rate:	7.3200 %	Insurance Cost(3):	6,558	0.1570
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	102,731	2.4597
ROE Factor	0.027600	Amortization Rate:	7.3200 %	Home Office(3):	5,761	0.1379
		Interest Only:	False	Replacement(3&4):	98,079	0.0000
		Yearly Payment:	671,738	Total FRVS PD:		14.9371

(1) 80% Capital (\$7,044,618) amortized at 7.3200% for 20 years Principal & Interest of \$671,738 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.3604

(2) 20% ROE (\$1,761,154) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8221

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	97.0390	97.0390	7.0377	90.0013
Indirect Care	39.0615	39.0615	2.8329	36.2286
Property	11.1000	14.9371	1.0833	13.8538
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0680
Supplemental Rate Add-on				\$8.1747
Totals	189.1994	193.0365	13.9998	205.2794

***Medicaid Trend Adjustment :**



0 226017-00 - 2012/01
230.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Plantation Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4250 NW 5th Street Plantation FL 33317 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1974 Acquired Date: 3/1/1974 Entered Medicaid 3/1/1974 Med # Active Date: 6/1/2000 Previous Med # 204307	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 40,104 Medicare: 1,342 Medicaid: 29,706	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.07241% Occupancy: 72.28551% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 90.37406% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,305,399	2,796,740	1,607,273	328,845	0	6,038,257
1a	Audit Adjustments						
2	Cost Per Diem	43.9440	94.1473	54.1060	11.0700		203.2673
3	Cost Per Diem Inflated	46.2207	97.1940	56.9092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2207	97.1940	56.9092	11.0700		211.3939
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1225		55.9045			
7	Provider Target Rate	45.1302		57.1813			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.1302	97.1940	56.9092	11.0700		210.3034
12/13	Medicaid Adjustment Rate		2.6322	1.5412			
14	Prospective Per Diem 11	45.1302	99.8262	58.4504	11.0700		214.4768
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226017-00 - 2012/01
230.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Plantation Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1974/01 Indexed Asset Value 5,040,089 FRVS Base Asset: 2,107,125 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,030,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,032,071	10.0396
	< 60% of Base:	True	20% ROE(2):	1,008,018	0.6141
	Interest Rate:	13.1250 %	Insurance Cost(3):	76,575	1.9094
	Chase Rate:	12.5000 %	Taxes Cost(3):	65,676	1.6376
	Amortization Rate:	12.5000 %	Home Office(3):	18,513	0.4616
	Interest Only:	True	Replacement(3&4):	104,518	0.0000
Yearly Payment:	501,297	Total FRVS PD:		14.6623	

(1) 80% Capital (\$4,032,071) amortized at 12.5000% for 20 years Interest of \$501,297 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$10.0396

(2) 20% ROE (\$1,008,018) times the ROE factor (0.030420) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.6141

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	152	Effective PBS Limitation	4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.1302	45.1302	3.2730	41.8572
Patient Care				
Direct Care	99.8262	99.8262	7.2398	92.5864
Indirect Care	58.4504	58.4504	4.2391	54.2113
Property	11.0700	14.6623	1.0634	13.5989
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.4423
Supplemental Rate Add-on				\$8.1747
Totals	214.4768	218.0691	15.8153	230.8708

***Medicaid Trend Adjustment :**



0 226033-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.00

Martin Nursing and Restorative Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6001 SE Tower Road Stuart FL 34997 County: Martin[43] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/16/1997 Acquired Date: 10/16/1997 Entered Medicaid 10/16/1997 Med # Active Date: 11/1/2000 Previous Med # 213349	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,577 Medicare: 10,144 Medicaid: 20,963	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 55.78678% Occupancy: 85.79224% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.26068% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	903,067	1,877,671	824,211	506,885	0	4,111,834
1a	Audit Adjustments						
2	Cost Per Diem	43.0791	89.5707	39.3174	24.1800		196.1472
3	Cost Per Diem Inflated	44.9925	92.0884	41.0637			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9925	92.0884	41.0637	24.1800		202.3246
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.6377		49.0670			
7	Provider Target Rate	43.6115		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6115	92.0884	41.0637	13.6500		190.4136
12/13	Medicaid Adjustment Rate		0.5995	0.2673			
14	Prospective Per Diem 11	43.6115	92.6879	41.3310	13.6500		191.2804
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226033-00 - 2012/01
202.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Martin Nursing and Restorative Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/16/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,134,000.00	Total Amount	Per Diem
RS to Start Calcs: 1997/07	Type: Variable [3]	80% Capital(1): 4,285,281	10.5090
Indexed Asset Value 5,356,601	< 60% of Base: False	20% ROE(2): 1,071,320	0.7501
FRVS Base Asset: 4,444,920	Interest Rate: 7.5000 %	Insurance Cost(3): 2,574	0.0685
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 121,461	3.2323
ROE Factor 0.027600	Amortization Rate: 7.5000 %	Home Office(3): 5,387	0.1434
	Interest Only: False	Replacement(3&4): 44,990	0.0000
	Yearly Payment: 414,263	Total FRVS PD: 14.7033	

(1) 80% Capital (\$4,285,281) amortized at 7.5000% for 20 years Principal & Interest of \$414,263 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5090

(2) 20% ROE (\$1,071,320) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7501

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 37,041
Comparison Date: 1/1/1997	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6115	43.6115	3.1629	40.4486
Patient Care				
Direct Care	92.6879	92.6879	6.7221	85.9658
Indirect Care	41.3310	41.3310	2.9975	38.3335
Property	13.6500	14.7033	1.0663	13.6370
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4405
Supplemental Rate Add-on				\$8.1747
Totals	191.2804	192.3337	13.9488	202.0001

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226041-00 - 2012/01

199.56

The Manor At Blue Water Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1500 North White Pt. Road Niceville FL 32578 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/1993 Acquired Date: 1/8/1993 Entered Medicaid 2/2/1993 Med # Active Date: 1/1/2001 Previous Med # 205401	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 46.72021% Occupancy: 94.94977% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.70977% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,588 Medicare: 12,689 Medicaid: 19,430	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21220353		
			Semester Index: 1.27500780		
			Cost: 1.05181000		
			Target: 1.01598689		
			DC FY Index: 1.16916514		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03236058		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	847,035	1,593,621	974,506	376,942	0	3,792,104
1a	Audit Adjustments						
2	Cost Per Diem	43.5942	82.0186	50.1547	19.4000		195.1675
3	Cost Per Diem Inflated	45.8528	84.6728	52.7532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8528	84.6728	52.7532	19.4000		202.6788
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7310		48.7936			
7	Provider Target Rate	40.6384		49.9080			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.6384	84.6728	49.9080	13.6500		188.8692
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	40.6384	84.6728	49.9080	13.6500		188.8692
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 226041-00 - 2012/01
199.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Manor At Blue Water Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/2/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,409,397	11.7508
Indexed Asset Value	5,511,746	< 60% of Base:	False	20% ROE(2):	1,102,349	0.8507
FRVS Base Asset:	1,930,980	Interest Rate:	8.6200 %	Insurance Cost(3):	54,778	1.3172
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	56,865	1.3673
ROE Factor	0.030420	Amortization Rate:	8.6200 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	20,583	0.0000
		Yearly Payment:	463,216	Total FRVS PD:		15.2860

(1) 80% Capital (\$4,409,397) amortized at 8.6200% for 20 years Principal & Interest of \$463,216 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7508

(2) 20% ROE (\$1,102,349) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8507

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,930,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.6384	40.6384	2.9473	37.6911
Patient Care				
Direct Care	84.6728	84.6728	6.1408	78.5320
Indirect Care	49.9080	49.9080	3.6195	46.2885
Property	13.6500	15.2860	1.1086	14.1774
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6969
Supplemental Rate Add-on				\$8.1747
Totals	188.8692	190.5052	13.8162	199.5606

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226068-00 - 2012/01

211.40

Cathedral Gerontology Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
333 East Ashley Street Jacksonville FL 32202 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1970 Acquired Date: 3/1/1970 Entered Medicaid 3/1/1970 Med # Active Date: 5/31/2000 Previous Med # 207764	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,510 Medicare: 4,854 Medicaid: 30,695	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 79.70657% Occupancy: 87.92238% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.92386% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,578,247	2,668,077	1,247,124	255,075	0	5,748,523
1a	Audit Adjustments						
2	Cost Per Diem	51.4171	86.9222	40.6295	8.3100		187.2788
3	Cost Per Diem Inflated	53.9575	89.6327	42.6369			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.9575	89.6327	42.6369	8.3100		194.5371
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.0946		45.2972			
7	Provider Target Rate	61.4671		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	89.6327	42.6369	8.3100		187.2942
12/13	Medicaid Adjustment Rate		2.9955	1.4249			
14	Prospective Per Diem 11	46.7146	92.6282	44.0618	8.3100		191.7146
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226068-00 - 2012/01
211.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cathedral Gerontology Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,087,900.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	4,414,055	11.2392
Indexed Asset Value	5,517,569	< 60% of Base:	False	20% ROE(2):	1,103,514	0.8281
FRVS Base Asset:	3,420,000	Interest Rate:	8.0000 %	Insurance Cost(3):	58,957	1.5310
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.029580	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	146,762	0.0000
		Yearly Payment:	443,051	Total FRVS PD:		13.5983

(1) 80% Capital (\$4,414,055) amortized at 8.0000% for 20 years Principal & Interest of \$443,051 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2392

(2) 20% ROE (\$1,103,514) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8281

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	92.6282	92.6282	6.7178	85.9104
Indirect Care	44.0618	44.0618	3.1955	40.8663
Property	8.3100	13.5983	0.9862	12.6121
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4841
Supplemental Rate Add-on				\$8.1747
Fire Sprinkler Component	\$2.1796	\$2.1796	\$0.1581	\$2.0215
Totals	193.8942	199.1825	14.4455	211.3958

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226335-00 - 2012/01

214.65

Broward Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1330 South Andrew Avenue Ft. Lauderdale FL 33316 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 6/1/2000 Previous Med # 200140	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 198 Maximum: 72,270 Max Annualized: 72,270 Total Patient: 52,131 Medicare: 3,585 Medicaid: 37,648	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 72.21807% Occupancy: 72.13367% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 90.18422% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,585,431	3,282,100	1,616,909	185,605	0	6,670,045
1a	Audit Adjustments						
2	Cost Per Diem	42.1120	87.1786	42.9481	4.9300		177.1687
3	Cost Per Diem Inflated	44.2938	89.9998	45.1732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.2938	89.9998	45.1732	4.9300		184.3968
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6414		49.2608			
7	Provider Target Rate	46.6838		50.3858			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2938	89.9998	45.1732	4.9300		184.3968
12/13	Medicaid Adjustment Rate		2.2496	1.1291			
14	Prospective Per Diem 11	44.2938	92.2494	46.3023	4.9300		187.7755
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 226335-00 - 2012/01
214.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Broward Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 8,553,849 FRVS Base Asset: 5,007,861 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	794,480.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,843,079	13.0803
	< 60% of Base:	True	20% ROE(2):	1,710,770	0.8001
	Interest Rate:	9.5000 %	Insurance Cost(3):	122,700	2.3537
	Chase Rate:	12.5000 %	Taxes Cost(3):	104,377	2.0022
	Amortization Rate:	12.5000 %	Home Office(3):	15,764	0.3024
	Interest Only:	True	Replacement(3&4):	72,830	0.0000
Yearly Payment:	850,782	Total FRVS PD:		18.5387	

(1) 80% Capital (\$6,843,079) amortized at 12.5000% for 20 years Interest of \$850,782 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$13.0803

(2) 20% ROE (\$1,710,770) times the ROE factor (0.030420) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = \$0.8001

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 198	Effective PBS Limitation	5,643,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2938	44.2938	3.2124	41.0814
Patient Care				
Direct Care	92.2494	92.2494	6.6903	85.5591
Indirect Care	46.3023	46.3023	3.3580	42.9443
Property	4.9300	18.5387	1.3445	17.1942
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6955
Supplemental Rate Add-on				\$8.1747
Totals	187.7755	201.3842	14.6052	214.6492

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226351-00 - 2012/01

197.71

Ocean View Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 S. Atlantic Avenue New Smyrna Beach FL 32069 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 6/1/2000 Previous Med # 205877	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 239 Maximum: 87,235 Max Annualized: 87,235 Total Patient: 53,543 Medicare: 6,234 Medicaid: 35,607	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.50169% Occupancy: 61.37789% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 76.73694% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,317,712	2,969,328	1,490,761	494,225	24,634	6,296,660
1a	Audit Adjustments						
2	Cost Per Diem	37.0071	83.3917	41.8671	13.8800	0.6918	176.8377
3	Cost Per Diem Inflated	38.5972	85.6750	43.6660			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.5972	85.6750	43.6660	13.8800	0.6918	182.5100
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8305		45.2972			
7	Provider Target Rate	38.6945		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.5972	85.6750	43.6660	13.6500	0.6918	182.2800
12/13	Medicaid Adjustment Rate		1.5905	0.8106			
14	Prospective Per Diem 11	38.5972	87.2655	44.4766	13.6500	0.6918	184.6811
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 226351-00 - 2012/01
197.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ocean View Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,780,000.00		
RS to Start Calcs: 1980/07		Type: Variable [3]	80% Capital(1): 6,968,975	9.6316
Indexed Asset Value 8,711,219		< 60% of Base: False	20% ROE(2): 1,742,244	0.6009
FRVS Base Asset: 3,619,305		Interest Rate: 9.0700 %	Insurance Cost(3): 103,031	1.9243
Occup Adj Factor: 0.9000		Chase Rate: 8.5000 %	Taxes Cost(3): 66,175	1.2359
ROE Factor 0.027080		Amortization Rate: 9.0700 %	Home Office(3): 17,326	0.3236
		Interest Only: False	Replacement(3&4): 157,081	0.0000
		Yearly Payment: 756,189	Total FRVS PD:	13.7163

(1) 80% Capital (\$6,968,975) amortized at 9.0700% for 20 years Principal & Interest of \$756,189 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$9.6316

(2) 20% ROE (\$1,742,244) times the ROE factor (0.027080) divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = \$0.6009

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 179	Effective PBS Limitation 5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.5972	38.5972	2.7992	35.7980
Patient Care				
Direct Care	87.2655	87.2655	6.3289	80.9366
Indirect Care	44.4766	44.4766	3.2256	41.2510
Property	13.6500	13.7163	0.9900	12.6600
ROE	0.6918	0.4781	0.0502	0.6416
ROE Adjustment	-0.4781	-0.4781	-0.0347	-0.4434
Quality Assess-Medicaid Share				\$18.6875
Supplemental Rate Add-on				\$8.1747
Totals	184.2030	184.0556	13.3592	197.7060

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226360-00 - 2012/01

209.21

South Heritage Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
718 Lakeview Avenue South St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 1/1/2001 Previous Med # 220817	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 74 Maximum: 27,010 Max Annualized: 27,010 Total Patient: 20,876 Medicare: 991 Medicaid: 19,453	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 93.18356% Occupancy: 77.28989% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.63073% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,486	1,408,854	1,025,853	392,172	0	3,729,365
1a	Audit Adjustments						
2	Cost Per Diem	46.3932	72.4235	52.7350	20.1600		191.7117
3	Cost Per Diem Inflated	47.9290	74.1121	54.4808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9290	74.1121	54.4808	20.1600		196.6819
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6372	74.1121	54.4808	13.6500		189.8801
12/13	Medicaid Adjustment Rate		3.3350	2.4516			
14	Prospective Per Diem 11	47.6372	77.4471	56.9324	13.6500		195.6667
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226360-00 - 2012/01
209.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

South Heritage Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	None [1]	80% Capital(1):	1,341,220	6.8596
Indexed Asset Value	1,676,525	< 60% of Base:	True	20% ROE(2):	335,305	0.3563
FRVS Base Asset:	933,403	Interest Rate:	12.5000 %	Insurance Cost(3):	102,041	4.8880
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	19,076	0.9138
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	3,855	0.0000
		Yearly Payment:	166,750	Total FRVS PD:		13.0177

(1) 80% Capital (\$1,341,220) amortized at 12.5000% for 20 years Interest of \$166,750 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$6.8596

(2) 20% ROE (\$335,305) times the ROE factor (0.025830) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = \$0.3563

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6372	47.6372	3.4548	44.1824
Patient Care				
Direct Care	77.4471	77.4471	5.6168	71.8303
Indirect Care	56.9324	56.9324	4.1290	52.8034
Property	13.6500	13.0177	0.9441	12.0736
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1460
Supplemental Rate Add-on				\$8.1747
Totals	195.6667	195.0344	14.1447	209.2104

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 226602-00 - 2012/01

193.45

Treasure Isle Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1735 North Treasure Drive North Bay Village FL 33141 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/2001 Previous Med # 220337	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 176 Maximum: 64,240 Max Annualized: 64,240 Total Patient: 56,265 Medicare: 4,731 Medicaid: 48,798	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 86.72887% Occupancy: 87.58562% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.50283% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,737,473	3,649,490	1,971,631	1,057,453	0	8,416,047
1a	Audit Adjustments						
2	Cost Per Diem	35.6054	74.7877	40.4039	21.6700		172.4670
3	Cost Per Diem Inflated	37.6217	77.3843	42.6920			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.6217	77.3843	42.6920	21.6700		179.3680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.6217	77.3843	42.6920	13.6500		171.3480
12/13	Medicaid Adjustment Rate		3.1975	1.7640			
14	Prospective Per Diem 11	37.6217	80.5818	44.4560	13.6500		176.3095
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 226602-00 - 2012/01
193.45

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Treasure Isle Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00			Total Amount Per Diem
RS to Start Calcs: 1983/07	Type: None [1]		80% Capital(1): 4,715,354	10.1399
Indexed Asset Value 5,894,193	< 60% of Base: True		20% ROE(2): 1,178,839	0.6435
FRVS Base Asset: 3,238,794	Interest Rate: 12.5000 %		Insurance Cost(3): 229,685	4.0822
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 76,240	1.3550
ROE Factor 0.031560	Amortization Rate: 12.5000 %		Home Office(3): 0	0.0000
	Interest Only: True		Replacement(3&4): 52,025	0.0000
	Yearly Payment: 586,248		Total FRVS PD:	16.2206

(1) 80% Capital (\$4,715,354) amortized at 12.5000% for 20 years Interest of \$586,248 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$10.1399

(2) 20% ROE (\$1,178,839) times the ROE factor (0.031560) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$0.6435

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 176	Effective PBS Limitation 5,016,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.6217	37.6217	2.7285	34.8932
Patient Care				
Direct Care	80.5818	80.5818	5.8441	74.7377
Indirect Care	44.4560	44.4560	3.2241	41.2319
Property	13.6500	16.2206	1.1764	15.0442
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3716
Supplemental Rate Add-on				\$8.1747
Totals	176.3095	178.8801	12.9731	193.4533

***Medicaid Trend Adjustment :**



0 227226-00 - 2012/01
155.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fair Havens Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
201 Curtiss Parkway Miami Springs FL 33166 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 7/24/2000 Previous Med # 200417	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 269 Maximum: 98,185 Max Annualized: 98,185 Total Patient: 97,113 Medicare: 19,757 Medicaid: 59,716	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.49125% Occupancy: 98.90819% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.65873% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,479,985	3,739,870	2,115,535	985,314	0	9,320,704
1a	Audit Adjustments						
2	Cost Per Diem	41.5297	62.6276	35.4266	16.5000		156.0839
3	Cost Per Diem Inflated	43.3742	64.3880	37.0001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3742	64.3880	37.0001	16.5000		161.2623
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	64.3880	37.0001	13.6500		157.0370
12/13	Medicaid Adjustment Rate		0.8324	0.4783			
14	Prospective Per Diem 11	41.9989	65.2204	37.4784	13.6500		158.3477
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227226-00 - 2012/01
155.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fair Havens Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 8,874,320 FRVS Base Asset: 4,456,011 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,500,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	7,099,456	7.6200
	< 60% of Base:	False	20% ROE(2):	1,774,864	0.5544
	Interest Rate:	8.1900 %	Insurance Cost(3):	96,543	0.9941
	Chase Rate:	5.2500 %	Taxes Cost(3):	149,379	1.5382
	Amortization Rate:	7.2500 %	Home Office(3):	10,263	0.1057
	Interest Only:	False	Replacement(3&4):	12,959	0.0000
Yearly Payment:	673,349	Total FRVS PD:	10.8124		

(1) 80% Capital (\$7,099,456) amortized at 7.2500% for 20 years Principal & Interest of \$673,349 divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = \$7.6200

(2) 20% ROE (\$1,774,864) times the ROE factor (0.027600) divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = \$0.5544

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 267	Effective PBS Limitation	7,609,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	65.2204	65.2204	4.7301	60.4903
Indirect Care	37.4784	37.4784	2.7181	34.7603
Property	13.6500	10.8124	0.7842	10.0282
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.2659
Supplemental Rate Add-on				\$8.1747
Totals	158.3477	155.5101	11.2783	155.6724

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 227251-00 - 2012/01 217.47

Alpine Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3456 21st Avenue South St. Petersburg FL 33711 County: Pinellas[52] Region: Central[3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1983 Acquired Date: 2/1/1983 Entered Medicaid 2/1/1983 Med # Active Date: 1/1/2001 Previous Med # 220680	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 57 Maximum: 20,805 Max Annualized: 20,805 Total Patient: 16,975 Medicare: 1,915 Medicaid: 14,327 Medicaid Utilization 84.40059% Occupancy: 81.59096% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.00809% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	708,693	1,074,107	827,820	428,521	0	3,039,141
1a	Audit Adjustments						
2	Cost Per Diem	49.4656	74.9708	57.7804	29.9100		212.1268
3	Cost Per Diem Inflated	52.2668	77.5737	61.0525			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.2668	77.5737	61.0525	29.9100		220.8030
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4947		54.8934			
7	Provider Target Rate	49.6022		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.6022	77.5737	56.1471	13.6500		196.9730
12/13	Medicaid Adjustment Rate		3.0022	2.1729			
14	Prospective Per Diem 11	49.6022	80.5759	58.3200	13.6500		202.1481
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227251-00 - 2012/01
217.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Alpine Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	None [1]	80% Capital(1):	1,652,028	10.9692
Indexed Asset Value	2,065,035	< 60% of Base:	True	20% ROE(2):	413,007	0.6961
FRVS Base Asset:	747,623	Interest Rate:	12.5000 %	Insurance Cost(3):	72,203	4.2535
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	17,198	1.0131
ROE Factor	0.031560	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	35,976	0.0000
		Yearly Payment:	205,392	Total FRVS PD:		16.9319

(1) 80% Capital (\$1,652,028) amortized at 12.5000% for 20 years Interest of \$205,392 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$10.9692

(2) 20% ROE (\$413,007) times the ROE factor (0.031560) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = \$0.6961

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 57	Effective PBS Limitation	1,624,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.6022	49.6022	3.5974	46.0048
Patient Care				
Direct Care	80.5759	80.5759	5.8437	74.7322
Indirect Care	58.3200	58.3200	4.2296	54.0904
Property	13.6500	16.9319	1.2280	15.7039
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7640
Supplemental Rate Add-on				\$8.1747
Totals	202.1481	205.4300	14.8987	217.4700

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 227561-00 - 2012/01

213.36

Lady Lake Specialty Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
630 Griffen Avenue Lady Lake FL 32159 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/1999 Acquired Date: 3/30/1999 Entered Medicaid 3/30/1999 Med # Active Date: 9/20/2000 Previous Med # 220710	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 145 Maximum: 52,925 Max Annualized: 52,925 Total Patient: 49,730 Medicare: 23,691 Medicaid: 16,139	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 32.45325% Occupancy: 93.96316% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.47627% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	752,180	1,365,560	1,005,674	456,411	31,394	3,611,219
1a	Audit Adjustments						
2	Cost Per Diem	46.6064	84.6124	62.3133	28.2800	1.9452	223.7573
3	Cost Per Diem Inflated	48.6764	86.9908	65.0809			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6764	86.9908	65.0809	28.2800	1.9452	230.9733
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2838		56.5719			
7	Provider Target Rate	48.3637		57.8639			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	86.9908	55.2316	13.6500	1.9452	204.5322
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	86.9908	55.2316	13.6500	1.9452	204.5322
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227561-00 - 2012/01
213.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lady Lake Specialty Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/30/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,742,850.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable [3]	80% Capital(1):	5,433,887	14.2421
Indexed Asset Value	6,792,359	< 60% of Base:	False	20% ROE(2):	1,358,472	0.7871
FRVS Base Asset:	4,594,920	Interest Rate:	11.1200 %	Insurance Cost(3):	102,919	2.0696
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	109,484	2.2016
ROE Factor	0.027600	Amortization Rate:	11.1200 %	Home Office(3):	52,227	1.0502
		Interest Only:	False	Replacement(3&4):	38,176	0.0000
		Yearly Payment:	678,389	Total FRVS PD:		20.3506

- (1) 80% Capital (\$5,433,887) amortized at 11.1200% for 20 years Principal & Interest of \$678,389 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = \$14.2421
- (2) 20% ROE (\$1,358,472) times the ROE factor (0.027600) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = \$0.7871
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	86.9908	86.9908	6.3089	80.6819
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	20.3506	1.4759	18.8747
ROE	1.9452	1.5602	0.1132	1.4470
ROE Adjustment	-1.5602	-1.5602	-0.1132	-1.4470
Quality Assess-Medicaid Share				\$11.0743
Supplemental Rate Add-on				\$8.1747
Totals	202.9720	209.2876	15.1783	213.3583

***Medicaid Trend Adjustment :**



0 227579-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

219.04

Wilton Manors Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2675 North Andrews Ave Wilton Manors FL 33311 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 221821	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 147 Maximum: 48,870 Max Annualized: 53,655 Total Patient: 41,727 Medicare: 6,943 Medicaid: 27,400 Medicaid Utilization 65.66492% Occupancy: 85.38367% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.74988% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,643,113	2,373,618	1,589,668	449,360	42,557	6,098,316
1a	Audit Adjustments						
2	Cost Per Diem	59.9676	86.6284	58.0171	16.4000	1.5532	222.5663
3	Cost Per Diem Inflated	62.6311	89.0634	60.5939			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	62.6311	89.0634	60.5939	16.4000	1.5532	230.2416
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7165		50.6909			
7	Provider Target Rate	53.9205		51.8486			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	89.0634	51.8486	13.6500	1.5532	207.0727
12/13	Medicaid Adjustment Rate		1.5696	0.9137			
14	Prospective Per Diem 11	50.9575	90.6330	52.7623	13.6500	1.5532	209.5560
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227579-00 - 2012/01
219.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Wilton Manors Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1982/01	Amount: 3,161,900.00	80% Capital(1): 4,952,429	10.8757
Indexed Asset Value 6,190,536	Type: Variable [3]	20% ROE(2): 1,238,107	0.7076
FRVS Base Asset: 1,515,062	< 60% of Base: False	Insurance Cost(3): 87,493	2.0968
Occup Adj Factor: 0.9000	Interest Rate: 10.4900 %	Taxes Cost(3): 195,939	4.6957
ROE Factor 0.027600	Chase Rate: 6.7500 %	Home Office(3): 40,581	0.9725
	Amortization Rate: 8.7500 %	Replacement(3&4): 53,352	0.0000
	Interest Only: False	Total FRVS PD:	19.3483
	Yearly Payment: 525,182		

(1) 80% Capital (\$4,952,429) amortized at 8.7500% for 20 years Principal & Interest of \$525,182 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$10.8757

(2) 20% ROE (\$1,238,107) times the ROE factor (0.027600) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.7076

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 118	Effective PBS Limitation 3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	90.6330	90.6330	6.5731	84.0599
Indirect Care	52.7623	52.7623	3.8265	48.9358
Property	13.6500	19.3483	0.9900	12.6600
ROE	1.5532	1.2147	0.1126	1.4406
ROE Adjustment	-1.2147	-1.2147	-0.0881	-1.1266
Quality Assess-Medicaid Share				\$17.6308
Supplemental Rate Add-on				\$8.1747
Totals	208.3413	213.7011	15.1098	219.0370

***Medicaid Trend Adjustment :**



0 227587-00 - 2012/01
209.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rockledge Rehab & Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
587 Barton Blvd. Rockledge FL 32955 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 221058	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 34,985 Medicare: 6,452 Medicaid: 18,871	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.94026% Occupancy: 89.57880% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.99479% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,838	1,509,038	967,596	330,997	23,731	3,748,200
1a	Audit Adjustments						
2	Cost Per Diem	48.5845	79.9660	51.2742	17.5400	1.2575	198.6222
3	Cost Per Diem Inflated	50.7424	82.2138	53.5515			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7424	82.2138	53.5515	17.5400	1.2575	205.3052
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1526		51.6979			
7	Provider Target Rate	49.2523		52.8786			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	82.2138	52.8786	13.6500	1.2575	199.1417
12/13	Medicaid Adjustment Rate		0.3644	0.2344			
14	Prospective Per Diem 11	49.1418	82.5782	53.1130	13.6500	1.2575	199.7405
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227587-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

209.61

Rockledge Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,964,283.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 2,740,940	8.2694
Indexed Asset Value 3,426,175		< 60% of Base: False	20% ROE(2): 685,235	0.5381
FRVS Base Asset: 992,144		Interest Rate: 10.4900 %	Insurance Cost(3): 60,280	1.7230
Occup Adj Factor: 0.9000		Chase Rate: 6.7500 %	Taxes Cost(3): 50,421	1.4412
ROE Factor 0.027600		Amortization Rate: 8.7500 %	Home Office(3): 30,660	0.8764
		Interest Only: False	Replacement(3&4): 69,060	0.0000
		Yearly Payment: 290,664	Total FRVS PD:	12.8481

(1) 80% Capital (\$2,740,940) amortized at 8.7500% for 20 years Principal & Interest of \$290,664 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$8.2694

(2) 20% ROE (\$685,235) times the ROE factor (0.027600) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.5381

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 75	Effective PBS Limitation 2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	82.5782	82.5782	5.9889	76.5893
Indirect Care	53.1130	53.1130	3.8520	49.2610
Property	13.6500	12.8481	0.9900	12.6600
ROE	1.2575	1.1565	0.0912	1.1663
ROE Adjustment	-1.1565	-1.1565	-0.0839	-1.0726
Quality Assess-Medicaid Share				\$17.2495
Supplemental Rate Add-on				\$8.1747
Totals	198.5840	197.6811	14.4022	209.6060

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 227625-00 - 2012/01

220.58

Greenbriar Rehab & Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
210 21st Avenue West Bradenton FL 34205 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 223204	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 49.36387% Occupancy: 91.52055% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.42243% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,043 Medicare: 5,134 Medicaid: 9,894	Superior: 0 Standard: 151 Conditional: 30 Total: 181		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.27500780		
			Cost: 1.04441483		
			Target: 1.01598689		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.02810903		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	489,361	835,488	589,856	139,505	13,989	2,068,199
1a	Audit Adjustments						
2	Cost Per Diem	49.4604	84.4439	59.6175	14.1000	1.4139	209.0356
3	Cost Per Diem Inflated	51.6572	86.8175	62.2654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.6572	86.8175	62.2654	14.1000	1.4139	216.2540
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7865		58.0671			
7	Provider Target Rate	53.9921		59.3933			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.6572	86.8175	59.3933	13.6500	1.4139	212.9319
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.6572	86.8175	59.3933	13.6500	1.4139	212.9319
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227625-00 - 2012/01
220.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Greenbriar Rehab & Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1982/01	Amount: 1,976,183.00	80% Capital(1): 1,844,157	11.4747
Indexed Asset Value 2,305,196	Type: Fixed [2]	20% ROE(2): 461,039	0.6456
FRVS Base Asset: 788,632	< 60% of Base: False	Insurance Cost(3): 45,379	2.2641
Occup Adj Factor: 0.9000	Interest Rate: 10.8500 %	Taxes Cost(3): 39,180	1.9548
ROE Factor 0.027600	Chase Rate: 9.5000 %	Home Office(3): 19,129	0.9544
	Amortization Rate: 10.8500 %	Replacement(3&4): 95,858	0.0000
	Interest Only: False	Total FRVS PD:	17.2936
	Yearly Payment: 226,167		

(1) 80% Capital (\$1,844,157) amortized at 10.8500% for 20 years Principal & Interest of \$226,167 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$11.4747

(2) 20% ROE (\$461,039) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6456

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.6572	51.6572	3.7464	47.9108
Patient Care				
Direct Care	86.8175	86.8175	6.2964	80.5211
Indirect Care	59.3933	59.3933	4.3075	55.0858
Property	13.6500	17.2936	0.9900	12.6600
ROE	1.4139	0.8845	0.1025	1.3114
ROE Adjustment	-0.8845	-0.8845	-0.0641	-0.8204
Quality Assess-Medicaid Share				\$15.7324
Supplemental Rate Add-on				\$8.1747
Totals	212.0474	215.1616	15.3787	220.5758

***Medicaid Trend Adjustment :**



0 227633-00 - 2012/01
205.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Apollo Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1000 24th Street North St. Petersburg FL 33713 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220671	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 33,115 Medicare: 5,873 Medicaid: 22,710	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.57919% Occupancy: 91.64245% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.57484% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,006,161	1,717,473	1,114,421	337,925	18,020	4,194,000
1a	Audit Adjustments						
2	Cost Per Diem	44.3048	75.6263	49.0718	14.8800	0.7935	184.6764
3	Cost Per Diem Inflated	46.2726	77.7521	51.2513			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2726	77.7521	51.2513	14.8800	0.7935	190.9495
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2532		54.8934			
7	Provider Target Rate	57.5379		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2726	77.7521	51.2513	13.6500	0.7935	189.7195
12/13	Medicaid Adjustment Rate		1.6251	1.0712			
14	Prospective Per Diem 11	46.2726	79.3772	52.3225	13.6500	0.7935	192.4158
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227633-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.09

Apollo Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 3,471,238 FRVS Base Asset: 1,487,023 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	2,569,050.00		
	Type:	Variable [3]		
	< 60% of Base:	False	80% Capital(1):	2,776,990
	Interest Rate:	11.1200 %	20% ROE(2):	694,248
	Chase Rate:	9.5000 %	Insurance Cost(3):	55,235
	Amortization Rate:	11.1200 %	Taxes Cost(3):	60,669
	Interest Only:	False	Home Office(3):	27,539
Yearly Payment:	346,691	Replacement(3&4):	36,520	
		Total FRVS PD:	15.5813	

(1) 80% Capital (\$2,776,990) amortized at 11.1200% for 20 years Principal & Interest of \$346,691 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$10.6604

(2) 20% ROE (\$694,248) times the ROE factor (0.027600) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.5892

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2726	46.2726	3.3559	42.9167
Patient Care				
Direct Care	79.3772	79.3772	5.7568	73.6204
Indirect Care	52.3225	52.3225	3.7946	48.5279
Property	13.6500	15.5813	1.1300	14.4513
ROE	0.7935	0.7934	0.0575	0.7359
ROE Adjustment	-0.7934	-0.7934	-0.0575	-0.7359
Quality Assess-Medicaid Share				\$17.3990
Supplemental Rate Add-on				\$8.1747
Totals	191.6224	193.5536	14.0373	205.0900

***Medicaid Trend Adjustment :**



0 227641-00 - 2012/01

208.20

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

North Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 16th Street North St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220795	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 17,641 Max Annualized: 16,425 Total Patient: 15,106 Medicare: 1,723 Medicaid: 9,340	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.82974% Occupancy: 85.63007% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.05793% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,938	744,979	615,215	107,970	9,275	2,002,377
1a	Audit Adjustments						
2	Cost Per Diem	56.2032	79.7622	65.8688	11.5600	0.9930	214.3872
3	Cost Per Diem Inflated	58.6995	82.0042	68.7944			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.6995	82.0042	68.7944	11.5600	0.9930	222.0511
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7922		62.5051			
7	Provider Target Rate	57.0664		63.9326			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	56.0709	82.0042	63.9326	11.5600	0.9930	214.5607
12/13	Medicaid Adjustment Rate		1.0913	0.8508			
14	Prospective Per Diem 11	56.0709	83.0955	64.7834	11.5600	0.9930	216.5028
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227641-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

208.20

North Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 1,317,467.00		
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1): 1,054,470	8.9054
Indexed Asset Value 1,318,088		< 60% of Base: False	20% ROE(2): 263,618	0.4922
FRVS Base Asset: 614,550		Interest Rate: 11.1200 %	Insurance Cost(3): 25,127	1.6634
Occup Adj Factor: 0.9000		Chase Rate: 9.5000 %	Taxes Cost(3): 20,499	1.3570
ROE Factor 0.027600		Amortization Rate: 11.1200 %	Home Office(3): 13,666	0.9047
		Interest Only: False	Replacement(3&4): 38,800	0.0000
		Yearly Payment: 131,644	Total FRVS PD:	13.3227

(1) 80% Capital (\$1,054,470) amortized at 11.1200% for 20 years Principal & Interest of \$131,644 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$8.9054

(2) 20% ROE (\$263,618) times the ROE factor (0.027600) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.4922

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 49	Effective PBS Limitation 1,396,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.0709	56.0709	4.0665	52.0044
Patient Care				
Direct Care	83.0955	83.0955	6.0264	77.0691
Indirect Care	64.7834	64.7834	4.6984	60.0850
Property	11.5600	13.3227	0.8384	10.7216
ROE	0.9930	0.8357	0.0720	0.9210
ROE Adjustment	-0.8357	-0.8357	-0.0606	-0.7751
Supplemental Rate Add-on				\$8.1747
Totals	215.6671	217.2725	15.6411	208.2007

***Medicaid Trend Adjustment :**



0 227650-00 - 2012/01
212.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lexington Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6300 46th Avenue North St. Petersburg FL 33709 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220701	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 56,819 Max Annualized: 58,035 Total Patient: 50,536 Medicare: 13,190 Medicaid: 25,996	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.44056% Occupancy: 88.94208% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.19874% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,262	2,162,472	1,467,581	424,255	25,496	5,236,066
1a	Audit Adjustments						
2	Cost Per Diem	44.4785	83.1848	56.4541	16.3200	0.9808	201.4182
3	Cost Per Diem Inflated	46.4540	85.5230	58.9615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4540	85.5230	58.9615	16.3200	0.9808	208.2393
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3493		56.1632			
7	Provider Target Rate	51.4992		57.4459			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4540	85.5230	56.9334	13.6500	0.9808	203.5412
12/13	Medicaid Adjustment Rate		0.1386	0.0923			
14	Prospective Per Diem 11	46.4540	85.6616	57.0257	13.6500	0.9808	203.7721
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227650-00 - 2012/01
212.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lexington Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 5,202,166 FRVS Base Asset: 1,243,324 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,623,017.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,161,733	8.4495
	< 60% of Base:	False	20% ROE(2):	1,040,433	0.5498
	Interest Rate:	10.4900 %	Insurance Cost(3):	86,578	1.7132
	Chase Rate:	6.7500 %	Taxes Cost(3):	73,114	1.4468
	Amortization Rate:	8.7500 %	Home Office(3):	45,960	0.9095
	Interest Only:	False	Replacement(3&4):	42,997	0.0000
Yearly Payment:	441,332	Total FRVS PD:	13.0688		

(1) 80% Capital (\$4,161,733) amortized at 8.7500% for 20 years Principal & Interest of \$441,332 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$8.4495

(2) 20% ROE (\$1,040,433) times the ROE factor (0.027600) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.5498

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 102	Effective PBS Limitation	2,907,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4540	46.4540	3.3690	43.0850
Patient Care				
Direct Care	85.6616	85.6616	6.2125	79.4491
Indirect Care	57.0257	57.0257	4.1357	52.8900
Property	13.6500	13.0688	0.9900	12.6600
ROE	0.9808	0.7194	0.0711	0.9097
ROE Adjustment	-0.7194	-0.7194	-0.0522	-0.6672
Quality Assess-Medicaid Share				\$15.6298
Supplemental Rate Add-on				\$8.1747
Totals	203.0527	202.2101	14.7261	212.1311

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 227676-00 - 2012/01
220.05

Liberty Inn

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5858 Heritage Park Way Delray Beach FL 33484 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/6/1998 Acquired Date: 4/6/1998 Entered Medicaid 6/17/1998 Med # Active Date: 3/1/2001 Previous Med # 213641	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 68 Maximum: 24,820 Max Annualized: 24,820 Total Patient: 19,226 Medicare: 5,090 Medicaid: 6,918	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 35.98252% Occupancy: 77.46173% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.84556% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	284,945	583,340	443,174	21,031	0	1,332,490
1a	Audit Adjustments						
2	Cost Per Diem	41.1889	84.3221	64.0610	3.0400		192.6120
3	Cost Per Diem Inflated	43.4220	87.1502	67.5342			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4220	87.1502	67.5342	3.0400		201.1464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.8599		109.3192			
7	Provider Target Rate	76.5696		111.8159			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4220	87.1502	67.5342	3.0400		201.1464
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.4220	87.1502	67.5342	3.0400		201.1464
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227676-00 - 2012/01
220.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Liberty Inn

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/17/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,702,675.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	2,204,095	10.0702
Indexed Asset Value	2,755,119	< 60% of Base:	False	20% ROE(2):	551,024	0.7657
FRVS Base Asset:	1,085,905	Interest Rate:	8.2250 %	Insurance Cost(3):	6,303	0.3278
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	44,698	2.3249
ROE Factor	0.031040	Amortization Rate:	8.2250 %	Home Office(3):	1,655	0.0861
		Interest Only:	False	Replacement(3&4):	8,501	0.0000
		Yearly Payment:	224,949	Total FRVS PD:		13.5747

(1) 80% Capital (\$2,204,095) amortized at 8.2250% for 20 years Principal & Interest of \$224,949 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$10.0702

(2) 20% ROE (\$551,024) times the ROE factor (0.031040) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = \$0.7657

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 29	Effective PBS Limitation	1,085,905

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4220	43.4220	3.1491	40.2729
Patient Care				
Direct Care	87.1502	87.1502	6.3205	80.8297
Indirect Care	67.5342	67.5342	4.8979	62.6363
Property	3.0400	13.5747	0.9845	12.5902
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.5506
Supplemental Rate Add-on				\$8.1747
Totals	201.1464	211.6811	15.3520	220.0544

***Medicaid Trend Adjustment :**



0 227765-00 - 2012/01
212.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Park Meadows Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 SW 41st Place Gainesville FL 32608 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1981 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 9/20/2000 Previous Med # 220345	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 154 Maximum: 56,210 Max Annualized: 56,210 Total Patient: 47,350 Medicare: 6,757 Medicaid: 35,724	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 75.44667% Occupancy: 84.23768% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.31712% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,773,028	2,982,340	2,036,034	976,694	37,648	7,805,744
1a	Audit Adjustments						
2	Cost Per Diem	49.6313	83.4828	56.9934	27.3400	1.0539	218.5014
3	Cost Per Diem Inflated	51.8357	85.8294	59.5248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.8357	85.8294	59.5248	27.3400	1.0539	225.5838
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0455		48.9437			
7	Provider Target Rate	50.1656		50.0615			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	85.8294	50.0615	13.6500	1.0539	197.3094
12/13	Medicaid Adjustment Rate		2.4571	1.4331			
14	Prospective Per Diem 11	46.7146	88.2865	51.4946	13.6500	1.0539	201.1996
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227765-00 - 2012/01
212.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Park Meadows Health & Rehab Center

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1984/01	Amount: 3,659,683.00	80% Capital(1): 2,958,626	5.3363
Indexed Asset Value 3,698,282	Type: Variable [3]	20% ROE(2): 739,656	0.4035
FRVS Base Asset: 2,058,220	< 60% of Base: False	Insurance Cost(3): 78,443	1.6567
Occup Adj Factor: 0.9000	Interest Rate: 8.5100 %	Taxes Cost(3): 67,679	1.4293
ROE Factor 0.027600	Chase Rate: 4.7500 %	Home Office(3): 40,349	0.8521
	Amortization Rate: 6.7500 %	Replacement(3&4): 13,832	0.0000
	Interest Only: False	Total FRVS PD: 9.6779	
	Yearly Payment: 269,956		

(1) 80% Capital (\$2,958,626) amortized at 6.7500% for 20 years Principal & Interest of \$269,956 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$5.3363

(2) 20% ROE (\$739,656) times the ROE factor (0.027600) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = \$0.4035

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 179	Effective PBS Limitation 5,101,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	88.2865	88.2865	6.4029	81.8836
Indirect Care	51.4946	51.4946	3.7346	47.7600
Property	13.6500	9.6779	0.9900	12.6600
ROE	1.0539	0.7082	0.0764	0.9775
ROE Adjustment	-0.7082	-0.7082	-0.0514	-0.6568
Quality Assess-Medicaid Share				\$18.1318
Supplemental Rate Add-on				\$8.1747
Totals	200.4914	196.1736	14.5404	212.2575

***Medicaid Trend Adjustment :**



0 227773-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.00

New Horizon Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
635 SE 17th Street Ocala FL 34471 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 220531	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 58,035 Max Annualized: 58,035 Total Patient: 45,072 Medicare: 7,411 Medicaid: 29,258	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.91392% Occupancy: 77.66348% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.09780% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,481,458	2,466,350	1,782,324	535,421	28,599	6,294,152
1a	Audit Adjustments						
2	Cost Per Diem	50.6343	84.2966	60.9175	18.3000	0.9775	215.1259
3	Cost Per Diem Inflated	52.8832	86.6661	63.6231			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.8832	86.6661	63.6231	18.3000	0.9775	222.4499
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4094		55.3097			
7	Provider Target Rate	51.5607		56.5729			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	86.6661	55.2316	13.6500	0.9775	203.2398
12/13	Medicaid Adjustment Rate		1.4541	0.9267			
14	Prospective Per Diem 11	46.7146	88.1202	56.1583	13.6500	0.9775	205.6206
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 227773-00 - 2012/01
216.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

New Horizon Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1982/01	Amount: 5,269,833.00	80% Capital(1): 5,113,157	12.2215
Indexed Asset Value 6,391,446	Type: Variable [3]	20% ROE(2): 1,278,289	0.6755
FRVS Base Asset: 1,178,042	< 60% of Base: False	Insurance Cost(3): 73,880	1.6392
Occup Adj Factor: 0.9000	Interest Rate: 11.1200 %	Taxes Cost(3): 76,521	1.6978
ROE Factor 0.027600	Chase Rate: 9.5000 %	Home Office(3): 42,125	0.9346
	Amortization Rate: 11.1200 %	Replacement(3&4): 42,391	0.0000
	Interest Only: False	Total FRVS PD:	17.1686
	Yearly Payment: 638,348		

(1) 80% Capital (\$5,113,157) amortized at 11.1200% for 20 years Principal & Interest of \$638,348 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$12.2215

(2) 20% ROE (\$1,278,289) times the ROE factor (0.027600) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.6755

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 89	Effective PBS Limitation 2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	88.1202	88.1202	6.3908	81.7294
Indirect Care	56.1583	56.1583	4.0728	52.0855
Property	13.6500	17.1686	0.9900	12.6600
ROE	0.9775	0.5966	0.0709	0.9066
ROE Adjustment	-0.5966	-0.5966	-0.0433	-0.5533
Quality Assess-Medicaid Share				\$17.6724
Supplemental Rate Add-on				\$8.1747
Totals	205.0240	208.1617	14.8691	216.0020

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 227838-00 - 2012/01

196.97

First Coast Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7723 Jasper Avenue Jacksonville FL 32211 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 1/1/1984 Med # Active Date: 1/1/2001 Previous Med # 221856	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 100 Maximum: 36,500 Max Annualized: 36,500 Total Patient: 34,331 Medicare: 1,914 Medicaid: 28,183	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 82.09199% Occupancy: 94.05754% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.59427% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	960,975	2,190,383	1,134,201	684,847	0	4,970,406
1a	Audit Adjustments						
2	Cost Per Diem	34.0977	77.7200	40.2442	24.3000		176.3619
3	Cost Per Diem Inflated	36.0286	80.4184	42.5232			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.0286	80.4184	42.5232	24.3000		183.2702
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.0286	80.4184	42.5232	13.6500		172.6202
12/13	Medicaid Adjustment Rate		2.9034	1.5352			
14	Prospective Per Diem 11	36.0286	83.3218	44.0584	13.6500		177.0588
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227838-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.97

First Coast Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	None [1]	80% Capital(1):	3,550,432	13.4373
Indexed Asset Value	4,438,040	< 60% of Base:	True	20% ROE(2):	887,608	0.8528
FRVS Base Asset:	2,041,803	Interest Rate:	12.5000 %	Insurance Cost(3):	123,964	3.6108
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	24,646	0.7179
ROE Factor	0.031560	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	77,453	0.0000
		Yearly Payment:	441,416	Total FRVS PD:		18.6188

(1) 80% Capital (\$3,550,432) amortized at 12.5000% for 20 years Interest of \$441,416 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$13.4373

(2) 20% ROE (\$887,608) times the ROE factor (0.031560) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = \$0.8528

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 100	Effective PBS Limitation	2,850,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.0286	36.0286	2.6129	33.4157
Patient Care				
Direct Care	83.3218	83.3218	6.0428	77.2790
Indirect Care	44.0584	44.0584	3.1953	40.8631
Property	13.6500	18.6188	1.3503	17.2685
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9709
Supplemental Rate Add-on				\$8.1747
Totals	177.0588	182.0276	13.2013	196.9719

***Medicaid Trend Adjustment :**



0 227871-00 - 2012/01
181.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avers Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
606 NE 7th Street Trenton FL 32693 County: Gilchrist [21] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1981 Acquired Date: 3/1/1981 Entered Medicaid 3/1/1982 Med # Active Date: 10/1/2000 Previous Med # 221619	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,328 Medicare: 6,510 Medicaid: 27,285	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.46088% Occupancy: 96.63927% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.82205% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,051,864	2,076,181	893,121	285,947	0	4,307,113
1a	Audit Adjustments						
2	Cost Per Diem	38.5510	76.0924	32.7330	10.4800		157.8564
3	Cost Per Diem Inflated	40.6411	78.6445	34.5077			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.6411	78.6445	34.5077	10.4800		164.2733
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.2269		45.2972			
7	Provider Target Rate	40.1228		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.1228	78.6445	34.5077	10.4800		163.7550
12/13	Medicaid Adjustment Rate		1.2794	0.5614			
14	Prospective Per Diem 11	40.1228	79.9239	35.0691	10.4800		165.5958
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 227871-00 - 2012/01
181.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avers Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,621,085.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Fixed [2]	80% Capital(1):	3,237,474	10.5100
Indexed Asset Value	4,046,842	< 60% of Base:	False	20% ROE(2):	809,368	0.6373
FRVS Base Asset:	2,024,741	Interest Rate:	11.5000 %	Insurance Cost(3):	39,946	0.9437
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031040	Amortization Rate:	11.5000 %	Home Office(3):	892	0.0211
		Interest Only:	False	Replacement(3&4):	34,022	0.0000
		Yearly Payment:	414,305	Total FRVS PD:		12.1121

- (1) 80% Capital (\$3,237,474) amortized at 11.5000% for 20 years Principal & Interest of \$414,305 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5100
- (2) 20% ROE (\$809,368) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6373
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.1228	40.1228	2.9099	37.2129
Patient Care				
Direct Care	79.9239	79.9239	5.7964	74.1275
Indirect Care	35.0691	35.0691	2.5434	32.5257
Property	10.4800	12.1121	0.8784	11.2337
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8972
Supplemental Rate Add-on				\$8.1747
Totals	165.5958	167.2279	12.1281	181.1717

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228001-00 - 2012/01

241.99

Heritage Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2201 N.E. 170th Street North Miami Beach FL 33160 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 9/20/2000 Previous Med # 225282	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 32,075 Medicare: 4,676 Medicaid: 18,913	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.96493% Occupancy: 88.76436% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.97654% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,040,580	1,836,362	1,123,393	228,469	19,709	4,248,513
1a	Audit Adjustments						
2	Cost Per Diem	55.0193	97.0952	59.3979	12.0800	1.0421	224.6345
3	Cost Per Diem Inflated	57.4630	99.8245	62.0360			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.4630	99.8245	62.0360	12.0800	1.0421	232.4456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5731		59.9316			
7	Provider Target Rate	57.8651		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	57.4630	99.8245	61.3003	12.0800	1.0421	231.7099
12/13	Medicaid Adjustment Rate		1.0068	0.6182			
14	Prospective Per Diem 11	57.4630	100.8313	61.9185	12.0800	1.0421	233.3349
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228001-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

241.99

Heritage Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,634,917.00			
RS to Start Calcs: 1982/01		Type: Variable [3]	80% Capital(1):	3,508,582	11.4407
Indexed Asset Value 4,385,727		< 60% of Base: False	20% ROE(2):	877,145	0.7444
FRVS Base Asset: 1,345,871		Interest Rate: 10.4900 %	Insurance Cost(3):	50,940	1.5882
Occup Adj Factor: 0.9000		Chase Rate: 6.7500 %	Taxes Cost(3):	52,578	1.6392
ROE Factor 0.027600		Amortization Rate: 8.7500 %	Home Office(3):	31,041	0.9678
		Interest Only: False	Replacement(3&4):	31,709	0.0000
		Yearly Payment: 372,069	Total FRVS PD:		16.3803

(1) 80% Capital (\$3,508,582) amortized at 8.7500% for 20 years Principal & Interest of \$372,069 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$11.4407

(2) 20% ROE (\$877,145) times the ROE factor (0.027600) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.7444

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.4630	57.4630	4.1675	53.2955
Patient Care				
Direct Care	100.8313	100.8313	7.3127	93.5186
Indirect Care	61.9185	61.9185	4.4906	57.4279
Property	12.0800	16.3803	0.8761	11.2039
ROE	1.0421	0.7189	0.0756	0.9665
ROE Adjustment	-0.7189	-0.7189	-0.0521	-0.6668
Quality Assess-Medicaid Share				\$18.0667
Supplemental Rate Add-on				\$8.1747
Totals	232.6160	236.5931	16.8704	241.9870

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228320-00 - 2012/01

222.71

The Gardens Court

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3803 PGA Boulevard Palm Beach Gardens FL 3341 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/25/1996 Acquired Date: 3/13/1997 Entered Medicaid 3/13/1997 Med # Active Date: 5/1/2001 Previous Med # 213713	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,520 Medicare: 16,786 Medicaid: 12,972	Superior: 0 Standard: 150 Conditional: 31 Total: 181
	Medicaid Utilization 36.52027% Occupancy: 81.09589% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.38913% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,189	1,167,410	822,057	409,785	0	3,087,441
1a	Audit Adjustments						
2	Cost Per Diem	53.0519	89.9946	63.3716	31.5900		238.0081
3	Cost Per Diem Inflated	54.4758	91.8076	65.0725			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.4758	91.8076	65.0725	31.5900		242.9459
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6496		59.4968			
7	Provider Target Rate	65.1033		60.8556			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	91.8076	58.7454	13.6500		215.1605
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	91.8076	58.7454	13.6500		215.1605
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228320-00 - 2012/01
222.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Gardens Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/13/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/01 Indexed Asset Value 5,351,433 FRVS Base Asset: 4,325,640 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,200,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,281,146	10.3717
	< 60% of Base:	False	20% ROE(2):	1,070,287	0.6959
	Interest Rate:	7.3400 %	Insurance Cost(3):	26,238	0.7387
	Chase Rate:	8.2500 %	Taxes Cost(3):	170,752	4.8072
	Amortization Rate:	7.3400 %	Home Office(3):	41,265	1.1617
	Interest Only:	False	Replacement(3&4):	87,044	0.0000
Yearly Payment:	408,852	Total FRVS PD:	17.7752		

(1) 80% Capital (\$4,281,146) amortized at 7.3400% for 20 years Principal & Interest of \$408,852 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.3717

(2) 20% ROE (\$1,070,287) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6959

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	36,047
Comparison Date:	1/1/1996	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	91.8076	91.8076	6.6583	85.1493
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	17.7752	1.2891	16.4861
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.1550
Supplemental Rate Add-on				\$8.1747
Totals	215.1605	219.2857	15.9036	222.7118

***Medicaid Trend Adjustment :**



0 228338-00 - 2012/01

198.92

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Melbourne

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
606 East Sheridan Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1990 Acquired Date: 2/1/1990 Entered Medicaid 2/1/1990 Med # Active Date: 2/28/2001 Previous Med # 202088	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,751 Medicare: 14,248 Medicaid: 13,126	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 33.02055% Occupancy: 90.75571% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.46619% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	535,852	1,073,677	754,771	177,070	0	2,541,370
1a	Audit Adjustments						
2	Cost Per Diem	40.8237	81.7977	57.5020	13.4900		193.6134
3	Cost Per Diem Inflated	42.5188	83.9778	59.8896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5188	83.9778	59.8896	13.4900		199.8762
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1500		47.1821			
7	Provider Target Rate	55.3867		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5188	83.9778	48.2597	13.4900		188.2463
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.5188	83.9778	48.2597	13.4900		188.2463
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228338-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.92

Life Care Center of Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,085,472.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	4,744,553	12.5340
Indexed Asset Value	5,930,691	< 60% of Base:	False	20% ROE(2):	1,186,138	0.8088
FRVS Base Asset:	1,801,380	Interest Rate:	8.5000 %	Insurance Cost(3):	10,073	0.2534
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	67,809	1.7058
ROE Factor	0.026880	Amortization Rate:	8.5000 %	Home Office(3):	38,844	0.9772
		Interest Only:	False	Replacement(3&4):	150,640	0.0000
		Yearly Payment:	494,092	Total FRVS PD:		16.2792

(1) 80% Capital (\$4,744,553) amortized at 8.5000% for 20 years Principal & Interest of \$494,092 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.5340

(2) 20% ROE (\$1,186,138) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8088

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5188	42.5188	3.0836	39.4352
Patient Care				
Direct Care	83.9778	83.9778	6.0904	77.8874
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.4900	16.2792	1.1806	15.0986
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.5692
Supplemental Rate Add-on				\$8.1747
Totals	188.2463	191.0355	13.8546	198.9248

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228401-00 - 2012/01
182.46

Park Ridge Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 College Street Jacksonville FL 32204 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1979 Acquired Date: 4/1/1979 Entered Medicaid 11/1/1980 Med # Active Date: 7/16/2001 Previous Med # 202908	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 29,036 Medicare: 3,738 Medicaid: 22,014	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 75.81623% Occupancy: 76.49105% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.63198% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	761,812	1,645,734	887,580	209,793	0	3,504,919
1a	Audit Adjustments						
2	Cost Per Diem	34.6058	74.7585	40.3189	9.5300		159.2132
3	Cost Per Diem Inflated	36.1428	76.8599	42.1097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.1428	76.8599	42.1097	9.5300		164.6424
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5683		45.2972			
7	Provider Target Rate	44.5633		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.1428	76.8599	42.1097	9.5300		164.6424
12/13	Medicaid Adjustment Rate		2.2323	1.2230			
14	Prospective Per Diem 11	36.1428	79.0922	43.3327	9.5300		168.0977
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228401-00 - 2012/01
182.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Park Ridge Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 2,496,897 FRVS Base Asset: 1,293,889 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,230,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,997,518	6.7708
	< 60% of Base:	False	20% ROE(2):	499,379	0.4034
	Interest Rate:	10.0000 %	Insurance Cost(3):	20,131	0.6933
	Chase Rate:	9.5000 %	Taxes Cost(3):	38,039	1.3101
	Amortization Rate:	10.0000 %	Home Office(3):	8,781	0.3024
	Interest Only:	False	Replacement(3&4):	44,534	0.0000
Yearly Payment:	231,318	Total FRVS PD:		9.4800	

(1) 80% Capital (\$1,997,518) amortized at 10.0000% for 20 years Principal & Interest of \$231,318 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$6.7708

(2) 20% ROE (\$499,379) times the ROE factor (0.027600) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4034

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.1428	36.1428	2.6212	33.5216
Patient Care				
Direct Care	79.0922	79.0922	5.7361	73.3561
Indirect Care	43.3327	43.3327	3.1427	40.1900
Property	9.5300	9.4800	0.6875	8.7925
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4272
Supplemental Rate Add-on				\$8.1747
Totals	168.0977	168.0477	12.1875	182.4621

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228567-00 - 2012/01

180.50

Bear Creek Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8041 State Road 52 Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 10/1/2000 Previous Med # 222461	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,920 Medicare: 10,994 Medicaid: 22,490	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.33768% Occupancy: 91.14155% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.94860% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	840,840	1,704,890	932,420	295,968	0	3,774,118
1a	Audit Adjustments						
2	Cost Per Diem	37.3873	75.8066	41.4593	13.1600		167.8132
3	Cost Per Diem Inflated	38.5077	77.4538	42.7017			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.5077	77.4538	42.7017	13.1600		171.8232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1234		47.1821			
7	Provider Target Rate	40.0169		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.5077	77.4538	42.7017	13.1600		171.8232
12/13	Medicaid Adjustment Rate		0.5522	0.3045			
14	Prospective Per Diem 11	38.5077	78.0060	43.0062	13.1600		172.6799
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228567-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

180.50

Bear Creek Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,286,753.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	2,323,333	7.5424
Indexed Asset Value	2,904,166	< 60% of Base:	False	20% ROE(2):	580,833	0.3806
FRVS Base Asset:	1,625,866	Interest Rate:	11.5000 %	Insurance Cost(3):	48,110	1.2052
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	24,215	0.6066
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	685	0.0172
		Interest Only:	False	Replacement(3&4):	216,725	0.0000
		Yearly Payment:	297,321	Total FRVS PD:		9.7520

(1) 80% Capital (\$2,323,333) amortized at 11.5000% for 20 years Principal & Interest of \$297,321 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5424

(2) 20% ROE (\$580,833) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3806

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.5077	38.5077	2.7927	35.7150
Patient Care				
Direct Care	78.0060	78.0060	5.6573	72.3487
Indirect Care	43.0062	43.0062	3.1190	39.8872
Property	13.1600	9.7520	0.7073	9.0447
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.3253
Supplemental Rate Add-on				\$8.1747
Totals	172.6799	169.2719	12.2763	180.4956

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228575-00 - 2012/01

191.64

Royal Oak Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
37300 Royal Oak Lane Dade City FL 33525 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 5/1/1981 Med # Active Date: 10/1/2000 Previous Med # 222542	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,905 Medicare: 2,836 Medicaid: 27,682	Superior: 0 Standard: 165 Conditional: 16 Total: 181
	Medicaid Utilization 71.15281% Occupancy: 88.82420% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.05136% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,113	2,154,579	1,039,825	434,331	0	4,917,848
1a	Audit Adjustments						
2	Cost Per Diem	46.5686	77.8332	37.5632	15.6900		177.6550
3	Cost Per Diem Inflated	47.9641	79.5245	38.6889			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9641	79.5245	38.6889	15.6900		181.8675
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7091		47.1821			
7	Provider Target Rate	41.6388		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6388	79.5245	38.6889	13.6500		173.5022
12/13	Medicaid Adjustment Rate		1.7252	0.8393			
14	Prospective Per Diem 11	41.6388	81.2497	39.5282	13.6500		176.0667
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228575-00 - 2012/01
191.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Royal Oak Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,458,223.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Fixed [2]	80% Capital(1):	3,324,312	10.7919
Indexed Asset Value	4,155,390	< 60% of Base:	False	20% ROE(2):	831,078	0.5446
FRVS Base Asset:	2,272,821	Interest Rate:	11.5000 %	Insurance Cost(3):	78,475	2.0171
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	34,443	0.8853
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	567	0.0146
		Interest Only:	False	Replacement(3&4):	163,283	0.0000
		Yearly Payment:	425,417	Total FRVS PD:		14.2535

- (1) 80% Capital (\$3,324,312) amortized at 11.5000% for 20 years Principal & Interest of \$425,417 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7919
- (2) 20% ROE (\$831,078) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5446
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6388	41.6388	3.0198	38.6190
Patient Care				
Direct Care	81.2497	81.2497	5.8926	75.3571
Indirect Care	39.5282	39.5282	2.8668	36.6614
Property	13.6500	14.2535	1.0337	13.2198
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6083
Supplemental Rate Add-on				\$8.1747
Totals	176.0667	176.6702	12.8129	191.6403

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228591-00 - 2012/01

192.37

Heather Hill Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6630 Kentucky Avenue New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1979 Acquired Date: 5/1/1979 Entered Medicaid 5/1/1979 Med # Active Date: 10/1/2000 Previous Med # 222372	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 33,583 Medicare: 3,316 Medicaid: 23,908	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 71.19078% Occupancy: 76.67351% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.86011% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	972,944	1,801,869	1,114,249	281,158	0	4,170,220
1a	Audit Adjustments						
2	Cost Per Diem	40.6953	75.3668	46.6057	11.7600		174.4278
3	Cost Per Diem Inflated	41.9148	77.0045	48.0024			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9148	77.0045	48.0024	11.7600		178.6817
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	77.0045	48.0024	11.7600		176.6888
12/13	Medicaid Adjustment Rate		1.8358	1.1444			
14	Prospective Per Diem 11	39.9219	78.8403	49.1468	11.7600		179.6690
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228591-00 - 2012/01
192.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heather Hill Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1979/01 Indexed Asset Value 2,926,233 FRVS Base Asset: 1,706,576 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,091,900.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,340,986	7.5997
	< 60% of Base:	False	20% ROE(2):	585,247	0.3835
	Interest Rate:	11.5000 %	Insurance Cost(3):	38,136	1.1356
	Chase Rate:	8.5000 %	Taxes Cost(3):	33,614	1.0009
	Amortization Rate:	11.5000 %	Home Office(3):	535	0.0159
	Interest Only:	False	Replacement(3&4):	197,806	0.0000
Yearly Payment:	299,580	Total FRVS PD:	10.1356		

- (1) 80% Capital (\$2,340,986) amortized at 11.5000% for 20 years Principal & Interest of \$299,580 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5997
- (2) 20% ROE (\$585,247) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3835
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	78.8403	78.8403	5.7178	73.1225
Indirect Care	49.1468	49.1468	3.5643	45.5825
Property	11.7600	10.1356	0.7351	9.4005
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0616
Supplemental Rate Add-on				\$8.1747
Totals	179.6690	178.0446	12.9125	192.3684

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228621-00 - 2012/01

250.30

Inn at Sarasota Bay Club

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1303 N. Tamiami Trail Sarasota Fl 34236 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/22/2001 Acquired Date: 2/22/2001 Entered Medicaid 6/20/2001 Med # Active Date: 6/20/2001 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,059 Medicare: 11,430 Medicaid: 3,193	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 16.75324% Occupancy: 87.02739% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.80492% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	178,010	411,929	273,242	122,579	0	985,760
1a	Audit Adjustments						
2	Cost Per Diem	55.7501	129.0100	85.5753	38.3899		308.7253
3	Cost Per Diem Inflated	58.2262	132.6363	89.3761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.2262	132.6363	89.3761	38.3899		318.6285
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1556		93.6355			
7	Provider Target Rate	58.4609		95.7740			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	58.2262	102.9097	72.5715	13.6500		247.3574
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	58.2262	102.9097	72.5715	13.6500		247.3574
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228621-00 - 2012/01
250.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Inn at Sarasota Bav Club

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/20/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,453,000.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	Variable [3]	80% Capital(1):	2,091,822	9.5103
Indexed Asset Value	2,614,778	< 60% of Base:	False	20% ROE(2):	522,956	0.7323
FRVS Base Asset:	2,417,520	Interest Rate:	6.5200 %	Insurance Cost(3):	48,910	2.5662
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	103,183	5.4139
ROE Factor	0.027600	Amortization Rate:	6.5200 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	73,064	0.0000
		Yearly Payment:	187,448	Total FRVS PD:		18.2227

- (1) 80% Capital (\$2,091,822) amortized at 6.5200% for 20 years Principal & Interest of \$187,448 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.5103
- (2) 20% ROE (\$522,956) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7323
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,417,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	58.2262	58.2262	4.2228	54.0034
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	18.2227	1.3216	16.9011
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.4660
Supplemental Rate Add-on				\$8.1747
Totals	247.3574	251.9301	18.2710	250.2998

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228702-00 - 2012/01

181.89

Winter Haven Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
202 Avenue ^'O^' NE Winter Haven FL 33881 County: Polk[53] Region: Central[3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 1/1/2001 Previous Med # 220825	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 144 Maximum: 52,560 Max Annualized: 52,560 Total Patient: 48,229 Medicare: 5,836 Medicaid: 35,404	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.40812% Occupancy: 91.75990% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.72167% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,164,776	2,485,987	1,442,434	815,354	0	5,908,551
1a	Audit Adjustments						
2	Cost Per Diem	32.8996	70.2177	40.7421	23.0300		166.8894
3	Cost Per Diem Inflated	34.7627	72.6556	43.0493			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.7627	72.6556	43.0493	23.0300		173.4976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.7627	72.6556	43.0493	13.6500		164.1176
12/13	Medicaid Adjustment Rate		1.9133	1.1337			
14	Prospective Per Diem 11	34.7627	74.5689	44.1830	13.6500		167.1646
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228702-00 - 2012/01
181.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Winter Haven Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	3,294,354	8.6261
Indexed Asset Value	4,117,943	< 60% of Base:	False	20% ROE(2):	823,589	0.5495
FRVS Base Asset:	1,887,440	Interest Rate:	11.0000 %	Insurance Cost(3):	179,055	3.7126
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	40,937	0.8488
ROE Factor	0.031560	Amortization Rate:	11.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	51,028	0.0000
		Yearly Payment:	408,047	Total FRVS PD:		13.7370

- (1) 80% Capital (\$3,294,354) amortized at 11.0000% for 20 years Principal & Interest of \$408,047 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$8.6261
- (2) 20% ROE (\$823,589) times the ROE factor (0.031560) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = \$0.5495
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 144	Effective PBS Limitation	4,104,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.7627	34.7627	2.5211	32.2416
Patient Care				
Direct Care	74.5689	74.5689	5.4080	69.1609
Indirect Care	44.1830	44.1830	3.2043	40.9787
Property	13.6500	13.7370	0.9963	12.7407
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5907
Supplemental Rate Add-on				\$8.1747
Totals	167.1646	167.2516	12.1297	181.8873

***Medicaid Trend Adjustment :**



0 228711-00 - 2012/01

166.83

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Woodland Terrace of Citrus County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
124 W. Norvell Bryant Hwy Hernando FL 34442	01/01/2010-12/31/2010	Number of Beds: 120	Superior: 0
County: Citrus[9]	Days In CR 365	Maximum: 43,800	Standard: 181
Region: North [1] Area: 3	First Used: 2011/07	Max Annualized: 43,800	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 43,440	Total: 181
Current Class North Large [2]	Unaudited [3]	Medicare: 4,544	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 27,370	FY Index: 1.22078676
Operating Ex > 18 months [1]	Medicaid Utilization 63.00645%		Semester Index: 1.27500780
Open Date: 5/10/2001	Occupancy: 99.17808%		Cost: 1.04441483
Acquired Date: 5/10/2001	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 7/12/2001	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17400000
Med # Active Date: 7/12/2001	Low Occupancy Adjustment Factor: 123.99616%		DC Sem Index: 1.20700000
Previous Med #	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02810903
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	827,784	1,856,433	863,644	758,970	0	4,306,831
1a	Audit Adjustments						
2	Cost Per Diem	30.2442	67.8273	31.5544	27.7300		157.3559
3	Cost Per Diem Inflated	31.5875	69.7339	32.9559			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.5875	69.7339	32.9559	27.7300		162.0073
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3243		45.2972			
7	Provider Target Rate	46.3594		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.5875	69.7339	32.9559	13.6500		147.9273
12/13	Medicaid Adjustment Rate		1.0204	0.4822			
14	Prospective Per Diem 11	31.5875	70.7543	33.4381	13.6500		149.4299
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228711-00 - 2012/01
166.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woodland Terrace of Citrus County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/12/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	Variable [3]	80% Capital(1):	4,277,108	10.2908
Indexed Asset Value	5,346,385	< 60% of Base:	False	20% ROE(2):	1,069,277	0.7487
FRVS Base Asset:	5,346,385	Interest Rate:	8.1900 %	Insurance Cost(3):	44,831	1.0320
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	100,090	2.3041
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	21,003	0.4835
		Interest Only:	False	Replacement(3&4):	22,607	0.0000
		Yearly Payment:	405,663	Total FRVS PD:		14.8591

(1) 80% Capital (\$4,277,108) amortized at 7.2500% for 20 years Principal & Interest of \$405,663 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2908

(2) 20% ROE (\$1,069,277) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7487

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.5875	31.5875	2.2909	29.2966
Patient Care				
Direct Care	70.7543	70.7543	5.1314	65.6229
Indirect Care	33.4381	33.4381	2.4251	31.0130
Property	13.6500	14.8591	1.0776	13.7815
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9376
Supplemental Rate Add-on				\$8.1747
Totals	149.4299	150.6390	10.9250	166.8263

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228788-00 - 2012/01

227.50

East Ridge Retirement Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
19301 SW 87th Avenue Miami Fl 33157 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/15/1962 Acquired Date: 10/15/1976 Entered Medicaid 7/12/2001 Med # Active Date: 7/12/2001 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,590 Medicare: 2,538 Medicaid: 2,594	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 13.24145% Occupancy: 89.45205% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.83631% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	159,052	247,751	232,121	21,712	0	660,636
1a	Audit Adjustments						
2	Cost Per Diem	61.3153	95.5093	89.4838	8.3701		254.6785
3	Cost Per Diem Inflated	64.0386	98.1940	93.4582			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.0386	98.1940	93.4582	8.3701		264.0609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.4810		75.6151			
7	Provider Target Rate	59.8166		77.3420			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	98.1940	72.5715	8.3701		238.2005
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	98.1940	72.5715	8.3701		238.2005
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228788-00 - 2012/01
227.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

East Ridge Retirement Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/12/2001 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 1,896,540 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,517,232	5.1384
	< 60% of Base:	True	20% ROE(2):	379,308	0.5311
	Interest Rate:	6.7500 %	Insurance Cost(3):	17,811	0.9092
	Chase Rate:	6.7500 %	Taxes Cost(3):	1,207	0.0616
	Amortization Rate:	6.7500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	538,987	0.0000
Yearly Payment:	101,278	Total FRVS PD:	6.6403		

- (1) 80% Capital (\$1,517,232) amortized at 6.7500% for 20 years Interest of \$101,278 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.1384
- (2) 20% ROE (\$379,308) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.5311
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	1/1/1992	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,896,540

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	98.1940	98.1940	7.1214	91.0726
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	8.3701	6.6403	0.4816	6.1587
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	238.2005	236.4707	17.1498	227.4956

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228940-00 - 2012/01 187.29

Cypress Cove Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 SE 8th Avenue Crystal River FL 34429 County: Citrus [9] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1983 Acquired Date: 5/1/1983 Entered Medicaid 5/1/1983 Med # Active Date: 10/1/2000 Previous Med # 222313	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,385 Medicare: 9,069 Medicaid: 20,930	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 53.14206% Occupancy: 89.92009% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.42148% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,498	1,624,189	774,046	325,043	0	3,717,776
1a	Audit Adjustments						
2	Cost Per Diem	47.5154	77.6010	36.9826	15.5300		177.6290
3	Cost Per Diem Inflated	50.0915	80.2037	38.9877			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0915	80.2037	38.9877	15.5300		184.8129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9854		45.2972			
7	Provider Target Rate	41.9214		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9214	80.2037	38.9877	13.6500		174.7628
12/13	Medicaid Adjustment Rate		0.2835	0.1378			
14	Prospective Per Diem 11	41.9214	80.4872	39.1255	13.6500		175.1841
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228940-00 - 2012/01
187.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cypress Cove Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,794,096.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	3,683,987	11.9596
Indexed Asset Value	4,604,984	< 60% of Base:	False	20% ROE(2):	920,997	0.7252
FRVS Base Asset:	2,736,744	Interest Rate:	11.5000 %	Insurance Cost(3):	52,273	1.3272
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031040	Amortization Rate:	11.5000 %	Home Office(3):	906	0.0230
		Interest Only:	False	Replacement(3&4):	47,997	0.0000
		Yearly Payment:	471,446	Total FRVS PD:		14.0350

- (1) 80% Capital (\$3,683,987) amortized at 11.5000% for 20 years Principal & Interest of \$471,446 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.9596
- (2) 20% ROE (\$920,997) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7252
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9214	41.9214	3.0403	38.8811
Patient Care				
Direct Care	80.4872	80.4872	5.8373	74.6499
Indirect Care	39.1255	39.1255	2.8375	36.2880
Property	13.6500	14.0350	1.0179	13.0171
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2799
Supplemental Rate Add-on				\$8.1747
Totals	175.1841	175.5691	12.7330	187.2907

***Medicaid Trend Adjustment :**



0 228958-00 - 2012/01

185.71

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Brooksville Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1114 Chatman Boulevard Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 10/1/1976 Med # Active Date: 10/1/2000 Previous Med # 221627	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 50,472 Medicare: 9,463 Medicaid: 32,748	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.88350% Occupancy: 76.82192% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.04565% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,995	2,547,932	1,325,084	412,625	0	5,541,636
1a	Audit Adjustments						
2	Cost Per Diem	38.3533	77.8042	40.4631	12.6000		169.2206
3	Cost Per Diem Inflated	39.5026	79.4948	41.6757			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5026	79.4948	41.6757	12.6000		173.2731
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.2724		45.2972			
7	Provider Target Rate	38.1236		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1236	79.4948	41.6757	12.6000		171.8941
12/13	Medicaid Adjustment Rate		1.3311	0.6978			
14	Prospective Per Diem 11	38.1236	80.8259	42.3735	12.6000		173.9230
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 228958-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

185.71

Brooksville Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 5,231,426 FRVS Base Asset: 2,777,784 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,455,867.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,185,141	9.0577
	< 60% of Base:	False	20% ROE(2):	1,046,285	0.4571
	Interest Rate:	11.5000 %	Insurance Cost(3):	61,507	1.2186
	Chase Rate:	8.5000 %	Taxes Cost(3):	41,314	0.8186
	Amortization Rate:	11.5000 %	Home Office(3):	825	0.0163
	Interest Only:	False	Replacement(3&4):	20,688	0.0000
Yearly Payment:	535,579	Total FRVS PD:	11.5683		

(1) 80% Capital (\$4,185,141) amortized at 11.5000% for 20 years Principal & Interest of \$535,579 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.0577

(2) 20% ROE (\$1,046,285) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4571

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1236	38.1236	2.7649	35.3587
Patient Care				
Direct Care	80.8259	80.8259	5.8618	74.9641
Indirect Care	42.3735	42.3735	3.0731	39.3004
Property	12.6000	11.5683	0.8390	10.7293
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1846
Supplemental Rate Add-on				\$8.1747
Totals	173.9230	172.8913	12.5388	185.7118

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 228966-00 - 2012/01

192.39

Lake Harris Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Lake Port Boulevard Leesburg FL 34748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/16/1990 Acquired Date: 8/16/1990 Entered Medicaid 8/17/1990 Med # Active Date: 9/1/2001 Previous Med # 202452	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,221 Medicare: 13,171 Medicaid: 16,007	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 39.79762% Occupancy: 91.82877% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.80778% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,175	1,300,697	831,685	202,489	0	3,318,046
1a	Audit Adjustments						
2	Cost Per Diem	61.4216	81.2580	51.9576	12.6500		207.2872
3	Cost Per Diem Inflated	64.1496	83.5421	54.2653			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	64.1496	83.5421	54.2653	12.6500		214.6070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7792		55.8974			
7	Provider Target Rate	45.8019		57.1740			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.8019	83.5421	54.2653	12.6500		196.2593
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8019	83.5421	54.2653	12.6500		196.2593
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 228966-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.39

Lake Harris Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/17/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 5,209,661 FRVS Base Asset: 1,810,440 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 4,995,013.00			Total Amount	Per Diem
	Type: Variable [3]		80% Capital(1): 4,167,729	11.1764	
	< 60% of Base: False		20% ROE(2): 1,041,932	0.7295	
	Interest Rate: 8.7063 %		Insurance Cost(3): 49,188	1.2229	
	Chase Rate: 9.3042 %		Taxes Cost(3): 75,542	1.8782	
	Amortization Rate: 8.7063 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 72,407	0.0000	
Yearly Payment: 440,575		Total FRVS PD:	15.0070		

(1) 80% Capital (\$4,167,729) amortized at 8.7063% for 20 years Principal & Interest of \$440,575 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1764

(2) 20% ROE (\$1,041,932) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7295

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 30,174
Comparison Date: 1/1/1990	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8019	45.8019	3.3217	42.4802
Patient Care				
Direct Care	83.5421	83.5421	6.0588	77.4833
Indirect Care	54.2653	54.2653	3.9355	50.3298
Property	12.6500	15.0070	1.0884	13.9186
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	196.2593	198.6163	14.4044	192.3866

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

0 229164-00 - 2012/01
199.32

Sylvan Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2770 Regency Oaks Blvd. Clearwater FL 33759 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/30/1991 Acquired Date: 8/30/1991 Entered Medicaid 10/7/1991 Med # Active Date: 9/1/2001 Previous Med # 203971	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 21,124 Medicare: 5,796 Medicaid: 4,429	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
	Medicaid Utilization 20.96667% Occupancy: 96.45662% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.59369% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	267,280	364,164	286,226	45,220	0	962,890
1a	Audit Adjustments						
2	Cost Per Diem	60.3477	82.2226	64.6254	10.2100		217.4057
3	Cost Per Diem Inflated	63.0280	84.5338	67.4957			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.0280	84.5338	67.4957	10.2100		225.2675
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8386		54.8934			
7	Provider Target Rate	49.9540		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9540	84.5338	56.1471	10.2100		200.8449
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9540	84.5338	56.1471	10.2100		200.8449
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229164-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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199.32

Sylvan Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/7/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,798,444.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Fixed [2]	80% Capital(1):	1,910,829	10.6549
Indexed Asset Value	2,388,536	< 60% of Base:	False	20% ROE(2):	477,707	0.6689
FRVS Base Asset:	1,831,800	Interest Rate:	9.2500 %	Insurance Cost(3):	41,884	1.9828
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	45,430	2.1506
ROE Factor	0.027600	Amortization Rate:	9.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	12,033	0.0000
		Yearly Payment:	210,008	Total FRVS PD:		15.4572

(1) 80% Capital (\$1,910,829) amortized at 9.2500% for 20 years Principal & Interest of \$210,008 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.6549

(2) 20% ROE (\$477,707) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6689

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9540	49.9540	3.6229	46.3311
Patient Care				
Direct Care	84.5338	84.5338	6.1307	78.4031
Indirect Care	56.1471	56.1471	4.0720	52.0751
Property	10.2100	15.4572	1.1210	14.3362
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	200.8449	206.0921	14.9466	199.3202

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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0 229202-00 - 2012/01
202.79

Shell Point Village Retirement Community

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15000 Shell Point Boulevard Ft. Myers Fl 33908 County: Lee [36] Region: South [2] Area: 8 Control Church Non-Profit [2] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1971 Acquired Date: 12/1/1971 Entered Medicaid 3/28/2001 Med # Active Date: 3/28/2001 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 219 Maximum: 79,935 Max Annualized: 79,935 Total Patient: 65,731 Medicare: 10,894 Medicaid: 3,640	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 5.53772% Occupancy: 82.23056% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.80774% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	155,547	384,282	240,882	146,292	0	927,003
1a	Audit Adjustments						
2	Cost Per Diem	42.7327	105.5720	66.1764	40.1901		254.6712
3	Cost Per Diem Inflated	44.1473	108.0334	68.3671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1473	108.0334	68.3671	40.1901		260.7379
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0091		74.5265			
7	Provider Target Rate	49.1056		76.2286			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1473	97.3020	58.7454	13.6500		213.8447
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.1473	97.3020	58.7454	13.6500		213.8447
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229202-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.79

Shell Point Village Retirement Community

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/28/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	32,441,914.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,032,612	3.4882
Indexed Asset Value	3,790,765	< 60% of Base:	False	20% ROE(2):	758,153	0.2722
FRVS Base Asset:	0	Interest Rate:	5.5300 %	Insurance Cost(3):	351,000	5.3399
Occup Adj Factor:	0.9000	Chase Rate:	6.8692 %	Taxes Cost(3):	35,215	0.5357
ROE Factor	0.025830	Amortization Rate:	5.5300 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	318,330	0.0000
		Yearly Payment:	250,948	Total FRVS PD:		9.6360

(1) 80% Capital (\$3,032,612) amortized at 5.5300% for 20 years Principal & Interest of \$250,948 divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = \$3.4882

(2) 20% ROE (\$758,153) times the ROE factor (0.025830) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = \$0.2722

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 7/1/1971	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	1,846,980

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1473	44.1473	3.2017	40.9456
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	9.6360	0.6988	8.9372
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	213.8447	209.8307	15.2177	202.7877

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 229237-00 - 2012/01

192.30

Parthenon Healthcare of Ft. Walton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1 LBJ Sr. Drive Ft. Walton Beach FL 32548 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1960 Acquired Date: 8/1/1960 Entered Medicaid 3/1/1982 Med # Active Date: 2/1/2001 Previous Med # 211141	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,051 Medicare: 5,395 Medicaid: 21,694	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.71032% Occupancy: 77.74201% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.19598% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	821,579	1,688,388	922,401	446,679	0	3,879,047
1a	Audit Adjustments						
2	Cost Per Diem	37.8713	77.8274	42.5187	20.5900		178.8074
3	Cost Per Diem Inflated	39.0062	79.5185	43.7929			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.0062	79.5185	43.7929	20.5900		182.9076
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.3818		45.2972			
7	Provider Target Rate	39.2584		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0062	79.5185	43.7929	13.6500		175.9676
12/13	Medicaid Adjustment Rate		1.2265	0.6755			
14	Prospective Per Diem 11	39.0062	80.7450	44.4684	13.6500		177.8696
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229237-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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192.30

Parthenon Healthcare of Ft. Walton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/8/1987 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,982,940 FRVS Base Asset: 2,711,737 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,880,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,986,352	12.1153
	< 60% of Base:	False	20% ROE(2):	996,588	0.6530
	Interest Rate:	11.5000 %	Insurance Cost(3):	46,589	1.3682
	Chase Rate:	8.5000 %	Taxes Cost(3):	21,872	0.6423
	Amortization Rate:	10.5000 %	Home Office(3):	11,182	0.3284
	Interest Only:	False	Replacement(3&4):	23,804	0.0000
Yearly Payment:	477,587	Total FRVS PD:		15.1072	

- (1) 80% Capital (\$3,986,352) amortized at 10.5000% for 20 years Principal & Interest of \$477,587 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.1153
- (2) 20% ROE (\$996,588) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6530
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0062	39.0062	2.8289	36.1773
Patient Care				
Direct Care	80.7450	80.7450	5.8560	74.8890
Indirect Care	44.4684	44.4684	3.2250	41.2434
Property	13.6500	15.1072	1.0956	14.0116
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7990
Supplemental Rate Add-on				\$8.1747
Totals	177.8696	179.3268	13.0055	192.2950

***Medicaid Trend Adjustment :**



0 229288-00 - 2012/01

201.48

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
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Rate Semester 01/01/2012 through 06/30/2012

Gainesville Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1311 SW 16th Street Gainesville FL 32608 County: Alachua [1] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1983 Acquired Date: 7/1/1983 Entered Medicaid 7/1/1983 Med # Active Date: 3/7/2001 Previous Med # 212776	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 56,987 Medicare: 9,800 Medicaid: 39,809 Medicaid Utilization 69.85628% Occupancy: 86.73820% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.44337% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 101 Conditional: 80 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,602,926	3,146,806	1,625,252	971,340	0	7,346,324
1a	Audit Adjustments						
2	Cost Per Diem	40.2654	79.0476	40.8262	24.4000		184.5392
3	Cost Per Diem Inflated	42.3516	81.6056	42.9414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3516	81.6056	42.9414	24.4000		191.2986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.8421		45.2972			
7	Provider Target Rate	46.8891		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3516	81.6056	42.9414	13.6500		180.5486
12/13	Medicaid Adjustment Rate		1.0172	0.5353			
14	Prospective Per Diem 11	42.3516	82.6228	43.4767	13.6500		182.1011
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229288-00 - 2012/01
201.48

Florida Agency For Health Care Administration
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Gainesville Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 8,650,322 FRVS Base Asset: 5,130,000 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,400,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,920,258	18.4932
	< 60% of Base:	False	20% ROE(2):	1,730,064	0.8900
	Interest Rate:	15.1230 %	Insurance Cost(3):	1,803	0.0316
	Chase Rate:	13.0000 %	Taxes Cost(3):	93,987	1.6493
	Amortization Rate:	15.0000 %	Home Office(3):	1,386	0.0243
	Interest Only:	False	Replacement(3&4):	34,572	0.0000
Yearly Payment:	1,093,503	Total FRVS PD:		21.0884	

- (1) 80% Capital (\$6,920,258) amortized at 15.0000% for 20 years Principal & Interest of \$1,093,503 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$18.4932
- (2) 20% ROE (\$1,730,064) times the ROE factor (0.030420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8900
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3516	42.3516	3.0715	39.2801
Patient Care				
Direct Care	82.6228	82.6228	5.9922	76.6306
Indirect Care	43.4767	43.4767	3.1531	40.3236
Property	13.6500	21.0884	1.5294	19.5590
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5129
Supplemental Rate Add-on				\$8.1747
Totals	182.1011	189.5395	13.7462	201.4809

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 229610-00 - 2012/01 203.55

Lake View Care Center at Delray

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5430 Linton Blvd DelRay Beach FL 33484 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 9/20/2001 Previous Med # 208124	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,967 Medicare: 18,553 Medicaid: 18,277	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 43.55089% Occupancy: 95.81507% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.79160% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	764,108	1,500,074	1,097,435	519,615	0	3,881,232
1a	Audit Adjustments						
2	Cost Per Diem	41.8071	82.0744	60.0446	28.4300		212.3561
3	Cost Per Diem Inflated	43.4827	84.2021	62.4511			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4827	84.2021	62.4511	28.4300		218.5659
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8181		49.6053			
7	Provider Target Rate	42.7732		50.7382			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7732	84.2021	50.7382	13.6500		191.3635
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.7732	84.2021	50.7382	13.6500		191.3635
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229610-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.55

Lake View Care Center at Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,596,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,495,814	15.7909
Indexed Asset Value	5,619,768	< 60% of Base:	False	20% ROE(2):	1,123,954	0.7633
FRVS Base Asset:	3,420,000	Interest Rate:	12.7500 %	Insurance Cost(3):	58,003	1.3821
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	95,616	2.2784
ROE Factor	0.026770	Amortization Rate:	12.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	122,073	0.0000
		Yearly Payment:	622,479	Total FRVS PD:		20.2147

(1) 80% Capital (\$4,495,814) amortized at 12.7500% for 20 years Principal & Interest of \$622,479 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.7909

(2) 20% ROE (\$1,123,954) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7633

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7732	42.7732	3.1021	39.6711
Patient Care				
Direct Care	84.2021	84.2021	6.1067	78.0954
Indirect Care	50.7382	50.7382	3.6797	47.0585
Property	13.6500	20.2147	1.4661	18.7486
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.7999
Supplemental Rate Add-on				\$8.1747
Totals	191.3635	197.9282	14.3546	203.5482

***Medicaid Trend Adjustment :**



0 229628-00 - 2012/01

205.72

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Menorah House

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9945 Central Park Blvd Boca Raton FL 33428 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/14/1989 Acquired Date: 12/14/1989 Entered Medicaid 10/1/1990 Med # Active Date: 9/20/2001 Previous Med # 201413	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,862 Medicare: 8,113 Medicaid: 28,437	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 69.59278% Occupancy: 93.29224% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.63746% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,194,665	2,188,989	1,542,803	485,704	0	5,412,161
1a	Audit Adjustments						
2	Cost Per Diem	42.0109	76.9768	54.2534	17.0800		190.3211
3	Cost Per Diem Inflated	43.6946	78.9724	56.4278			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6946	78.9724	56.4278	17.0800		196.1748
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6029		51.7319			
7	Provider Target Rate	42.5530		52.9134			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5530	78.9724	52.9134	13.6500		188.0888
12/13	Medicaid Adjustment Rate		1.7407	1.1663			
14	Prospective Per Diem 11	42.5530	80.7131	54.0797	13.6500		190.9958
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 229628-00 - 2012/01
205.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Menorah House

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,892,026 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.026770	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,900,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,713,621	13.3751
	< 60% of Base:	False	20% ROE(2):	1,178,405	0.8003
	Interest Rate:	15.0000 %	Insurance Cost(3):	56,667	1.3868
	Chase Rate:	6.5000 %	Taxes Cost(3):	73,981	1.8105
	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	135,130	0.0000
Yearly Payment:	527,246	Total FRVS PD:		17.3727	

- (1) 80% Capital (\$4,713,621) amortized at 9.5000% for 20 years Principal & Interest of \$527,246 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3751
- (2) 20% ROE (\$1,178,405) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8003
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5530	42.5530	3.0861	39.4669
Patient Care				
Direct Care	80.7131	80.7131	5.8537	74.8594
Indirect Care	54.0797	54.0797	3.9221	50.1576
Property	13.6500	17.3727	1.2599	16.1128
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9507
Supplemental Rate Add-on				\$8.1747
Totals	190.9958	194.7185	14.1218	205.7221

***Medicaid Trend Adjustment :**



0 229849-00 - 2012/01

219.07

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Alexander Nininger State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8401 West Cypress Drive Pembroke Pines Fl 33025	07/01/2009-06/30/2010	Number of Beds: 120	Superior: 0
County: Broward [6]	Days In CR 365	Maximum: 43,800	Standard: 181
Region: South [2] Area: 10	First Used: 2011/07	Max Annualized: 43,800	Conditional: 0
Control Government Non-Prof	Last Used: 2012/01	Total Patient: 40,673	Total: 181
Current Class South Large [4]	Unaudited [3]	Medicare: 3,826	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 16,465	FY Index: 1.20667423
Operating Ex > 18 months [1]	Medicaid Utilization 40.48140%		Semester Index: 1.27500780
Open Date: 6/18/2001	Occupancy: 92.86073%		Cost: 1.05662968
Acquired Date: 6/18/2001	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 9/6/2001	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.16650000
Med # Active Date: 9/6/2001	Low Occupancy Adjustment Factor: 116.09797%		DC Sem Index: 1.20700000
Previous Med #	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03471925
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	723,897	1,664,230	841,658	286,491	0	3,516,276
1a	Audit Adjustments						
2	Cost Per Diem	43.9658	101.0768	51.1180	17.4000		213.5606
3	Cost Per Diem Inflated	46.4556	104.5861	54.0128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4556	104.5861	54.0128	17.4000		222.4545
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8700		56.5570			
7	Provider Target Rate	57.1460		57.8487			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4556	97.3020	54.0128	13.6500		211.4204
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.4556	97.3020	54.0128	13.6500		211.4204
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 229849-00 - 2012/01
219.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Alexander Nininger State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/6/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2001/01	Type:	None [1]	80% Capital(1):	4,246,264	6.9217
Indexed Asset Value	5,307,830	< 60% of Base:	True	20% ROE(2):	1,061,566	0.8499
FRVS Base Asset:	0	Interest Rate:	6.5000 %	Insurance Cost(3):	8,439	0.2075
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031560	Amortization Rate:	6.5000 %	Home Office(3):	39,770	0.9778
		Interest Only:	True	Replacement(3&4):	25,677	0.0000
		Yearly Payment:	272,855	Total FRVS PD:		8.9569

- (1) 80% Capital (\$4,246,264) amortized at 6.5000% for 20 years Interest of \$272,855 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.9217
- (2) 20% ROE (\$1,061,566) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8499
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,292
Comparison Date: 7/1/2000	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,835,040

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4556	46.4556	3.3692	43.0864
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	54.0128	54.0128	3.9172	50.0956
Property	13.6500	8.9569	0.6496	8.3073
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1605
Supplemental Rate Add-on				\$8.1747
Totals	211.4204	206.7273	14.9927	219.0698

***Medicaid Trend Adjustment :**



0 250988-00 - 2012/01
227.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

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Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8785 NW 32 AVE Miami FL 33147 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/20/1985 Acquired Date: 3/20/1985 Entered Medicaid 3/20/1985 Med # Active Date: 2/25/2000 Previous Med # 210722	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,862 Medicare: 11,162 Medicaid: 23,128	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 64.49166% Occupancy: 81.87671% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.36535% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,171,266	2,232,426	1,453,948	357,559	0	5,215,199
1a	Audit Adjustments						
2	Cost Per Diem	50.6428	96.5248	62.8653	15.4600		225.4929
3	Cost Per Diem Inflated	52.0020	98.4694	64.5526			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0020	98.4694	64.5526	15.4600		230.4840
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8967		60.0413			
7	Provider Target Rate	56.1505		61.4125			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500		220.6549
12/13	Medicaid Adjustment Rate		1.5863	0.9577			
14	Prospective Per Diem 11	50.9575	98.8883	59.7031	13.6500		223.1989
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 250988-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

227.58

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FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	2,456,056	8.4944
Indexed Asset Value	3,070,070	< 60% of Base:	False	20% ROE(2):	614,014	0.3992
FRVS Base Asset:	1,751,491	Interest Rate:	15.0000 %	Insurance Cost(3):	55,413	1.5452
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	19,951	0.5563
ROE Factor	0.025630	Amortization Rate:	12.5000 %	Home Office(3):	11,015	0.3071
		Interest Only:	False	Replacement(3&4):	10,592	0.0000
		Yearly Payment:	334,851	Total FRVS PD:		11.3022

(1) 80% Capital (\$2,456,056) amortized at 12.5000% for 20 years Principal & Interest of \$334,851 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.4944

(2) 20% ROE (\$614,014) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3992

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.8883	98.8883	7.1718	91.7165
Indirect Care	59.7031	59.7031	4.3299	55.3732
Property	13.6500	11.3022	0.8197	10.4825
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.5671
Supplemental Rate Add-on				\$8.1747
Totals	223.1989	220.8511	16.0171	227.5758

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 251097-00 - 2012/01

182.40

Parthenon Healthcare of Blountstown

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
17884 N.E. Crozier Street Blountstown FL 32424 County: Calhoun [7] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1974 Acquired Date: 5/1/1974 Entered Medicaid 12/1/1980 Med # Active Date: 2/1/2001 Previous Med # 213411	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 42,671 Medicare: 2,815 Medicaid: 34,403	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.62384% Occupancy: 77.93790% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.44089% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,251,258	2,509,537	1,276,876	585,883	0	5,623,554
1a	Audit Adjustments						
2	Cost Per Diem	36.3706	72.9453	37.1153	17.0300		163.4612
3	Cost Per Diem Inflated	37.4605	74.5304	38.2275			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.4605	74.5304	38.2275	17.0300		167.2484
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.8255		45.2972			
7	Provider Target Rate	39.7122		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.4605	74.5304	38.2275	13.6500		163.8684
12/13	Medicaid Adjustment Rate		2.5677	1.3170			
14	Prospective Per Diem 11	37.4605	77.0981	39.5445	13.6500		167.7531
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251097-00 - 2012/01
182.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Parthenon Healthcare of Blountstown

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1974/01	Type:	None [1]	80% Capital(1):	3,785,260	9.5507
Indexed Asset Value	4,731,575	< 60% of Base:	True	20% ROE(2):	946,315	0.4961
FRVS Base Asset:	2,082,681	Interest Rate:	12.5000 %	Insurance Cost(3):	55,770	1.3070
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	32,060	0.7513
ROE Factor	0.025830	Amortization Rate:	12.5000 %	Home Office(3):	14,726	0.3451
		Interest Only:	True	Replacement(3&4):	12,576	0.0000
		Yearly Payment:	470,612	Total FRVS PD:		12.4502

(1) 80% Capital (\$3,785,260) amortized at 12.5000% for 20 years Interest of \$470,612 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.5507

(2) 20% ROE (\$946,315) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.4961

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.4605	37.4605	2.7168	34.7437
Patient Care				
Direct Care	77.0981	77.0981	5.5915	71.5066
Indirect Care	39.5445	39.5445	2.8679	36.6766
Property	13.6500	12.4502	0.9029	11.5473
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7547
Supplemental Rate Add-on				\$8.1747
Totals	167.7531	166.5533	12.0791	182.4036

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 251101-00 - 2012/01 179.19

Parthenon Healthcare of Crestview

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1849 First Avenue, East Crestview FL 32539 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1970 Acquired Date: 10/1/1970 Entered Medicaid 5/1/1979 Med # Active Date: 2/1/2001 Previous Med # 211133	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 36,103 Medicare: 5,853 Medicaid: 23,568	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 65.27989% Occupancy: 54.95129% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 68.70217% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	897,413	1,703,740	883,973	666,974	0	4,152,100
1a	Audit Adjustments						
2	Cost Per Diem	38.0776	72.2904	37.5073	28.3000		176.1753
3	Cost Per Diem Inflated	40.1421	74.7150	39.5408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1421	74.7150	39.5408	28.3000		182.6979
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	74.7150	39.5408	13.6500		165.7508
12/13	Medicaid Adjustment Rate		1.2843	0.6797			
14	Prospective Per Diem 11	37.8450	75.9993	40.2205	13.6500		167.7148
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251101-00 - 2012/01
179.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Parthenon Healthcare of Crestview

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/30/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,761,778.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	4,083,674	7.9976
Indexed Asset Value	5,104,592	< 60% of Base:	False	20% ROE(2):	1,020,918	0.5359
FRVS Base Asset:	2,097,280	Interest Rate:	11.5000 %	Insurance Cost(3):	57,525	1.5934
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	27,496	0.7616
ROE Factor	0.031040	Amortization Rate:	10.0000 %	Home Office(3):	11,755	0.3256
		Interest Only:	False	Replacement(3&4):	205,665	0.0000
		Yearly Payment:	472,900	Total FRVS PD:		11.2141

- (1) 80% Capital (\$4,083,674) amortized at 10.0000% for 20 years Principal & Interest of \$472,900 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$7.9976
- (2) 20% ROE (\$1,020,918) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5359
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	75.9993	75.9993	5.5118	70.4875
Indirect Care	40.2205	40.2205	2.9170	37.3035
Property	13.6500	11.2141	0.8133	10.4008
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7212
Supplemental Rate Add-on				\$8.1747
Totals	167.7148	165.2789	11.9868	179.1880

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 251399-00 - 2012/01 197.14

Brandvwyne Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1801 North Lake Mariam Dri Winter Haven FL 33884 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 8/1/2000 Previous Med # 219509	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 83.45167% Occupancy: 85.85616% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.34060% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,605 Medicare: 2,822 Medicaid: 31,382	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20943572		
			Semester Index: 1.27500780		
			Cost: 1.05421709		
			Target: 1.01598689		
			DC FY Index: 1.16783181		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03353924		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,159,534	2,496,319	1,377,734	514,979	0	5,548,566
1a	Audit Adjustments						
2	Cost Per Diem	36.9490	79.5462	43.9020	16.4100		176.8072
3	Cost Per Diem Inflated	38.9523	82.2141	46.2822			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.9523	82.2141	46.2822	16.4100		183.8586
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1825		47.1821			
7	Provider Target Rate	45.1916		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.9523	82.2141	46.2822	13.6500		181.0986
12/13	Medicaid Adjustment Rate		3.0940	1.7417			
14	Prospective Per Diem 11	38.9523	85.3081	48.0239	13.6500		185.9343
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251399-00 - 2012/01
197.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Brandvwyne Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1999 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,573,672 FRVS Base Asset: 2,117,770 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,858,938	7.5619
	< 60% of Base:	True	20% ROE(2):	714,734	0.5628
	Interest Rate:	10.5000 %	Insurance Cost(3):	41,204	1.0957
	Chase Rate:	10.5000 %	Taxes Cost(3):	43,026	1.1442
	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	60,317	0.0000
Yearly Payment:	298,091	Total FRVS PD:	10.3646		

(1) 80% Capital (\$2,858,938) amortized at 10.5000% for 20 years Interest of \$298,091 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5619

(2) 20% ROE (\$714,734) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5628

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9523	38.9523	2.8250	36.1273
Patient Care				
Direct Care	85.3081	85.3081	6.1869	79.1212
Indirect Care	48.0239	48.0239	3.4829	44.5410
Property	13.6500	10.3646	0.7517	9.6129
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5628
Supplemental Rate Add-on				\$8.1747
Totals	185.9343	182.6489	13.2465	197.1399

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 251666-00 - 2012/01 196.15

Concordia Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
321 13th Avenue North St. Petersburg FL 33701 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 6/1/1985 Med # Active Date: 1/1/2001 Previous Med # 220833	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 39 Maximum: 14,235 Max Annualized: 14,235 Total Patient: 11,597 Medicare: 1,044 Medicaid: 9,627	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 83.01285% Occupancy: 81.46821% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.85462% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	480,960	746,706	495,001	192,925	0	1,915,592
1a	Audit Adjustments						
2	Cost Per Diem	49.9595	77.5637	51.4180	20.0400		198.9812
3	Cost Per Diem Inflated	52.7887	80.2567	54.3298			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.7887	80.2567	54.3298	20.0400		207.4152
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.1101		54.8934			
7	Provider Target Rate	57.3916		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.7887	80.2567	54.3298	13.6500		201.0252
12/13	Medicaid Adjustment Rate		2.9807	2.0178			
14	Prospective Per Diem 11	52.7887	83.2374	56.3476	13.6500		206.0237
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251666-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.15

Concordia Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None [1]	80% Capital(1):	493,748	4.7915
Indexed Asset Value	617,185	< 60% of Base:	True	20% ROE(2):	123,437	0.3041
FRVS Base Asset:	288,882	Interest Rate:	12.5000 %	Insurance Cost(3):	51,998	4.4837
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	8,312	0.7167
ROE Factor	0.031560	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	10,075	0.0000
		Yearly Payment:	61,386	Total FRVS PD:	10.2960	

- (1) 80% Capital (\$493,748) amortized at 12.5000% for 20 years Interest of \$61,386 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$4.7915
- (2) 20% ROE (\$123,437) times the ROE factor (0.031560) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.3041
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 39	Effective PBS Limitation	1,111,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.7887	52.7887	3.8285	48.9602
Patient Care				
Direct Care	83.2374	83.2374	6.0367	77.2007
Indirect Care	56.3476	56.3476	4.0866	52.2610
Property	13.6500	10.2960	0.7467	9.5493
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	206.0237	202.6697	14.6985	196.1459

***Medicaid Trend Adjustment :**



0 251721-00 - 2012/01
192.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oakhurst Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1501 SE 24th Road Ocala FL 34471 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1984 Acquired Date: 5/1/1984 Entered Medicaid 5/1/1984 Med # Active Date: 10/1/2001 Previous Med # 201707	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,000 Medicare: 25,972 Medicaid: 24,500	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.16393% Occupancy: 92.84627% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.07989% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	861,561	2,031,731	1,133,309	344,470	0	4,371,071
1a	Audit Adjustments						
2	Cost Per Diem	35.1658	82.9278	46.2575	14.0600		178.4111
3	Cost Per Diem Inflated	37.0724	85.7091	48.7654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0724	85.7091	48.7654	14.0600		185.6069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.5709		49.2752			
7	Provider Target Rate	38.4290		50.4006			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0724	85.7091	48.7654	13.6500		185.1969
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.0724	85.7091	48.7654	13.6500		185.1969
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 251721-00 - 2012/01
192.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oakhurst Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 6,600,000.00		
RS to Start Calcs: 1984/01		Type: Variable [3]	80% Capital(1): 5,961,713	11.8768
Indexed Asset Value 7,452,141		< 60% of Base: False	20% ROE(2): 1,490,428	0.7824
FRVS Base Asset: 2,363,839		Interest Rate: 10.8833 %	Insurance Cost(3): 16,621	0.2725
Occup Adj Factor: 0.9000		Chase Rate: 8.2500 %	Taxes Cost(3): 74,027	1.2136
ROE Factor 0.031040		Amortization Rate: 10.2500 %	Home Office(3): 56,847	0.9319
		Interest Only: False	Replacement(3&4): 101,534	0.0000
		Yearly Payment: 702,273	Total FRVS PD:	15.0772

(1) 80% Capital (\$5,961,713) amortized at 10.2500% for 20 years Principal & Interest of \$702,273 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.8768

(2) 20% ROE (\$1,490,428) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7824

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0724	37.0724	2.6886	34.3838
Patient Care				
Direct Care	85.7091	85.7091	6.2160	79.4931
Indirect Care	48.7654	48.7654	3.5367	45.2287
Property	13.6500	15.0772	0.9900	12.6600
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.1450
Supplemental Rate Add-on				\$8.1747
Totals	185.1969	186.6241	13.4313	192.0853

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 251739-00 - 2012/01

164.22

Bradford Terrace, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
808 S. Colley Road Starke FL 32091 County: Bradford [4] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1981 Acquired Date: 2/1/1981 Entered Medicaid 5/1/1983 Med # Active Date: 9/1/2001 Previous Med # 251691	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,545 Medicare: 3,590 Medicaid: 33,543	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.84123% Occupancy: 97.13470% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.44146% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	955,931	2,171,483	964,932	545,745	0	4,638,091
1a	Audit Adjustments						
2	Cost Per Diem	28.4987	64.7373	28.7670	16.2700		138.2730
3	Cost Per Diem Inflated	29.7645	66.5570	30.0447			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	29.7645	66.5570	30.0447	16.2700		142.6362
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	29.7645	66.5570	30.0447	13.6500		140.0162
12/13	Medicaid Adjustment Rate		2.1595	0.9748			
14	Prospective Per Diem 11	29.7645	68.7165	31.0195	13.6500		143.1505
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 251739-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

164.22

Bradford Terrace, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/30/1992 Year of Phase-In/ Full: RS to Start Calcs: 1981/01 Indexed Asset Value 5,370,248 FRVS Base Asset: 3,086,187 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,296,198	15.4714
	< 60% of Base:	False	20% ROE(2):	1,074,050	0.7520
	Interest Rate:	13.1600 %	Insurance Cost(3):	30,920	0.7268
	Chase Rate:	13.0000 %	Taxes Cost(3):	27,895	0.6557
	Amortization Rate:	13.1600 %	Home Office(3):	11,331	0.2663
	Interest Only:	False	Replacement(3&4):	523,156	0.0000
Yearly Payment:	609,884	Total FRVS PD:		17.8722	

(1) 80% Capital (\$4,296,198) amortized at 13.1600% for 20 years Principal & Interest of \$609,884 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.4714

(2) 20% ROE (\$1,074,050) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7520

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	29.7645	29.7645	2.1586	27.6059
Patient Care				
Direct Care	68.7165	68.7165	4.9836	63.7329
Indirect Care	31.0195	31.0195	2.2497	28.7698
Property	13.6500	17.8722	1.2962	16.5760
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3653
Supplemental Rate Add-on				\$8.1747
Totals	143.1505	147.3727	10.6881	164.2246

***Medicaid Trend Adjustment :**



0 252018-00 - 2012/01
227.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Avante at Melbourne, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1420 South Oak Street Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 10/1/2000 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 206024	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 31,414 Medicare: 2,394 Medicaid: 23,504 Medicaid Utilization 74.82014% Occupancy: 78.24159% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.82058% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,145,020	2,189,724	1,255,789	141,494	0	4,732,027
1a	Audit Adjustments						
2	Cost Per Diem	48.7160	93.1639	53.4287	6.0200		201.3286
3	Cost Per Diem Inflated	50.4417	95.4170	55.3214			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.4417	95.4170	55.3214	6.0200		207.2001
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8311		57.3780			
7	Provider Target Rate	47.9006		58.6884			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.9006	95.4170	55.3214	6.0200		204.6590
12/13	Medicaid Adjustment Rate		2.6643	1.5447			
14	Prospective Per Diem 11	47.9006	98.0813	56.8661	6.0200		208.8680
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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227.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avante at Melbourne, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1992	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 2000/07	Type: None [1]		80% Capital(1): 2,495,830	8.5872
Indexed Asset Value 3,119,788	< 60% of Base: True		20% ROE(2): 623,958	0.4515
FRVS Base Asset: 2,937,689	Interest Rate: 12.5000 %		Insurance Cost(3): 52,678	1.6769
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 41,830	1.3316
ROE Factor 0.026150	Amortization Rate: 12.5000 %		Home Office(3): 21,971	0.6994
	Interest Only: True		Replacement(3&4): 33,161	0.0000
	Yearly Payment: 310,300		Total FRVS PD:	12.7466

(1) 80% Capital (\$2,495,830) amortized at 12.5000% for 20 years Interest of \$310,300 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$8.5872

(2) 20% ROE (\$623,958) times the ROE factor (0.026150) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.4515

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 110	Effective PBS Limitation 3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.9006	47.9006	3.4740	44.4266
Patient Care				
Direct Care	98.0813	98.0813	7.1133	90.9680
Indirect Care	56.8661	56.8661	4.1242	52.7419
Property	6.0200	12.7466	0.9244	11.8222
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5382
Supplemental Rate Add-on				\$8.1747
Totals	208.8680	215.5946	15.6359	227.6716

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252034-00 - 2012/01

215.95

Avante at Ormond Beach, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
170 North Kings Road Ormond Beach FL 32807 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 214175	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 133 Maximum: 48,545 Max Annualized: 48,545 Total Patient: 37,760 Medicare: 5,493 Medicaid: 21,895	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.98464% Occupancy: 77.78350% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.24786% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,166,517	2,048,001	1,382,212	114,073	0	4,710,803
1a	Audit Adjustments						
2	Cost Per Diem	53.2778	93.5374	63.1291	5.2100		215.1543
3	Cost Per Diem Inflated	55.1651	95.7995	65.3654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.1651	95.7995	65.3654	5.2100		221.5400
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8401		55.3384			
7	Provider Target Rate	40.7500		56.6022			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.7500	95.5570	55.2316	5.2100		196.7486
12/13	Medicaid Adjustment Rate		0.8584	0.4961			
14	Prospective Per Diem 11	40.7500	96.4154	55.7277	5.2100		198.1031
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252034-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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215.95

Avante at Ormond Beach, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	675,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,831,412	8.0572
Indexed Asset Value	3,539,265	< 60% of Base:	True	20% ROE(2):	707,853	0.4237
FRVS Base Asset:	1,879,268	Interest Rate:	9.7500 %	Insurance Cost(3):	59,408	1.5733
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	29,129	0.7714
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	30,979	0.8204
		Interest Only:	True	Replacement(3&4):	36,549	0.0000
		Yearly Payment:	352,022	Total FRVS PD:		11.6460

(1) 80% Capital (\$2,831,412) amortized at 12.5000% for 20 years Interest of \$352,022 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$8.0572

(2) 20% ROE (\$707,853) times the ROE factor (0.026150) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = \$0.4237

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 133	Effective PBS Limitation	3,790,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.7500	40.7500	2.9554	37.7946
Patient Care				
Direct Care	96.4154	96.4154	6.9924	89.4230
Indirect Care	55.7277	55.7277	4.0416	51.6861
Property	5.2100	11.6460	0.8446	10.8014
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0733
Supplemental Rate Add-on				\$8.1747
Totals	198.1031	204.5391	14.8340	215.9531

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 252042-00 - 2012/01

213.81

Avante at Mt. Dora, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3050 Brown Avenue Mount Dora FL 32757 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1963 Acquired Date: 6/1/1963 Entered Medicaid 10/1/1980 Med # Active Date: 10/1/2000 Previous Med # 206032	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,427 Medicare: 11,248 Medicaid: 21,584	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 54.74421% Occupancy: 93.11998% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.42209% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,796	1,961,487	1,249,148	99,934	0	4,284,365
1a	Audit Adjustments						
2	Cost Per Diem	45.1166	90.8769	57.8738	4.6300		198.4973
3	Cost Per Diem Inflated	46.7148	93.0747	59.9239			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7148	93.0747	59.9239	4.6300		204.3434
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4067		55.8322			
7	Provider Target Rate	45.4209		57.1073			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4209	93.0747	55.2316	4.6300		198.3572
12/13	Medicaid Adjustment Rate		0.4968	0.2948			
14	Prospective Per Diem 11	45.4209	93.5715	55.5264	4.6300		199.1488
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252042-00 - 2012/01
213.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Avante at Mt. Dora, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	2,346,060	7.6544
Indexed Asset Value	2,932,575	< 60% of Base:	True	20% ROE(2):	586,515	0.4025
FRVS Base Asset:	1,561,653	Interest Rate:	12.5000 %	Insurance Cost(3):	54,210	1.3749
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	26,019	0.6599
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	31,649	0.8027
		Interest Only:	True	Replacement(3&4):	105,922	0.0000
		Yearly Payment:	291,680	Total FRVS PD:		10.8944

(1) 80% Capital (\$2,346,060) amortized at 12.5000% for 20 years Interest of \$291,680 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$7.6544

(2) 20% ROE (\$586,515) times the ROE factor (0.026150) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.4025

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	3,306,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4209	45.4209	3.2941	42.1268
Patient Care				
Direct Care	93.5715	93.5715	6.7862	86.7853
Indirect Care	55.5264	55.5264	4.0270	51.4994
Property	4.6300	10.8944	0.7901	10.1043
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1162
Supplemental Rate Add-on				\$8.1747
Totals	199.1488	205.4132	14.8974	213.8067

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252051-00 - 2012/01
194.83

San Jose Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9355 San Jose Boulevard Jacksonville FL 32257 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/20/1985 Acquired Date: 12/20/1985 Entered Medicaid 12/20/1985 Med # Active Date: 12/1/2001 Previous Med # 208761	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,852 Medicare: 4,676 Medicaid: 32,375	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.35592% Occupancy: 95.55251% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.46334% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,170,948	2,486,730	1,438,391	246,374	0	5,342,443
1a	Audit Adjustments						
2	Cost Per Diem	36.1683	76.8102	44.4291	7.6100		165.0176
3	Cost Per Diem Inflated	38.2165	79.4770	46.9451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.2165	79.4770	46.9451	7.6100		172.2486
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	79.4770	46.3317	7.6100		171.2637
12/13	Medicaid Adjustment Rate		2.4459	1.4259			
14	Prospective Per Diem 11	37.8450	81.9229	47.7576	7.6100		175.1355
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252051-00 - 2012/01
194.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

San Jose Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,339,377.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	3,950,602	9.8729
Indexed Asset Value	4,938,252	< 60% of Base:	False	20% ROE(2):	987,650	0.7907
FRVS Base Asset:	3,051,972	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8024
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	64,694	1.5458
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	18,992	0.4538
		Interest Only:	False	Replacement(3&4):	55,044	0.0000
		Yearly Payment:	389,189	Total FRVS PD:		13.4656

(1) 80% Capital (\$3,950,602) amortized at 7.7500% for 20 years Principal & Interest of \$389,189 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8729

(2) 20% ROE (\$987,650) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7907

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,259
Comparison Date:	1/1/1985	Current RS PBS:	49,785
Comparison Bed	108	Effective PBS Limitation	3,051,972

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	81.9229	81.9229	5.9414	75.9815
Indirect Care	47.7576	47.7576	3.4636	44.2940
Property	7.6100	13.4656	0.9766	12.4890
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7870
Supplemental Rate Add-on				\$8.1747
Totals	175.1355	180.9911	13.1263	194.8265

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252069-00 - 2012/01

202.46

Bradenton Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6305 Cortez Road West Bradenton FL 34210 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/29/1999 Acquired Date: 11/29/1999 Entered Medicaid 12/9/1999 Med # Active Date: 12/1/2001 Previous Med # 221961	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 105 Maximum: 38,325 Max Annualized: 38,325 Total Patient: 35,625 Medicare: 12,198 Medicaid: 16,630	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.68070% Occupancy: 92.95499% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.21583% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	791,711	1,477,883	952,283	172,619	0	3,394,496
1a	Audit Adjustments						
2	Cost Per Diem	47.6074	88.8685	57.2630	10.3800		204.1189
3	Cost Per Diem Inflated	49.1834	90.9405	59.1587			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.1834	90.9405	59.1587	10.3800		209.6626
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	90.9405	48.2597	10.3800		189.5021
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.9219	90.9405	48.2597	10.3800		189.5021
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252069-00 - 2012/01
202.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bradenton Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/9/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 4,766,500 FRVS Base Asset: 4,078,830 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,325,786.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,813,200	10.8909
	< 60% of Base:	False	20% ROE(2):	953,300	0.7139
	Interest Rate:	10.6343 %	Insurance Cost(3):	31,863	0.8944
	Chase Rate:	4.7500 %	Taxes Cost(3):	77,905	2.1868
	Amortization Rate:	7.7500 %	Home Office(3):	23,964	0.6727
	Interest Only:	False	Replacement(3&4):	52,897	0.0000
Yearly Payment:	375,653	Total FRVS PD:		15.3587	

(1) 80% Capital (\$3,813,200) amortized at 7.7500% for 20 years Principal & Interest of \$375,653 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$10.8909

(2) 20% ROE (\$953,300) times the ROE factor (0.025830) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$0.7139

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 105	Effective PBS Limitation	4,078,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	90.9405	90.9405	6.5954	84.3451
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	10.3800	15.3587	1.1139	14.2448
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.9082
Supplemental Rate Add-on				\$8.1747
Totals	189.5021	194.4808	14.1046	202.4591

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252077-00 - 2012/01 186.41

Brandon Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1465 Oakfield Drive Brandon FL 33511 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/7/1997 Acquired Date: 5/7/1997 Entered Medicaid 5/7/1997 Med # Active Date: 12/1/2001 Previous Med # 213136	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,736 Medicare: 21,226 Medicaid: 18,609	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 44.58741% Occupancy: 95.28767% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.13222% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,133	1,453,754	912,055	185,532	0	3,206,474
1a	Audit Adjustments						
2	Cost Per Diem	35.2052	78.1210	49.0115	9.9700		172.3077
3	Cost Per Diem Inflated	37.1989	80.8333	51.7870			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.1989	80.8333	51.7870	9.9700		179.7892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.1989	80.8333	48.2597	9.9700		176.2619
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.1989	80.8333	48.2597	9.9700		176.2619
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252077-00 - 2012/01
186.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Brandon Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/7/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,680,764.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed [2]	80% Capital(1):	4,081,495	10.2000
Indexed Asset Value	5,101,869	< 60% of Base:	False	20% ROE(2):	1,020,374	0.8169
FRVS Base Asset:	4,237,016	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8046
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	90,051	2.1576
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	29,013	0.6952
		Interest Only:	False	Replacement(3&4):	68,417	0.0000
		Yearly Payment:	402,084	Total FRVS PD:		14.6743

- (1) 80% Capital (\$4,081,495) amortized at 7.7500% for 20 years Principal & Interest of \$402,084 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2000
- (2) 20% ROE (\$1,020,374) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8169
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	4,237,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.1989	37.1989	2.6978	34.5011
Patient Care				
Direct Care	80.8333	80.8333	5.8624	74.9709
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	9.9700	14.6743	1.0642	13.6101
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.3936
Supplemental Rate Add-on				\$8.1747
Totals	176.2619	180.9662	13.1244	186.4101

***Medicaid Trend Adjustment :**



0 252107-00 - 2012/01

200.39

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Coral Trace Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
216 Santa Barbara Blvd Cape Coral FL 33991 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/3/1987 Acquired Date: 11/3/1987 Entered Medicaid 11/3/1987 Med # Active Date: 12/1/2001 Previous Med # 209945	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,520 Medicare: 11,276 Medicaid: 21,524 Medicaid Utilization 54.46356% Occupancy: 90.22831% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.80683% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	968,976	1,724,574	1,282,026	175,636	0	4,151,212
1a	Audit Adjustments						
2	Cost Per Diem	45.0184	80.1233	59.5626	8.1600		192.8643
3	Cost Per Diem Inflated	46.5087	81.9914	61.5344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5087	81.9914	61.5344	8.1600		198.1945
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.2681			
7	Provider Target Rate	41.9989		50.3933			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	81.9914	50.3933	8.1600		182.5436
12/13	Medicaid Adjustment Rate		0.4117	0.2531			
14	Prospective Per Diem 11	41.9989	82.4031	50.6464	8.1600		183.2084
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252107-00 - 2012/01
200.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Coral Trace Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,881,775 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,232,534.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,705,420	11.7592
	< 60% of Base:	False	20% ROE(2):	1,176,355	0.7708
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9214
	Chase Rate:	4.7500 %	Taxes Cost(3):	72,011	1.8221
	Amortization Rate:	7.7500 %	Home Office(3):	24,961	0.6316
	Interest Only:	False	Replacement(3&4):	64,867	0.0000
Yearly Payment:	463,549	Total FRVS PD:	15.9051		

(1) 80% Capital (\$4,705,420) amortized at 7.7500% for 20 years Principal & Interest of \$463,549 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.7592

(2) 20% ROE (\$1,176,355) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7708

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	82.4031	82.4031	5.9762	76.4269
Indirect Care	50.6464	50.6464	3.6731	46.9733
Property	8.1600	15.9051	1.1535	14.7516
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1154
Supplemental Rate Add-on				\$8.1747
Totals	183.2084	190.9535	13.8487	200.3949

***Medicaid Trend Adjustment :**



0 252115-00 - 2012/01
195.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Countryside Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3825 Countryside Blvd. Palm Harbour FL 34684 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 10/19/1987 Med # Active Date: 12/1/2001 Previous Med # 209872	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,652 Medicare: 6,313 Medicaid: 32,381	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.74177% Occupancy: 95.09589% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.89246% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,313	2,395,860	1,593,104	244,800	0	5,451,077
1a	Audit Adjustments						
2	Cost Per Diem	37.5934	73.9897	49.1987	7.5600		168.3418
3	Cost Per Diem Inflated	39.7223	76.5586	51.9848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7223	76.5586	51.9848	7.5600		175.8257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7223	76.5586	48.2597	7.5600		172.1006
12/13	Medicaid Adjustment Rate		2.3894	1.5062			
14	Prospective Per Diem 11	39.7223	78.9480	49.7659	7.5600		175.9962
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252115-00 - 2012/01
195.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Countryside Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/19/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,852,736.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,387,944	10.9658
Indexed Asset Value	5,484,930	< 60% of Base:	False	20% ROE(2):	1,096,986	0.8783
FRVS Base Asset:	3,503,400	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8062
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	59,385	1.4257
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	20,325	0.4880
		Interest Only:	False	Replacement(3&4):	74,105	0.0000
		Yearly Payment:	432,273	Total FRVS PD:		14.5640

(1) 80% Capital (\$4,387,944) amortized at 7.7500% for 20 years Principal & Interest of \$432,273 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9658

(2) 20% ROE (\$1,096,986) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8783

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7223	39.7223	2.8808	36.8415
Patient Care				
Direct Care	78.9480	78.9480	5.7256	73.2224
Indirect Care	49.7659	49.7659	3.6092	46.1567
Property	7.5600	14.5640	1.0562	13.5078
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9444
Supplemental Rate Add-on				\$8.1747
Totals	175.9962	183.0002	13.2718	195.8475

***Medicaid Trend Adjustment :**



0 252123-00 - 2012/01
197.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

University Hills Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10040 Hillview Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1982 Acquired Date: 8/1/1982 Entered Medicaid 8/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207624	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,588 Medicare: 2,902 Medicaid: 29,748 Medicaid Utilization 77.09132% Occupancy: 88.10046% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.14650% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,167,915	2,294,261	1,499,769	309,379	0	5,271,324
1a	Audit Adjustments						
2	Cost Per Diem	39.2603	77.1232	50.4158	10.4000		177.1993
3	Cost Per Diem Inflated	41.4836	79.8009	53.2708			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4836	79.8009	53.2708	10.4000		184.9553
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.8735		45.2972			
7	Provider Target Rate	38.7385		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7385	79.8009	46.3317	10.4000		175.2711
12/13	Medicaid Adjustment Rate		2.4322	1.4121			
14	Prospective Per Diem 11	38.7385	82.2331	47.7438	10.4000		179.1154
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252123-00 - 2012/01
197.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

University Hills Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,105,912.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	4,361,894	10.9007
Indexed Asset Value	5,452,368	< 60% of Base:	False	20% ROE(2):	1,090,474	0.8730
FRVS Base Asset:	3,249,000	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8702
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	43,281	1.1216
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	17,499	0.4535
		Interest Only:	False	Replacement(3&4):	19,098	0.0000
		Yearly Payment:	429,707	Total FRVS PD:		14.2190

(1) 80% Capital (\$4,361,894) amortized at 7.7500% for 20 years Principal & Interest of \$429,707 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9007

(2) 20% ROE (\$1,090,474) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8730

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7385	38.7385	2.8095	35.9290
Patient Care				
Direct Care	82.2331	82.2331	5.9639	76.2692
Indirect Care	47.7438	47.7438	3.4626	44.2812
Property	10.4000	14.2190	1.0312	13.1878
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5594
Supplemental Rate Add-on				\$8.1747
Totals	179.1154	182.9344	13.2672	197.4013

***Medicaid Trend Adjustment :**



0 252158-00 - 2012/01
197.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Deltona Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1851 Elkcarn Boulevard Deltona FL 32725 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207471	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,847 Medicare: 6,577 Medicaid: 25,078	Superior: 0 Standard: 141 Conditional: 40 Total: 181
	Medicaid Utilization 61.39496% Occupancy: 93.25799% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.59465% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,761	2,083,846	1,057,065	230,467	0	4,288,139
1a	Audit Adjustments						
2	Cost Per Diem	36.5564	83.0946	42.1511	9.1900		170.9921
3	Cost Per Diem Inflated	38.6266	85.9796	44.5381			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6266	85.9796	44.5381	9.1900		178.3343
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	85.9796	44.5381	9.1900		177.5527
12/13	Medicaid Adjustment Rate		0.8586	0.4448			
14	Prospective Per Diem 11	37.8450	86.8382	44.9829	9.1900		178.8561
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252158-00 - 2012/01
197.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Deltona Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,702,508.00	Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Fixed [2]	80% Capital(1): 4,528,758	11.3177
Indexed Asset Value 5,660,948	< 60% of Base: False	20% ROE(2): 1,132,190	0.9064
FRVS Base Asset: 3,100,660	Interest Rate: 10.6343 %	Insurance Cost(3): 33,580	0.8221
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 77,018	1.8855
ROE Factor 0.031560	Amortization Rate: 7.7500 %	Home Office(3): 20,580	0.5038
	Interest Only: False	Replacement(3&4): 31,846	0.0000
	Yearly Payment: 446,145	Total FRVS PD:	15.4355

(1) 80% Capital (\$4,528,758) amortized at 7.7500% for 20 years Principal & Interest of \$446,145 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3177

(2) 20% ROE (\$1,132,190) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9064

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	86.8382	86.8382	6.2979	80.5403
Indirect Care	44.9829	44.9829	3.2623	41.7206
Property	9.1900	15.4355	1.1194	14.3161
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7445
Supplemental Rate Add-on				\$8.1747
Totals	178.8561	185.1016	13.4243	197.5965

***Medicaid Trend Adjustment :**



0 252166-00 - 2012/01

192.98

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Destin Healthcare and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
195 Mattie M. Kelly Blvd. Destin FL 32541 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/14/1994 Acquired Date: 8/11/1994 Entered Medicaid 8/11/1994 Med # Active Date: 12/1/2001 Previous Med # 211150	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 39,084 Medicare: 6,899 Medicaid: 22,354	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.19476% Occupancy: 89.98273% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.49980% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	899,707	1,765,906	1,071,067	185,762	0	3,922,442
1a	Audit Adjustments						
2	Cost Per Diem	40.2481	78.9973	47.9139	8.3100		175.4693
3	Cost Per Diem Inflated	41.5805	80.8391	49.5001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5805	80.8391	49.5001	8.3100		180.2297
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	80.8391	46.3317	8.3100		173.3258
12/13	Medicaid Adjustment Rate		0.6543	0.3750			
14	Prospective Per Diem 11	37.8450	81.4934	46.7067	8.3100		174.3551
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252166-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.98

Destin Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/11/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,618,367.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed [2]	80% Capital(1):	4,315,326	10.8750
Indexed Asset Value	5,394,157	< 60% of Base:	False	20% ROE(2):	1,078,831	0.7128
FRVS Base Asset:	2,976,160	Interest Rate:	10.6343 %	Insurance Cost(3):	36,111	0.9239
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	54,344	1.3904
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	20,643	0.5282
		Interest Only:	False	Replacement(3&4):	84,445	0.0000
		Yearly Payment:	425,119	Total FRVS PD:		14.4303

(1) 80% Capital (\$4,315,326) amortized at 7.7500% for 20 years Principal & Interest of \$425,119 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$10.8750

(2) 20% ROE (\$1,078,831) times the ROE factor (0.025830) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.7128

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	1/1/1994	Current RS PBS:	49,785
Comparison Bed	88	Effective PBS Limitation	2,976,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	81.4934	81.4934	5.9102	75.5832
Indirect Care	46.7067	46.7067	3.3874	43.3193
Property	8.3100	14.4303	1.0465	13.3838
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4167
Supplemental Rate Add-on				\$8.1747
Totals	174.3551	180.4754	13.0888	192.9780

***Medicaid Trend Adjustment :**



0 252174-00 - 2012/01

189.80

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Heron Pointe Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1445 Howell Avenue Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207900	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,226 Medicare: 5,157 Medicaid: 28,001	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.92073% Occupancy: 94.12329% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.67647% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,275	2,122,120	1,301,803	224,848	0	4,598,046
1a	Audit Adjustments						
2	Cost Per Diem	33.9015	75.7873	46.4913	8.0300		164.2101
3	Cost Per Diem Inflated	35.8213	78.4186	49.1241			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.8213	78.4186	49.1241	8.0300		171.3940
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		47.7430			
7	Provider Target Rate	37.8450		48.8334			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.8213	78.4186	48.8334	8.0300		171.1033
12/13	Medicaid Adjustment Rate		1.5810	0.9845			
14	Prospective Per Diem 11	35.8213	79.9996	49.8179	8.0300		173.6688
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252174-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

189.80

Heron Pointe Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,980,521.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	2,805,177	7.0104
Indexed Asset Value	3,506,471	< 60% of Base:	False	20% ROE(2):	701,294	0.5615
FRVS Base Asset:	2,054,536	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8145
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	58,874	1.4281
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	17,508	0.4247
		Interest Only:	False	Replacement(3&4):	104,974	0.0000
		Yearly Payment:	276,349	Total FRVS PD:		10.2392

(1) 80% Capital (\$2,805,177) amortized at 7.7500% for 20 years Principal & Interest of \$276,349 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0104

(2) 20% ROE (\$701,294) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5615

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.8213	35.8213	2.5979	33.2234
Patient Care				
Direct Care	79.9996	79.9996	5.8019	74.1977
Indirect Care	49.8179	49.8179	3.6130	46.2049
Property	8.0300	10.2392	0.7426	9.4966
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5043
Supplemental Rate Add-on				\$8.1747
Totals	173.6688	175.8780	12.7554	189.8016

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252182-00 - 2012/01 203.21

Magnolia Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1507 South Tuttle Ave Sarasota FL 34239 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/14/1994 Acquired Date: 9/14/1994 Entered Medicaid 9/14/1994 Med # Active Date: 12/1/2001 Previous Med # 211443	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,930 Medicare: 4,982 Medicaid: 28,695	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 68.43549% Occupancy: 95.73059% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.68598% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,064,129	2,283,184	1,411,259	261,698	0	5,020,270
1a	Audit Adjustments						
2	Cost Per Diem	37.0841	79.5673	49.1814	9.1200		174.9528
3	Cost Per Diem Inflated	39.1842	82.3298	51.9665			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.1842	82.3298	51.9665	9.1200		182.6005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8502		49.0670			
7	Provider Target Rate	43.8288		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.1842	82.3298	50.1876	9.1200		180.8216
12/13	Medicaid Adjustment Rate		1.7075	1.0409			
14	Prospective Per Diem 11	39.1842	84.0373	51.2285	9.1200		183.5700
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252182-00 - 2012/01
203.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Magnolia Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/14/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,964,729.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Fixed [2]	80% Capital(1):	4,318,554	10.7924
Indexed Asset Value	5,398,192	< 60% of Base:	False	20% ROE(2):	1,079,638	0.8644
FRVS Base Asset:	4,058,400	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8009
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	117,378	2.7994
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	20,436	0.4874
		Interest Only:	False	Replacement(3&4):	72,548	0.0000
		Yearly Payment:	425,437	Total FRVS PD:		15.7445

(1) 80% Capital (\$4,318,554) amortized at 7.7500% for 20 years Principal & Interest of \$425,437 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7924

(2) 20% ROE (\$1,079,638) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8644

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,820
Comparison Date:	1/1/1994	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.1842	39.1842	2.8418	36.3424
Patient Care				
Direct Care	84.0373	84.0373	6.0947	77.9426
Indirect Care	51.2285	51.2285	3.7153	47.5132
Property	9.1200	15.7445	1.1419	14.6026
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6370
Supplemental Rate Add-on				\$8.1747
Totals	183.5700	190.1945	13.7937	203.2125

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252191-00 - 2012/01
196.52

Emerald Shores Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
626 North Tyndall Parkway Callaway Fl 32404 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/30/2000 Acquired Date: 8/30/2000 Entered Medicaid 8/30/2000 Med # Active Date: 12/1/2001 Previous Med # 229466	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 77 Maximum: 28,105 Max Annualized: 28,105 Total Patient: 24,209 Medicare: 8,905 Medicaid: 12,015	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.63030% Occupancy: 86.13770% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.69259% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	551,345	914,304	657,298	106,813	0	2,229,760
1a	Audit Adjustments						
2	Cost Per Diem	45.8881	76.0969	54.7065	8.8900		185.5815
3	Cost Per Diem Inflated	48.4867	78.7389	57.8045			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4867	78.7389	57.8045	8.8900		193.9201
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0107		49.8552			
7	Provider Target Rate	43.9930		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9930	78.7389	50.9938	8.8900		182.6157
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.9930	78.7389	50.9938	8.8900		182.6157
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252191-00 - 2012/01
196.52

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Emerald Shores Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/30/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,094,140.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Fixed [2]	80% Capital(1):	2,754,349	10.7273
Indexed Asset Value	3,442,936	< 60% of Base:	False	20% ROE(2):	688,587	0.8592
FRVS Base Asset:	3,068,373	Interest Rate:	10.6343 %	Insurance Cost(3):	21,060	0.8699
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	44,622	1.8432
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	15,233	0.6292
		Interest Only:	False	Replacement(3&4):	12,246	0.0000
		Yearly Payment:	271,342	Total FRVS PD:		14.9288

(1) 80% Capital (\$2,754,349) amortized at 7.7500% for 20 years Principal & Interest of \$271,342 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$10.7273

(2) 20% ROE (\$688,587) times the ROE factor (0.031560) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = \$0.8592

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	49,785
Comparison Bed 77	Effective PBS Limitation	3,068,373

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9930	43.9930	3.1906	40.8024
Patient Care				
Direct Care	78.7389	78.7389	5.7105	73.0284
Indirect Care	50.9938	50.9938	3.6983	47.2955
Property	8.8900	14.9288	1.0827	13.8461
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3702
Supplemental Rate Add-on				\$8.1747
Totals	182.6157	188.6545	13.6821	196.5173

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252204-00 - 2012/01

187.69

Englewood Healthcare & Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 Drury Lane Englewood FL 34224 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1983 Acquired Date: 9/1/1983 Entered Medicaid 9/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207438	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,017 Medicare: 10,330 Medicaid: 22,581	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.42852% Occupancy: 91.36301% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.22547% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	792,176	1,701,864	989,949	199,616	0	3,683,605
1a	Audit Adjustments						
2	Cost Per Diem	35.0815	75.3671	43.8399	8.8400		163.1285
3	Cost Per Diem Inflated	37.0682	77.9838	46.3225			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0682	77.9838	46.3225	8.8400		170.2145
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0682	77.9838	46.3225	8.8400		170.2145
12/13	Medicaid Adjustment Rate		0.5640	0.3350			
14	Prospective Per Diem 11	37.0682	78.5478	46.6575	8.8400		171.1135
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252204-00 - 2012/01
187.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Englewood Healthcare & Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,801,353.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	4,210,289	10.5219
Indexed Asset Value	5,262,861	< 60% of Base:	False	20% ROE(2):	1,052,572	0.8427
FRVS Base Asset:	3,190,349	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8391
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	64,570	1.6136
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	21,597	0.5397
		Interest Only:	False	Replacement(3&4):	38,164	0.0000
		Yearly Payment:	414,772	Total FRVS PD:		14.3570

(1) 80% Capital (\$4,210,289) amortized at 7.7500% for 20 years Principal & Interest of \$414,772 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5219

(2) 20% ROE (\$1,052,572) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8427

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0682	37.0682	2.6883	34.3799
Patient Care				
Direct Care	78.5478	78.5478	5.6966	72.8512
Indirect Care	46.6575	46.6575	3.3838	43.2737
Property	8.8400	14.3570	1.0412	13.3158
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6903
Supplemental Rate Add-on				\$8.1747
Totals	171.1135	176.6305	12.8099	187.6856

***Medicaid Trend Adjustment :**



0 252212-00 - 2012/01

201.70

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Evans Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3735 Evans Avenue Ft Myers FL 33901 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/3/1998 Acquired Date: 12/3/1998 Entered Medicaid 12/14/1998 Med # Active Date: 12/1/2001 Previous Med # 214094	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,170 Medicare: 8,438 Medicaid: 19,896	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.18046% Occupancy: 96.27854% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.37104% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,583	1,655,218	927,013	155,189	0	3,527,003
1a	Audit Adjustments						
2	Cost Per Diem	39.6855	83.1935	46.5929	7.8000		177.2719
3	Cost Per Diem Inflated	41.9329	86.0819	49.2314			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9329	86.0819	49.2314	7.8000		185.0462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9329	86.0819	49.2314	7.8000		185.0462
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.9329	86.0819	49.2314	7.8000		185.0462
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252212-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

201.70

Evans Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/14/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,725,244.00		Total Amount	Per Diem
RS to Start Calcs:	1998/07	Type:	Fixed [2]	80% Capital(1):	3,742,501	9.3528
Indexed Asset Value	4,678,126	< 60% of Base:	False	20% ROE(2):	935,625	0.7491
FRVS Base Asset:	3,977,610	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.7963
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	74,040	1.7558
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	21,942	0.5203
		Interest Only:	False	Replacement(3&4):	108,149	0.0000
		Yearly Payment:	368,688	Total FRVS PD:		13.1743

(1) 80% Capital (\$3,742,501) amortized at 7.7500% for 20 years Principal & Interest of \$368,688 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.3528

(2) 20% ROE (\$935,625) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7491

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	49,785
Comparison Bed 105	Effective PBS Limitation	3,977,610

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9329	41.9329	3.0412	38.8917
Patient Care				
Direct Care	86.0819	86.0819	6.2430	79.8389
Indirect Care	49.2314	49.2314	3.5705	45.6609
Property	7.8000	13.1743	0.9555	12.2188
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9180
Supplemental Rate Add-on				\$8.1747
Totals	185.0462	190.4205	13.8102	201.7030

***Medicaid Trend Adjustment :**



0 252221-00 - 2012/01
194.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fletcher Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
518 West Fletcher Ave Tampa FL 33612 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/19/1998 Acquired Date: 5/19/1998 Entered Medicaid 5/19/1998 Med # Active Date: 12/1/2001 Previous Med # 213730	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,164 Medicare: 10,464 Medicaid: 22,088	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.38592% Occupancy: 96.26484% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.35393% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,801	1,775,579	1,109,165	186,202	0	3,841,747
1a	Audit Adjustments						
2	Cost Per Diem	34.8968	80.3866	50.2157	8.4300		173.9291
3	Cost Per Diem Inflated	36.8730	83.1776	53.0594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.8730	83.1776	53.0594	8.4300		181.5400
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.8730	83.1776	48.2597	8.4300		176.7403
12/13	Medicaid Adjustment Rate		0.2233	0.1295			
14	Prospective Per Diem 11	36.8730	83.4009	48.3892	8.4300		177.0931
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252221-00 - 2012/01
194.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fletcher Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/19/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,950,925.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	4,354,608	10.8825
Indexed Asset Value	5,443,260	< 60% of Base:	False	20% ROE(2):	1,088,652	0.8716
FRVS Base Asset:	4,493,400	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.7964
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	90,155	2.1382
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	25,671	0.6088
		Interest Only:	False	Replacement(3&4):	27,258	0.0000
		Yearly Payment:	428,989	Total FRVS PD:		15.2975

(1) 80% Capital (\$4,354,608) amortized at 7.7500% for 20 years Principal & Interest of \$428,989 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8825

(2) 20% ROE (\$1,088,652) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8716

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.8730	36.8730	2.6742	34.1988
Patient Care				
Direct Care	83.4009	83.4009	6.0486	77.3523
Indirect Care	48.3892	48.3892	3.5094	44.8798
Property	8.4300	15.2975	1.1094	14.1881
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9011
Supplemental Rate Add-on				\$8.1747
Totals	177.0931	183.9606	13.3416	194.6948

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252239-00 - 2012/01

206.43

Fort Pierce Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
611 South 13th Street Ft. Pierce FL 34950 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207870	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 171 Maximum: 62,415 Max Annualized: 62,415 Total Patient: 52,980 Medicare: 3,039 Medicaid: 46,602	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 87.96149% Occupancy: 84.88344% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.12447% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,923,990	3,658,872	2,354,658	678,059	0	8,615,579
1a	Audit Adjustments						
2	Cost Per Diem	41.2856	78.5132	50.5270	14.5500		184.8758
3	Cost Per Diem Inflated	43.6236	81.2391	53.3883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6236	81.2391	53.3883	14.5500		192.8010
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.5655			
7	Provider Target Rate	41.9989		50.6975			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	81.2391	50.6975	13.6500		187.5855
12/13	Medicaid Adjustment Rate		3.4695	2.1651			
14	Prospective Per Diem 11	41.9989	84.7086	52.8626	13.6500		193.2201
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252239-00 - 2012/01
206.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fort Pierce Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,361,930 FRVS Base Asset: 3,267,919 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	967,160.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,289,544	9.4939
	< 60% of Base:	True	20% ROE(2):	1,072,386	0.6025
	Interest Rate:	12.5000 %	Insurance Cost(3):	48,385	0.9133
	Chase Rate:	12.5000 %	Taxes Cost(3):	65,985	1.2455
	Amortization Rate:	12.5000 %	Home Office(3):	23,097	0.4360
	Interest Only:	True	Replacement(3&4):	90,299	0.0000
Yearly Payment:	533,308	Total FRVS PD:	12.6912		

(1) 80% Capital (\$4,289,544) amortized at 12.5000% for 20 years Interest of \$533,308 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$9.4939

(2) 20% ROE (\$1,072,386) times the ROE factor (0.031560) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = \$0.6025

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	171	Effective PBS Limitation	4,873,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	84.7086	84.7086	6.1434	78.5652
Indirect Care	52.8626	52.8626	3.8338	49.0288
Property	13.6500	12.6912	0.9204	11.7708
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.9368
Supplemental Rate Add-on				\$8.1747
Totals	193.2201	192.2613	13.9435	206.4293

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252247-00 - 2012/01 178.92

Sea Breeze Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1937 Jenks Avenue Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 6/1/1980 Med # Active Date: 12/1/2001 Previous Med # 205591	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,692 Medicare: 4,999 Medicaid: 31,393	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 77.14784% Occupancy: 92.90411% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.15222% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,036,208	2,321,776	1,164,664	490,045	0	5,012,693
1a	Audit Adjustments						
2	Cost Per Diem	33.0076	73.9584	37.0995	15.6100		159.6755
3	Cost Per Diem Inflated	34.8768	76.5262	39.2004			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.8768	76.5262	39.2004	15.6100		166.2134
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.8768	76.5262	39.2004	13.6500		164.2534
12/13	Medicaid Adjustment Rate		2.3372	1.1972			
14	Prospective Per Diem 11	34.8768	78.8634	40.3976	13.6500		167.7878
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252247-00 - 2012/01
178.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sea Breeze Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 3,056,302 FRVS Base Asset: 1,814,519 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,500,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,445,042	7.1827
	< 60% of Base:	False	20% ROE(2):	611,260	0.4894
	Interest Rate:	10.0000 %	Insurance Cost(3):	33,580	0.8252
	Chase Rate:	13.0000 %	Taxes Cost(3):	42,042	1.0332
	Amortization Rate:	10.0000 %	Home Office(3):	17,239	0.4236
	Interest Only:	False	Replacement(3&4):	7,003	0.0000
Yearly Payment:	283,142	Total FRVS PD:		9.9541	

(1) 80% Capital (\$2,445,042) amortized at 10.0000% for 20 years Principal & Interest of \$283,142 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.1827

(2) 20% ROE (\$611,260) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4894

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.8768	34.8768	2.5294	32.3474
Patient Care				
Direct Care	78.8634	78.8634	5.7195	73.1439
Indirect Care	40.3976	40.3976	2.9298	37.4678
Property	13.6500	9.9541	0.7219	9.2322
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5517
Supplemental Rate Add-on				\$8.1747
Totals	167.7878	164.0919	11.9006	178.9177

***Medicaid Trend Adjustment :**



0 252255-00 - 2012/01
216.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Harbor Beach Nursing and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1615 South Miami Road Ft. Lauderdale FL 33316 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 5/1/1986 Med # Active Date: 12/1/2001 Previous Med # 209007	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 20,012 Medicare: 2,858 Medicaid: 14,468	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.29662% Occupancy: 92.92779% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.18181% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	705,239	1,069,563	772,068	142,654	0	2,689,524
1a	Audit Adjustments						
2	Cost Per Diem	48.7447	73.9261	53.3638	9.8600		185.8946
3	Cost Per Diem Inflated	51.5051	76.4928	56.3858			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.5051	76.4928	56.3858	9.8600		194.2437
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.5051	76.4928	56.3858	9.8600		194.2437
12/13	Medicaid Adjustment Rate		1.9187	1.4144			
14	Prospective Per Diem 11	51.5051	78.4115	57.8002	9.8600		197.5768
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252255-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.24

Harbor Beach Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/28/1986 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 2,755,538 FRVS Base Asset: 1,938,500 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,822,258.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,204,430	11.2049
	< 60% of Base:	False	20% ROE(2):	551,108	0.8974
	Interest Rate:	10.6343 %	Insurance Cost(3):	15,822	0.7906
	Chase Rate:	4.7500 %	Taxes Cost(3):	72,933	3.6445
	Amortization Rate:	7.7500 %	Home Office(3):	10,668	0.5331
	Interest Only:	False	Replacement(3&4):	16,247	0.0000
Yearly Payment:	217,167	Total FRVS PD:		17.0705	

(1) 80% Capital (\$2,204,430) amortized at 7.7500% for 20 years Principal & Interest of \$217,167 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$11.2049

(2) 20% ROE (\$551,108) times the ROE factor (0.031560) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.8974

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	49,785
Comparison Bed 59	Effective PBS Limitation	1,617,367

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.5051	51.5051	3.7354	47.7697
Patient Care				
Direct Care	78.4115	78.4115	5.6867	72.7248
Indirect Care	57.8002	57.8002	4.1919	53.6083
Property	9.8600	17.0705	1.2380	15.8325
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1295
Supplemental Rate Add-on				\$8.1747
Totals	197.5768	204.7873	14.8520	216.2395

***Medicaid Trend Adjustment :**



0 252263-00 - 2012/01

199.14

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Health Center at Brentwood

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2333 North Brentwood Circle Lecanto FL 34461 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 12/1/2001 Previous Med # 211222	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,613 Medicare: 10,770 Medicaid: 17,373	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 41.74897% Occupancy: 95.00685% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.78114% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	716,595	1,459,947	896,758	159,310	0	3,232,610
1a	Audit Adjustments						
2	Cost Per Diem	41.2476	84.0354	51.6179	9.1700		186.0709
3	Cost Per Diem Inflated	42.6131	85.9947	53.3267			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6131	85.9947	53.3267	9.1700		191.1045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.5755		47.9861			
7	Provider Target Rate	39.4565		49.0820			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.4565	85.9947	49.0820	9.1700		183.7032
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.4565	85.9947	49.0820	9.1700		183.7032
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252263-00 - 2012/01
199.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Health Center at Brentwood

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,384,989 FRVS Base Asset: 1,710,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,919,568.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,307,991	10.7660
	< 60% of Base:	False	20% ROE(2):	1,076,998	0.7057
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8751
	Chase Rate:	4.7500 %	Taxes Cost(3):	64,251	1.5440
	Amortization Rate:	7.7500 %	Home Office(3):	23,806	0.5721
	Interest Only:	False	Replacement(3&4):	15,807	0.0000
Yearly Payment:	424,397	Total FRVS PD:	14.4629		

(1) 80% Capital (\$4,307,991) amortized at 7.7500% for 20 years Principal & Interest of \$424,397 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7660

(2) 20% ROE (\$1,076,998) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7057

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.4565	39.4565	2.8616	36.5949
Patient Care				
Direct Care	85.9947	85.9947	6.2367	79.7580
Indirect Care	49.0820	49.0820	3.5596	45.5224
Property	9.1700	14.4629	1.0489	13.4140
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6761
Supplemental Rate Add-on				\$8.1747
Totals	183.7032	188.9961	13.7068	199.1401

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252271-00 - 2012/01 205.51

Heritage Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1026 Albee Farm Road Venice FL 34292 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/29/1983 Acquired Date: 12/29/1983 Entered Medicaid 12/29/1983 Med # Active Date: 12/1/2001 Previous Med # 207594	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,180 Medicare: 4,215 Medicaid: 28,334	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.31751% Occupancy: 89.45205% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.83631% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,192,868	2,266,757	1,606,949	297,507	0	5,364,081
1a	Audit Adjustments						
2	Cost Per Diem	42.1002	80.0013	56.7145	10.5000		189.3160
3	Cost Per Diem Inflated	43.4939	81.8665	58.5920			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4939	81.8665	58.5920	10.5000		194.4524
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	81.8665	50.1876	10.5000		184.5530
12/13	Medicaid Adjustment Rate		2.0554	1.2601			
14	Prospective Per Diem 11	41.9989	83.9219	51.4477	10.5000		187.8685
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252271-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.51

Heritage Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/23/1988 Year of Phase-In/ Full: RS to Start Calcs: 1983/07 Indexed Asset Value 5,487,785 FRVS Base Asset: 3,249,000 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,099,608.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,390,228	10.9715
	< 60% of Base:	False	20% ROE(2):	1,097,557	0.7192
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9294
	Chase Rate:	4.7500 %	Taxes Cost(3):	73,308	1.8711
	Amortization Rate:	7.7500 %	Home Office(3):	21,620	0.5518
	Interest Only:	False	Replacement(3&4):	14,502	0.0000
Yearly Payment:	432,498	Total FRVS PD:	15.0430		

(1) 80% Capital (\$4,390,228) amortized at 7.7500% for 20 years Principal & Interest of \$432,498 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9715

(2) 20% ROE (\$1,097,557) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7192

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	83.9219	83.9219	6.0864	77.8355
Indirect Care	51.4477	51.4477	3.7312	47.7165
Property	10.5000	15.0430	1.0910	13.9520
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8747
Supplemental Rate Add-on				\$8.1747
Totals	187.8685	192.4115	13.9545	205.5064

***Medicaid Trend Adjustment :**



0 252280-00 - 2012/01

214.39

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
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Heritage Healthcare and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
777 Ninth Street North Naples FL 34102 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207004	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 97 Maximum: 35,405 Max Annualized: 35,405 Total Patient: 33,372 Medicare: 5,679 Medicaid: 21,800 Medicaid Utilization 65.32422% Occupancy: 94.25787% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.84474% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	888,197	1,956,192	1,037,672	183,992	0	4,066,053
1a	Audit Adjustments						
2	Cost Per Diem	40.7430	89.7336	47.5996	8.4400		186.5162
3	Cost Per Diem Inflated	43.0503	92.8491	50.2952			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0503	92.8491	50.2952	8.4400		194.6346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0503	92.8491	50.2952	8.4400		194.6346
12/13	Medicaid Adjustment Rate		1.6007	0.8671			
14	Prospective Per Diem 11	43.0503	94.4498	51.1623	8.4400		197.1024
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252280-00 - 2012/01
214.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Heritage Healthcare and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,333,936.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	3,670,098	11.3466
Indexed Asset Value	4,587,623	< 60% of Base:	False	20% ROE(2):	917,525	0.9088
FRVS Base Asset:	3,220,500	Interest Rate:	10.6343 %	Insurance Cost(3):	26,888	0.8057
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	39,058	1.1704
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	17,446	0.5228
		Interest Only:	False	Replacement(3&4):	115,848	0.0000
		Yearly Payment:	361,555	Total FRVS PD:	14.7543	

(1) 80% Capital (\$3,670,098) amortized at 7.7500% for 20 years Principal & Interest of \$361,555 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$11.3466

(2) 20% ROE (\$917,525) times the ROE factor (0.031560) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = \$0.9088

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 113	Effective PBS Limitation	3,220,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0503	43.0503	3.1222	39.9281
Patient Care				
Direct Care	94.4498	94.4498	6.8499	87.5999
Indirect Care	51.1623	51.1623	3.7105	47.4518
Property	8.4400	14.7543	1.0700	13.6843
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5508
Supplemental Rate Add-on				\$8.1747
Totals	197.1024	203.4167	14.7526	214.3896

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 252298-00 - 2012/01

185.26

Heritage Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3101 Ginger Drive Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1983 Acquired Date: 10/1/1983 Entered Medicaid 10/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207501	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,164 Medicare: 7,397 Medicaid: 43,638	Superior: 0 Standard: 126 Conditional: 55 Total: 181
	Medicaid Utilization 70.19819% Occupancy: 94.61796% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.29493% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,598,320	3,289,934	1,665,332	373,105	0	6,926,691
1a	Audit Adjustments						
2	Cost Per Diem	36.6268	75.3915	38.1624	8.5500		158.7307
3	Cost Per Diem Inflated	37.8393	77.1492	39.4257			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.8393	77.1492	39.4257	8.5500		162.9642
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8393	77.1492	39.4257	8.5500		162.9642
12/13	Medicaid Adjustment Rate		1.2204	0.6236			
14	Prospective Per Diem 11	37.8393	78.3696	40.0493	8.5500		164.8082
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252298-00 - 2012/01
185.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Heritage Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/26/1997	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 6,364,391.00		Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Fixed [2]		80% Capital(1): 6,614,407	11.0200
Indexed Asset Value 8,268,009	< 60% of Base: False		20% ROE(2): 1,653,602	0.7223
FRVS Base Asset: 3,249,000	Interest Rate: 10.6343 %		Insurance Cost(3): 54,622	0.8787
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 90,839	1.4613
ROE Factor 0.025830	Amortization Rate: 7.7500 %		Home Office(3): 30,884	0.4968
	Interest Only: False		Replacement(3&4): 95,865	0.0000
	Yearly Payment: 651,611		Total FRVS PD:	14.5791

(1) 80% Capital (\$6,614,407) amortized at 7.7500% for 20 years Principal & Interest of \$651,611 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.0200

(2) 20% ROE (\$1,653,602) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7223

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 114	Effective PBS Limitation 3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8393	37.8393	2.7443	35.0950
Patient Care				
Direct Care	78.3696	78.3696	5.6837	72.6859
Indirect Care	40.0493	40.0493	2.9045	37.1448
Property	8.5500	14.5791	1.0573	13.5218
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6333
Supplemental Rate Add-on				\$8.1747
Totals	164.8082	170.8373	12.3898	185.2555

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252310-00 - 2012/01
196.38

Lake Mary Health and Rehab.Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
710 North Sun Drive Lake Mary Fl 32746 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/16/2000 Acquired Date: 10/16/2000 Entered Medicaid 11/8/2000 Med # Active Date: 12/1/2001 Previous Med # 225959	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,214 Medicare: 14,087 Medicaid: 19,868	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 48.20692% Occupancy: 94.09589% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.64222% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	724,115	1,639,889	938,405	239,211	0	3,541,620
1a	Audit Adjustments						
2	Cost Per Diem	36.4463	82.5392	47.2320	12.0400		178.2575
3	Cost Per Diem Inflated	38.5102	85.4049	49.9067			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.5102	85.4049	49.9067	12.0400		185.8618
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.5102	85.4049	48.2597	12.0400		184.2148
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.5102	85.4049	48.2597	12.0400		184.2148
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252310-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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196.38

Lake Mary Health and Rehab.Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/8/2000 Year of Phase-In/ Full: RS to Start Calcs: 2000/07 Indexed Asset Value 5,378,652 FRVS Base Asset: 4,781,880 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,064,996.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,302,922	10.7533
	< 60% of Base:	False	20% ROE(2):	1,075,730	0.8612
	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8148
	Chase Rate:	4.7500 %	Taxes Cost(3):	111,612	2.7081
	Amortization Rate:	7.7500 %	Home Office(3):	24,748	0.6005
	Interest Only:	False	Replacement(3&4):	9,779	0.0000
Yearly Payment:	423,897	Total FRVS PD:		15.7379	

(1) 80% Capital (\$4,302,922) amortized at 7.7500% for 20 years Principal & Interest of \$423,897 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7533

(2) 20% ROE (\$1,075,730) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8612

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,781,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.5102	38.5102	2.7929	35.7173
Patient Care				
Direct Care	85.4049	85.4049	6.1939	79.2110
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	12.0400	15.7379	1.1414	14.5965
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.9209
Supplemental Rate Add-on				\$8.1747
Totals	184.2148	187.9127	13.6282	196.3801

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252328-00 - 2012/01 197.27

Wedgewood Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1010 Carpenters Way Lakeland FL 33809 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1999 Acquired Date: 1/1/1999 Entered Medicaid 3/26/1999 Med # Active Date: 12/1/2001 Previous Med # 214647	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,837 Medicare: 18,866 Medicaid: 16,986	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 41.59463% Occupancy: 93.23516% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.56610% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	709,046	1,423,439	955,767	191,093	0	3,279,345
1a	Audit Adjustments						
2	Cost Per Diem	41.7430	83.8007	56.2679	11.2500		193.0616
3	Cost Per Diem Inflated	44.1069	86.7102	59.4543			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1069	86.7102	59.4543	11.2500		201.5214
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		48.1113			
7	Provider Target Rate	39.9219		49.2101			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	86.7102	49.2101	11.2500		187.0922
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.9219	86.7102	49.2101	11.2500		187.0922
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252328-00 - 2012/01
197.27

Florida Agency For Health Care Administration
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 Rate Semester 01/01/2012 through 06/30/2012

Wedgewood Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/26/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,128,040.00	Total Amount	Per Diem
RS to Start Calcs: 1999/01	Type: Fixed [2]	80% Capital(1): 4,232,827	10.5782
Indexed Asset Value 5,291,034	< 60% of Base: False	20% ROE(2): 1,058,207	0.8472
FRVS Base Asset: 4,594,920	Interest Rate: 10.6343 %	Insurance Cost(3): 33,580	0.8223
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 115,284	2.8230
ROE Factor 0.031560	Amortization Rate: 7.7500 %	Home Office(3): 28,666	0.7020
	Interest Only: False	Replacement(3&4): 53,612	0.0000
	Yearly Payment: 416,992	Total FRVS PD:	15.7727

(1) 80% Capital (\$4,232,827) amortized at 7.7500% for 20 years Principal & Interest of \$416,992 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5782

(2) 20% ROE (\$1,058,207) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8472

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	86.7102	86.7102	6.2886	80.4216
Indirect Care	49.2101	49.2101	3.5689	45.6412
Property	11.2500	15.7727	1.1439	14.6288
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.3791
Supplemental Rate Add-on				\$8.1747
Totals	187.0922	191.6149	13.8967	197.2720

***Medicaid Trend Adjustment :**



0 252336-00 - 2012/01

200.83

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Largo Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9035 Bryan Dairy Rd. Largo FL 33777 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/2/1999 Acquired Date: 6/2/1999 Entered Medicaid 6/2/1999 Med # Active Date: 12/1/2001 Previous Med # 216119	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 158 Maximum: 57,670 Max Annualized: 57,670 Total Patient: 55,659 Medicare: 12,393 Medicaid: 32,298	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.02835% Occupancy: 96.51292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.66408% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,665	2,738,350	1,477,335	252,893	0	5,625,243
1a	Audit Adjustments						
2	Cost Per Diem	35.8123	84.7839	45.7408	7.8300		174.1670
3	Cost Per Diem Inflated	37.8403	87.7275	48.3311			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.8403	87.7275	48.3311	7.8300		181.7289
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8403	87.7275	48.2597	7.8300		181.6575
12/13	Medicaid Adjustment Rate		0.7923	0.4359			
14	Prospective Per Diem 11	37.8403	88.5198	48.6956	7.8300		182.8857
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252336-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

200.83

Largo Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,478,480.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Fixed [2]	80% Capital(1):	5,650,200	10.7243
Indexed Asset Value	7,062,750	< 60% of Base:	False	20% ROE(2):	1,412,550	0.8589
FRVS Base Asset:	6,049,978	Interest Rate:	10.6343 %	Insurance Cost(3):	44,633	0.8019
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	110,548	1.9862
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	31,681	0.5692
		Interest Only:	False	Replacement(3&4):	28,503	0.0000
		Yearly Payment:	556,623	Total FRVS PD:		14.9405

(1) 80% Capital (\$5,650,200) amortized at 7.7500% for 20 years Principal & Interest of \$556,623 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$10.7243

(2) 20% ROE (\$1,412,550) times the ROE factor (0.031560) divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = \$0.8589

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 158	Effective PBS Limitation	6,049,978

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8403	37.8403	2.7443	35.0960
Patient Care				
Direct Care	88.5198	88.5198	6.4198	82.1000
Indirect Care	48.6956	48.6956	3.5316	45.1640
Property	7.8300	14.9405	1.0835	13.8570
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4408
Supplemental Rate Add-on				\$8.1747
Totals	182.8857	189.9962	13.7792	200.8325

***Medicaid Trend Adjustment :**



0 252344-00 - 2012/01
207.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heritage Park Rehab. and Healthcare

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2826 Cleveland Avenue Ft. Myers FL 33901 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 211583	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,692 Medicare: 4,159 Medicaid: 27,494	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.94551% Occupancy: 95.18722% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.00663% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,294,837	2,212,687	1,286,072	187,509	0	4,981,105
1a	Audit Adjustments						
2	Cost Per Diem	47.0953	80.4789	46.7765	6.8200		181.1707
3	Cost Per Diem Inflated	48.6544	82.3553	48.3250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6544	82.3553	48.3250	6.8200		186.1547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0494		49.0670			
7	Provider Target Rate	47.1011		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.1011	82.3553	48.3250	6.8200		184.6014
12/13	Medicaid Adjustment Rate		1.4773	0.8669			
14	Prospective Per Diem 11	47.1011	83.8326	49.1919	6.8200		186.9456
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252344-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

207.16

Heritage Park Rehab. and Healthcare

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 5,065,146 FRVS Base Asset: 3,026,911 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,912,669.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,052,117	10.1266
	< 60% of Base:	False	20% ROE(2):	1,013,029	0.6638
	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8734
	Chase Rate:	4.7500 %	Taxes Cost(3):	71,335	1.7110
	Amortization Rate:	7.7500 %	Home Office(3):	21,364	0.5124
	Interest Only:	False	Replacement(3&4):	53,299	0.0000
Yearly Payment:	399,190	Total FRVS PD:		13.8872	

(1) 80% Capital (\$4,052,117) amortized at 7.7500% for 20 years Principal & Interest of \$399,190 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1266

(2) 20% ROE (\$1,013,029) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6638

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 146	Effective PBS Limitation	4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.1011	47.1011	3.4160	43.6851
Patient Care				
Direct Care	83.8326	83.8326	6.0799	77.7527
Indirect Care	49.1919	49.1919	3.5676	45.6243
Property	6.8200	13.8872	1.0072	12.8800
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0402
Supplemental Rate Add-on				\$8.1747
Totals	186.9456	194.0128	14.0707	207.1570

***Medicaid Trend Adjustment :**



0 252352-00 - 2012/01
184.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Island Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
125 Alma Boulevard Merritt Island FL 32953 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207101	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,177 Medicare: 6,895 Medicaid: 25,420	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.73349% Occupancy: 94.01141% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.53660% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	937,882	1,825,728	1,117,523	182,007	0	4,063,140
1a	Audit Adjustments						
2	Cost Per Diem	36.8954	71.8225	43.9624	7.1600		159.8403
3	Cost Per Diem Inflated	38.9848	74.3161	46.4520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.9848	74.3161	46.4520	7.1600		166.9129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		48.0197			
7	Provider Target Rate	39.9219		49.1164			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.9848	74.3161	46.4520	7.1600		166.9129
12/13	Medicaid Adjustment Rate		0.9810	0.6132			
14	Prospective Per Diem 11	38.9848	75.2971	47.0652	7.1600		168.5071
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252352-00 - 2012/01
184.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Island Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,854,663.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	2,939,976	7.3472
Indexed Asset Value	3,674,970	< 60% of Base:	False	20% ROE(2):	734,994	0.5884
FRVS Base Asset:	2,166,209	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8155
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	38,935	0.9456
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	20,966	0.5092
		Interest Only:	False	Replacement(3&4):	17,844	0.0000
		Yearly Payment:	289,628	Total FRVS PD:		10.2059

- (1) 80% Capital (\$2,939,976) amortized at 7.7500% for 20 years Principal & Interest of \$289,628 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.3472
- (2) 20% ROE (\$734,994) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5884
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.9848	38.9848	2.8273	36.1575
Patient Care				
Direct Care	75.2971	75.2971	5.4609	69.8362
Indirect Care	47.0652	47.0652	3.4134	43.6518
Property	7.1600	10.2059	0.7402	9.4657
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6085
Supplemental Rate Add-on				\$8.1747
Totals	168.5071	171.5530	12.4418	184.8944

***Medicaid Trend Adjustment :**



0 252361-00 - 2012/01
195.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Florida Rehab. and Specialty Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6700 NW 10th Place Gainesville FL 32605 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1984 Acquired Date: 3/1/1984 Entered Medicaid 3/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207730	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,117 Medicare: 15,662 Medicaid: 18,648	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 45.35350% Occupancy: 93.87443% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.36535% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	762,576	1,558,096	950,386	187,785	0	3,458,843
1a	Audit Adjustments						
2	Cost Per Diem	40.8932	83.5530	50.9645	10.0700		185.4807
3	Cost Per Diem Inflated	42.2470	85.5010	52.6517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2470	85.5010	52.6517	10.0700		190.4697
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		48.0649			
7	Provider Target Rate	37.8450		49.1626			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	85.5010	49.1626	10.0700		182.5786
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.8450	85.5010	49.1626	10.0700		182.5786
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252361-00 - 2012/01
195.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Florida Rehab. and Specialty Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,231,418.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,241,221	10.5992
Indexed Asset Value	5,301,526	< 60% of Base:	False	20% ROE(2):	1,060,305	0.6948
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.8856
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	87,382	2.1252
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	27,623	0.6718
		Interest Only:	False	Replacement(3&4):	37,606	0.0000
		Yearly Payment:	417,819	Total FRVS PD:		14.9766

(1) 80% Capital (\$4,241,221) amortized at 7.7500% for 20 years Principal & Interest of \$417,819 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5992

(2) 20% ROE (\$1,060,305) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6948

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	85.5010	85.5010	6.2009	79.3001
Indirect Care	49.1626	49.1626	3.5655	45.5971
Property	10.0700	14.9766	1.0862	13.8904
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.0937
Supplemental Rate Add-on				\$8.1747
Totals	182.5786	187.4852	13.5973	195.1563

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252379-00 - 2012/01

179.90

Shoal Creek Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
500 Hospital Drive Crestview Fl 32539 County: Okaloosa [46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/5/2000 Acquired Date: 4/5/2000 Entered Medicaid 4/27/2000 Med # Active Date: 12/1/2001 Previous Med # 223611	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,264 Medicare: 9,558 Medicaid: 26,639	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.03000% Occupancy: 96.49315% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.63936% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,499	1,875,031	1,097,093	270,386	0	4,190,009
1a	Audit Adjustments						
2	Cost Per Diem	35.5681	70.3867	41.1837	10.1500		157.2885
3	Cost Per Diem Inflated	36.7456	72.0278	42.5471			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.7456	72.0278	42.5471	10.1500		161.4705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.7456	72.0278	42.5471	10.1500		161.4705
12/13	Medicaid Adjustment Rate		1.0558	0.6237			
14	Prospective Per Diem 11	36.7456	73.0836	43.1708	10.1500		163.1500
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252379-00 - 2012/01
179.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Shoal Creek Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/27/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 4,919,915.00			Total Amount	Per Diem
RS to Start Calcs: 2000/01	Type: Fixed [2]		80% Capital(1): 4,301,230	10.7491	
Indexed Asset Value 5,376,537	< 60% of Base: False		20% ROE(2): 1,075,307	0.7046	
FRVS Base Asset: 4,718,880	Interest Rate: 10.6343 %		Insurance Cost(3): 36,415	0.8616	
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 70,927	1.6782	
ROE Factor 0.025830	Amortization Rate: 7.7500 %		Home Office(3): 21,696	0.5133	
	Interest Only: False		Replacement(3&4): 40,966	0.0000	
	Yearly Payment: 423,731		Total FRVS PD:	14.5068	

(1) 80% Capital (\$4,301,230) amortized at 7.7500% for 20 years Principal & Interest of \$423,731 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7491

(2) 20% ROE (\$1,075,307) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7046

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 39,324
Comparison Date: 7/1/1999	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.7456	36.7456	2.6649	34.0807
Patient Care				
Direct Care	73.0836	73.0836	5.3003	67.7833
Indirect Care	43.1708	43.1708	3.1309	40.0399
Property	10.1500	14.5068	1.0521	13.4547
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3669
Supplemental Rate Add-on				\$8.1747
Totals	163.1500	167.5068	12.1482	179.9002

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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0 252387-00 - 2012/01

199.98

Governor's Creek Health and Rehab.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
803 Oak Street Green Cove Springs FL 32043 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207110	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,745 Medicare: 4,285 Medicaid: 32,615	Superior: 0 Standard: 136 Conditional: 45 Total: 181
	Medicaid Utilization 82.06064% Occupancy: 90.74201% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.44907% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,463,425	2,804,300	1,547,887	276,575	0	6,092,187
1a	Audit Adjustments						
2	Cost Per Diem	44.8697	85.9819	47.4594	8.4800		186.7910
3	Cost Per Diem Inflated	46.3551	87.9866	49.0305			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.3551	87.9866	49.0305	8.4800		191.8522
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	87.9866	46.3317	8.4800		180.6433
12/13	Medicaid Adjustment Rate		2.3845	1.2556			
14	Prospective Per Diem 11	37.8450	90.3711	47.5873	8.4800		184.2834
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252387-00 - 2012/01
199.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Governor's Creek Health and Rehab.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,253,128.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Fixed [2]	80% Capital(1):	3,203,078	8.0048
Indexed Asset Value	4,003,848	< 60% of Base:	False	20% ROE(2):	800,770	0.5247
FRVS Base Asset:	2,253,887	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9162
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	28,287	0.7117
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	19,890	0.5004
		Interest Only:	False	Replacement(3&4):	75,994	0.0000
		Yearly Payment:	315,548	Total FRVS PD:		10.6578

(1) 80% Capital (\$3,203,078) amortized at 7.7500% for 20 years Principal & Interest of \$315,548 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0048

(2) 20% ROE (\$800,770) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5247

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	90.3711	90.3711	6.5541	83.8170
Indirect Care	47.5873	47.5873	3.4512	44.1361
Property	8.4800	10.6578	0.7729	9.8849
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8698
Supplemental Rate Add-on				\$8.1747
Totals	184.2834	186.4612	13.5229	199.9828

***Medicaid Trend Adjustment :**



0 252395-00 - 2012/01

202.39

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
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The Palms Rehab. and Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5405 Babcock Street NE Palm Bay FL 32905 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/11/1998 Acquired Date: 3/11/1998 Entered Medicaid 3/11/1998 Med # Active Date: 12/1/2001 Previous Med # 213578	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,656 Medicare: 7,787 Medicaid: 23,911 Medicaid Utilization 58.81297% Occupancy: 92.82192% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.04946% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,562	2,051,282	1,060,462	235,523	0	4,229,829
1a	Audit Adjustments						
2	Cost Per Diem	36.9103	85.7882	44.3504	9.8500		176.8989
3	Cost Per Diem Inflated	39.0005	88.7667	46.8619			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.0005	88.7667	46.8619	9.8500		184.4791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.3258			
7	Provider Target Rate	39.9219		48.4066			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0005	88.7667	46.8619	9.8500		184.4791
12/13	Medicaid Adjustment Rate		0.8801	0.4646			
14	Prospective Per Diem 11	39.0005	89.6468	47.3265	9.8500		185.8238
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252395-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.39

The Palms Rehab. and Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/11/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,806,562.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	4,287,887	10.7158
Indexed Asset Value	5,359,859	< 60% of Base:	False	20% ROE(2):	1,071,972	0.8582
FRVS Base Asset:	4,493,400	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8260
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	82,386	2.0264
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	22,995	0.5656
		Interest Only:	False	Replacement(3&4):	15,072	0.0000
		Yearly Payment:	422,416	Total FRVS PD:		14.9920

(1) 80% Capital (\$4,287,887) amortized at 7.7500% for 20 years Principal & Interest of \$422,416 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7158

(2) 20% ROE (\$1,071,972) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8582

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,493,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0005	39.0005	2.8285	36.1720
Patient Care				
Direct Care	89.6468	89.6468	6.5016	83.1452
Indirect Care	47.3265	47.3265	3.4323	43.8942
Property	9.8500	14.9920	1.0873	13.9047
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0991
Supplemental Rate Add-on				\$8.1747
Totals	185.8238	190.9658	13.8497	202.3899

***Medicaid Trend Adjustment :**



0 252409-00 - 2012/01
189.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Grand Oaks Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 Palm Coast Parkway SE Palm Coast FL 32137 County: Flagler [18] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/16/1997 Acquired Date: 5/16/1997 Entered Medicaid 5/16/1997 Med # Active Date: 12/1/2001 Previous Med # 213047	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,158 Medicare: 19,766 Medicaid: 18,661	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 44.26443% Occupancy: 96.25114% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.33679% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	691,892	1,493,737	861,086	210,496	0	3,257,211
1a	Audit Adjustments						
2	Cost Per Diem	37.0769	80.0459	46.1436	11.2800		174.5464
3	Cost Per Diem Inflated	39.1766	82.8250	48.7567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.1766	82.8250	48.7567	11.2800		182.0383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8640		45.2972			
7	Provider Target Rate	40.7744		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.1766	82.8250	46.3317	11.2800		179.6133
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	39.1766	82.8250	46.3317	11.2800		179.6133
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252409-00 - 2012/01
189.66

Florida Agency For Health Care Administration
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Grand Oaks Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/16/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,165,066.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Fixed [2]	80% Capital(1):	4,289,752	10.7204
Indexed Asset Value	5,362,190	< 60% of Base:	False	20% ROE(2):	1,072,438	0.8586
FRVS Base Asset:	4,383,120	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.7965
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	92,470	2.1934
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	28,050	0.6654
		Interest Only:	False	Replacement(3&4):	24,870	0.0000
		Yearly Payment:	422,600	Total FRVS PD:		15.2343

- (1) 80% Capital (\$4,289,752) amortized at 7.7500% for 20 years Principal & Interest of \$422,600 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.7204
- (2) 20% ROE (\$1,072,438) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8586
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.1766	39.1766	2.8413	36.3353
Patient Care				
Direct Care	82.8250	82.8250	6.0068	76.8182
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	11.2800	15.2343	1.1049	14.1294
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.2337
Supplemental Rate Add-on				\$8.1747
Totals	179.6133	183.5676	13.3132	189.6628

***Medicaid Trend Adjustment :**



0 252417-00 - 2012/01
172.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Harts Harbor Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11565 Harts Road Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 6/1/1982 Med # Active Date: 12/1/2001 Previous Med # 207080	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 64,064 Medicare: 6,234 Medicaid: 55,219	Superior: 0 Standard: 144 Conditional: 37 Total: 181
	Medicaid Utilization 86.19349% Occupancy: 97.50989% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.91054% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,988,236	4,263,481	2,373,709	567,099	0	9,192,525
1a	Audit Adjustments						
2	Cost Per Diem	36.0064	77.2104	42.9872	10.2700		166.4740
3	Cost Per Diem Inflated	37.1984	79.0106	44.4103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.1984	79.0106	44.4103	10.2700		170.8893
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.1984	79.0106	44.4103	10.2700		170.8893
12/13	Medicaid Adjustment Rate		2.5595	1.4386			
14	Prospective Per Diem 11	37.1984	81.5701	45.8489	10.2700		174.8874
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252417-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

172.58

Harts Harbor Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2001 Year of Phase-In/ Full: RS to Start Calcs: 1977/07 Indexed Asset Value 4,742,555 FRVS Base Asset: 2,722,556 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,901,700.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,794,044	6.2029
	< 60% of Base:	False	20% ROE(2):	948,511	0.4143
	Interest Rate:	7.5000 %	Insurance Cost(3):	54,622	0.8526
	Chase Rate:	13.0000 %	Taxes Cost(3):	47,475	0.7411
	Amortization Rate:	7.5000 %	Home Office(3):	28,107	0.4387
	Interest Only:	False	Replacement(3&4):	371,406	0.0000
Yearly Payment:	366,775	Total FRVS PD:		8.6496	

(1) 80% Capital (\$3,794,044) amortized at 7.5000% for 20 years Principal & Interest of \$366,775 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.2029

(2) 20% ROE (\$948,511) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.4143

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.1984	37.1984	2.6978	34.5006
Patient Care				
Direct Care	81.5701	81.5701	5.9158	75.6543
Indirect Care	45.8489	45.8489	3.3252	42.5237
Property	10.2700	8.6496	0.6273	8.0223
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.7010
Supplemental Rate Add-on				\$8.1747
Totals	174.8874	173.2670	12.5661	172.5766

***Medicaid Trend Adjustment :**



0 252425-00 - 2012/01
177.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Marshall Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
207 Marshall Drive Perry FL 32347 County: Taylor[62] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 3/1/1984 Med # Active Date: 12/1/2001 Previous Med # 211061	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,785 Medicare: 5,697 Medicaid: 29,331 Medicaid Utilization 75.62460% Occupancy: 88.55023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.70882% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,720	1,972,029	1,225,760	226,435	0	4,553,944
1a	Audit Adjustments						
2	Cost Per Diem	38.5162	67.2336	41.7906	7.7200		155.2604
3	Cost Per Diem Inflated	39.7913	68.8011	43.1741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7913	68.8011	43.1741	7.7200		159.4865
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	68.8011	43.1741	7.7200		157.5402
12/13	Medicaid Adjustment Rate		1.9834	1.2446			
14	Prospective Per Diem 11	37.8450	70.7845	44.4187	7.7200		160.7682
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252425-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

177.27

Marshall Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,901,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	2,817,564	7.0413
Indexed Asset Value	3,521,955	< 60% of Base:	False	20% ROE(2):	704,391	0.4616
FRVS Base Asset:	2,027,076	Interest Rate:	10.6343 %	Insurance Cost(3):	36,415	0.9389
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	34,999	0.9024
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	18,369	0.4736
		Interest Only:	False	Replacement(3&4):	13,093	0.0000
		Yearly Payment:	277,569	Total FRVS PD:		9.8178

(1) 80% Capital (\$2,817,564) amortized at 7.7500% for 20 years Principal & Interest of \$277,569 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0413

(2) 20% ROE (\$704,391) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4616

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	70.7845	70.7845	5.1336	65.6509
Indirect Care	44.4187	44.4187	3.2214	41.1973
Property	7.7200	9.8178	0.7120	9.1058
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0433
Supplemental Rate Add-on				\$8.1747
Totals	160.7682	162.8660	11.8117	177.2723

***Medicaid Trend Adjustment :**



0 252433-00 - 2012/01
201.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SeaView Nursing and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2401 NE 2nd Street Pompano Beach FL 33062 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 12/1/2001 Previous Med # 207489	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 83 Maximum: 30,295 Max Annualized: 30,295 Total Patient: 28,197 Medicare: 1,989 Medicaid: 24,254 Medicaid Utilization 86.01624% Occupancy: 93.07476% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.36556% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 152 Conditional: 29 Total: 181 Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,133,022	1,701,428	1,237,143	186,998	0	4,258,591
1a	Audit Adjustments						
2	Cost Per Diem	46.7149	70.1504	51.0078	7.7100		175.5831
3	Cost Per Diem Inflated	48.2614	71.7860	52.6964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.2614	71.7860	52.6964	7.7100		180.4538
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.2614	71.7860	52.6964	7.7100		180.4538
12/13	Medicaid Adjustment Rate		2.4426	1.7931			
14	Prospective Per Diem 11	48.2614	74.2286	54.4895	7.7100		184.6895
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252433-00 - 2012/01
201.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SeaView Nursing and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 1,234,273.00			Total Amount	Per Diem
RS to Start Calcs: 1983/07	Type: Fixed [2]		80% Capital(1): 1,748,202		6.3165
Indexed Asset Value 2,185,253	< 60% of Base: False		20% ROE(2): 437,051		0.4140
FRVS Base Asset: 1,201,038	Interest Rate: 10.6343 %		Insurance Cost(3): 25,187		0.8933
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %		Taxes Cost(3): 54,175		1.9213
ROE Factor 0.025830	Amortization Rate: 7.7500 %		Home Office(3): 13,217		0.4687
	Interest Only: False		Replacement(3&4): 67,549		0.0000
	Yearly Payment: 172,222		Total FRVS PD:		10.0138

- (1) 80% Capital (\$1,748,202) amortized at 7.7500% for 20 years Principal & Interest of \$172,222 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$6.3165
- (2) 20% ROE (\$437,051) times the ROE factor (0.025830) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = \$0.4140
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 83	Effective PBS Limitation 2,365,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.2614	48.2614	3.5001	44.7613
Patient Care				
Direct Care	74.2286	74.2286	5.3834	68.8452
Indirect Care	54.4895	54.4895	3.9518	50.5377
Property	7.7100	10.0138	0.7262	9.2876
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6581
Supplemental Rate Add-on				\$8.1747
Totals	184.6895	186.9933	13.5615	201.2646

***Medicaid Trend Adjustment :**



0 252441-00 - 2012/01

200.85

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Plantation Bay Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4641 Old Canoe Creek Road St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1995 Acquired Date: 7/20/1995 Entered Medicaid 7/20/1995 Med # Active Date: 12/1/2001 Previous Med # 213080	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,044 Medicare: 7,644 Medicaid: 24,127	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,699	2,012,631	1,185,155	216,660	0	4,364,145
1a	Audit Adjustments						
2	Cost Per Diem	39.3625	83.4182	49.1215	8.9800		180.8822
3	Cost Per Diem Inflated	41.5916	86.3144	51.9032			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5916	86.3144	51.9032	8.9800		188.7892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	86.3144	48.2597	8.9800		183.4760
12/13	Medicaid Adjustment Rate		0.8529	0.4769			
14	Prospective Per Diem 11	39.9219	87.1673	48.7366	8.9800		184.8058
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252441-00 - 2012/01
200.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Plantation Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/20/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,216,969.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed [2]	80% Capital(1):	3,868,652	9.6681
Indexed Asset Value	4,835,815	< 60% of Base:	False	20% ROE(2):	967,163	0.7743
FRVS Base Asset:	3,595,112	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8181
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	64,364	1.5682
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	21,717	0.5291
		Interest Only:	False	Replacement(3&4):	34,024	0.0000
		Yearly Payment:	381,116	Total FRVS PD:		13.3578

(1) 80% Capital (\$3,868,652) amortized at 7.7500% for 20 years Principal & Interest of \$381,116 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6681

(2) 20% ROE (\$967,163) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7743

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	1/1/1995	Current RS PBS:	49,785
Comparison Bed	103	Effective PBS Limitation	3,595,112

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	87.1673	87.1673	6.3217	80.8456
Indirect Care	48.7366	48.7366	3.5346	45.2020
Property	8.9800	13.3578	0.9688	12.3890
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2110
Supplemental Rate Add-on				\$8.1747
Totals	184.8058	189.1836	13.7204	200.8489

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252450-00 - 2012/01
199.50

Rio Pinar Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7950 Lake Underhill Road Orlando FL 32822 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1987 Acquired Date: 2/1/1987 Entered Medicaid 2/1/1987 Med # Active Date: 12/1/2001 Previous Med # 209341	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,687 Medicare: 7,574 Medicaid: 43,596	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.45353% Occupancy: 96.93607% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.19312% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,441,442	3,743,179	1,826,677	962,600	0	7,973,898
1a	Audit Adjustments						
2	Cost Per Diem	33.0636	85.8606	41.9001	22.0800		182.9043
3	Cost Per Diem Inflated	34.9360	88.8416	44.2729			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.9360	88.8416	44.2729	22.0800		190.1305
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.9360	88.8416	44.2729	13.6500		181.7005
12/13	Medicaid Adjustment Rate		1.8444	0.9191			
14	Prospective Per Diem 11	34.9360	90.6860	45.1920	13.6500		184.4640
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252450-00 - 2012/01
199.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rio Pinar Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/23/1988	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1987/01	Type: None [1]		80% Capital(1): 6,572,329	11.0323
Indexed Asset Value 8,215,411	< 60% of Base: True		20% ROE(2): 1,643,082	0.8770
FRVS Base Asset: 5,162,760	Interest Rate: 10.0000 %		Insurance Cost(3): 51,004	0.8009
Occup Adj Factor: 0.9000	Chase Rate: 10.0000 %		Taxes Cost(3): 140,668	2.2087
ROE Factor 0.031560	Amortization Rate: 10.0000 %		Home Office(3): 29,527	0.4636
	Interest Only: True		Replacement(3&4): 26,578	0.0000
	Yearly Payment: 652,338		Total FRVS PD:	15.3825

(1) 80% Capital (\$6,572,329) amortized at 10.0000% for 20 years Interest of \$652,338 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.0323

(2) 20% ROE (\$1,643,082) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8770

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,682
Comparison Date: 7/1/1986	Current RS PBS: 49,785
Comparison Bed 180	Effective PBS Limitation 5,162,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.9360	34.9360	2.5337	32.4023
Patient Care				
Direct Care	90.6860	90.6860	6.5769	84.1091
Indirect Care	45.1920	45.1920	3.2775	41.9145
Property	13.6500	15.3825	1.1156	14.2669
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6347
Supplemental Rate Add-on				\$8.1747
Totals	184.4640	186.1965	13.5037	199.5022

***Medicaid Trend Adjustment :**



0 252468-00 - 2012/01
197.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rosewood Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3920 Rosewood Way Orlando FL 32808 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 12/1/2001 Previous Med # 208183	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,665 Medicare: 5,110 Medicaid: 31,710	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.10704% Occupancy: 95.12557% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.92956% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,227,342	2,447,051	1,358,791	275,243	0	5,308,427
1a	Audit Adjustments						
2	Cost Per Diem	38.7052	77.1697	42.8506	8.6800		167.4055
3	Cost Per Diem Inflated	40.8971	79.8490	45.2772			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8971	79.8490	45.2772	8.6800		174.7033
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.7656			
7	Provider Target Rate	39.9219		48.8565			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	79.8490	45.2772	8.6800		173.7281
12/13	Medicaid Adjustment Rate		2.3452	1.3298			
14	Prospective Per Diem 11	39.9219	82.1942	46.6070	8.6800		177.4031
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252468-00 - 2012/01
197.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rosewood Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,140,025.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,624,140	11.5561
Indexed Asset Value	5,780,175	< 60% of Base:	False	20% ROE(2):	1,156,035	0.9255
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8060
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	58,633	1.4072
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	19,934	0.4784
		Interest Only:	False	Replacement(3&4):	6,311	0.0000
		Yearly Payment:	455,542	Total FRVS PD:		15.1732

(1) 80% Capital (\$4,624,140) amortized at 7.7500% for 20 years Principal & Interest of \$455,542 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5561

(2) 20% ROE (\$1,156,035) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9255

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	82.1942	82.1942	5.9611	76.2331
Indirect Care	46.6070	46.6070	3.3801	43.2269
Property	8.6800	15.1732	1.1004	14.0728
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5561
Supplemental Rate Add-on				\$8.1747
Totals	177.4031	183.8963	13.3369	197.2902

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252476-00 - 2012/01
195.74

OAKTREE HEALTHCARE

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
650 Reed Canal Road South Daytona FL 32019 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 12/1/2001 Previous Med # 206351	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 65 Maximum: 23,725 Max Annualized: 23,725 Total Patient: 21,312 Medicare: 989 Medicaid: 16,578	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.78716% Occupancy: 89.82930% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.30797% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	726,081	1,160,596	771,825	91,842	0	2,750,344
1a	Audit Adjustments						
2	Cost Per Diem	43.7979	70.0082	46.5572	5.5400		165.9033
3	Cost Per Diem Inflated	46.2782	72.4388	49.1937			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2782	72.4388	49.1937	5.5400		173.4507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0258		49.8552			
7	Provider Target Rate	46.0541		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.0541	72.4388	49.1937	5.5400		173.2266
12/13	Medicaid Adjustment Rate		2.2645	1.5378			
14	Prospective Per Diem 11	46.0541	74.7033	50.7315	5.5400		177.0289
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252476-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

195.74

OAKTREE HEALTHCARE

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/21/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,004,676.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	1,397,711	6.4486
Indexed Asset Value	1,747,139	< 60% of Base:	False	20% ROE(2):	349,428	0.5165
FRVS Base Asset:	915,383	Interest Rate:	10.6343 %	Insurance Cost(3):	17,578	0.8248
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	16,098	0.7553
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	9,643	0.4525
		Interest Only:	False	Replacement(3&4):	27,571	0.0000
		Yearly Payment:	137,694	Total FRVS PD:		8.9977

(1) 80% Capital (\$1,397,711) amortized at 7.7500% for 20 years Principal & Interest of \$137,694 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$6.4486

(2) 20% ROE (\$349,428) times the ROE factor (0.031560) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.5165

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0541	46.0541	3.3400	42.7141
Patient Care				
Direct Care	74.7033	74.7033	5.4178	69.2855
Indirect Care	50.7315	50.7315	3.6793	47.0522
Property	5.5400	8.9977	0.6526	8.3451
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1685
Supplemental Rate Add-on				\$8.1747
Totals	177.0289	180.4866	13.0897	195.7401

***Medicaid Trend Adjustment :**



0 252484-00 - 2012/01
208.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Edinborough Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1061 Virginia Street Dunedin FL 34698 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 10/1/1982 Med # Active Date: 12/1/2001 Previous Med # 206962	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 93 Maximum: 33,945 Max Annualized: 33,945 Total Patient: 31,371 Medicare: 2,438 Medicaid: 20,722	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.05464% Occupancy: 92.41714% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.54339% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	760,100	1,737,345	1,074,352	157,073	0	3,728,870
1a	Audit Adjustments						
2	Cost Per Diem	36.6808	83.8406	51.8460	7.5800		179.9474
3	Cost Per Diem Inflated	38.7580	86.7515	54.7820			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7580	86.7515	54.7820	7.5800		187.8715
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7580	86.7515	54.7820	7.5800		187.8715
12/13	Medicaid Adjustment Rate		1.5669	0.9894			
14	Prospective Per Diem 11	38.7580	88.3184	55.7714	7.5800		190.4278
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252484-00 - 2012/01
208.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Edinborough Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	None [1]	80% Capital(1):	2,220,128	9.0350
Indexed Asset Value	2,775,160	< 60% of Base:	True	20% ROE(2):	555,032	0.5734
FRVS Base Asset:	1,628,358	Interest Rate:	12.5000 %	Insurance Cost(3):	25,723	0.8200
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	39,148	1.2479
ROE Factor	0.031560	Amortization Rate:	12.5000 %	Home Office(3):	13,240	0.4220
		Interest Only:	True	Replacement(3&4):	32,632	0.0000
		Yearly Payment:	276,023	Total FRVS PD:		12.0983

(1) 80% Capital (\$2,220,128) amortized at 12.5000% for 20 years Interest of \$276,023 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$9.0350

(2) 20% ROE (\$555,032) times the ROE factor (0.031560) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = \$0.5734

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7580	38.7580	2.8109	35.9471
Patient Care				
Direct Care	88.3184	88.3184	6.4052	81.9132
Indirect Care	55.7714	55.7714	4.0448	51.7266
Property	7.5800	12.0983	0.8774	11.2209
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.5063
Supplemental Rate Add-on				\$8.1747
Totals	190.4278	194.9461	14.1383	208.4888

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252492-00 - 2012/01 192.98

Spring Hill Health and Rehab. Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12170 Cortez Blvd. Brooksville FL 34613 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/11/1997 Acquired Date: 7/11/1997 Entered Medicaid 8/1/1997 Med # Active Date: 12/1/2001 Previous Med # 214370	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,063 Medicare: 15,861 Medicaid: 18,828	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 45.85150% Occupancy: 93.75114% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.21121% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	664,272	1,558,977	1,068,051	211,627	0	3,502,927
1a	Audit Adjustments						
2	Cost Per Diem	35.2811	82.8010	56.7267	11.2400		186.0488
3	Cost Per Diem Inflated	37.2791	85.6758	59.9391			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.2791	85.6758	59.9391	11.2400		194.1340
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.2791	85.6758	46.3317	11.2400		180.5266
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.2791	85.6758	46.3317	11.2400		180.5266
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252492-00 - 2012/01
192.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Spring Hill Health and Rehab. Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,919,949.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Fixed [2]	80% Capital(1):	4,223,769	10.5556
Indexed Asset Value	5,279,711	< 60% of Base:	False	20% ROE(2):	1,055,942	0.8454
FRVS Base Asset:	4,444,920	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8178
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	125,630	3.0594
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	28,701	0.6990
		Interest Only:	False	Replacement(3&4):	50,308	0.0000
		Yearly Payment:	416,100	Total FRVS PD:		15.9772

(1) 80% Capital (\$4,223,769) amortized at 7.7500% for 20 years Principal & Interest of \$416,100 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5556

(2) 20% ROE (\$1,055,942) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8454

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.2791	37.2791	2.7036	34.5755
Patient Care				
Direct Care	85.6758	85.6758	6.2136	79.4622
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	11.2400	15.9772	1.1587	14.8185
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.9806
Supplemental Rate Add-on				\$8.1747
Totals	180.5266	185.2638	13.4361	192.9830

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252506-00 - 2012/01
194.20

Habana Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2916 Habana Way Tampa FL 33614 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1970 Acquired Date: 6/1/1970 Entered Medicaid 10/1/1980 Med # Active Date: 12/1/2001 Previous Med # 206083	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 53,190 Medicare: 2,525 Medicaid: 43,025	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.88926% Occupancy: 97.15068% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.46144% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,544,422	3,408,828	1,922,345	360,550	0	7,236,145
1a	Audit Adjustments						
2	Cost Per Diem	35.8959	79.2290	44.6797	8.3800		168.1846
3	Cost Per Diem Inflated	37.0842	81.0762	46.1588			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0842	81.0762	46.1588	8.3800		172.6992
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0842	81.0762	46.1588	8.3800		172.6992
12/13	Medicaid Adjustment Rate		2.8174	1.6040			
14	Prospective Per Diem 11	37.0842	83.8936	47.7628	8.3800		177.1206
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252506-00 - 2012/01
194.20

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Habana Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Fixed [2]	80% Capital(1): 3,576,522	7.1504
Indexed Asset Value 4,470,653	< 60% of Base: False	20% ROE(2): 894,131	0.4687
FRVS Base Asset: 2,111,676	Interest Rate: 10.6343 %	Insurance Cost(3): 45,519	0.8558
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 60,909	1.1451
ROE Factor 0.025830	Amortization Rate: 7.7500 %	Home Office(3): 25,777	0.4846
	Interest Only: False	Replacement(3&4): 58,636	0.0000
	Yearly Payment: 352,337	Total FRVS PD: 10.1046	

(1) 80% Capital (\$3,576,522) amortized at 7.7500% for 20 years Principal & Interest of \$352,337 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$7.1504

(2) 20% ROE (\$894,131) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.4687

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 150	Effective PBS Limitation 4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0842	37.0842	2.6895	34.3947
Patient Care				
Direct Care	83.8936	83.8936	6.0843	77.8093
Indirect Care	47.7628	47.7628	3.4640	44.2988
Property	8.3800	10.1046	0.7328	9.3718
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1460
Supplemental Rate Add-on				\$8.1747
Totals	177.1206	178.8452	12.9706	194.1953

***Medicaid Trend Adjustment :**



0 252522-00 - 2012/01

198.57

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Vista Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Jess Parrish Court Titusville FL 32796	07/01/2009-06/30/2010	Number of Beds: 120	Superior: 0
County: Brevard [5]	Days In CR 365	Maximum: 43,800	Standard: 181
Region: Central [3] Area: 7	First Used: 2011/07	Max Annualized: 43,800	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 40,748	Total: 181
Current Class Central Large [6]	Unaudited [3]	Medicare: 6,795	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 22,870	FY Index: 1.20667423
Operating Ex > 18 months [1]	Medicaid Utilization 56.12545%	Medicaid: 22,870	Semester Index: 1.27500780
Open Date: 9/1/1985	Occupancy: 93.03196%		Cost: 1.05662968
Acquired Date: 9/1/1985	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 9/16/1985	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.16650000
Med # Active Date: 12/1/2001	Low Occupancy Adjustment Factor: 116.31205%		DC Sem Index: 1.20700000
Previous Med # 208574	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03471925
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	822,390	1,853,572	1,092,935	198,512	0	3,967,409
1a	Audit Adjustments						
2	Cost Per Diem	35.9593	81.0482	47.7890	8.6800		173.4765
3	Cost Per Diem Inflated	37.9957	83.8621	50.4953			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.9957	83.8621	50.4953	8.6800		181.0331
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0304		47.1821			
7	Provider Target Rate	39.9218		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.9957	83.8621	48.2597	8.6800		178.7975
12/13	Medicaid Adjustment Rate		0.5779	0.3326			
14	Prospective Per Diem 11	37.9957	84.4400	48.5923	8.6800		179.7080
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252522-00 - 2012/01
198.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Vista Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,919,889.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,450,372	11.1218
Indexed Asset Value	5,562,965	< 60% of Base:	False	20% ROE(2):	1,112,593	0.8908
FRVS Base Asset:	3,420,000	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	0.8241
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	77,164	1.8937
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	21,361	0.5242
		Interest Only:	False	Replacement(3&4):	34,728	0.0000
		Yearly Payment:	438,423	Total FRVS PD:		15.2546

(1) 80% Capital (\$4,450,372) amortized at 7.7500% for 20 years Principal & Interest of \$438,423 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1218

(2) 20% ROE (\$1,112,593) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8908

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.9957	37.9957	2.7556	35.2401
Patient Care				
Direct Care	84.4400	84.4400	6.1239	78.3161
Indirect Care	48.5923	48.5923	3.5241	45.0682
Property	8.6800	15.2546	1.1063	14.1483
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6231
Supplemental Rate Add-on				\$8.1747
Totals	179.7080	186.2826	13.5099	198.5705

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252531-00 - 2012/01

198.17

Hillcrest Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4200 Washington Street Hollywood FL 33021 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 6/27/1989 Med # Active Date: 12/1/2001 Previous Med # 201057	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 77,784 Medicare: 13,491 Medicaid: 48,348	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.15674% Occupancy: 88.79452% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.01425% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,013,892	3,610,252	2,452,070	457,856	0	8,534,070
1a	Audit Adjustments						
2	Cost Per Diem	41.6541	74.6722	50.7171	9.4700		176.5134
3	Cost Per Diem Inflated	43.0330	76.4132	52.3961			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0330	76.4132	52.3961	9.4700		181.3123
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	76.4132	50.1876	9.4700		178.0697
12/13	Medicaid Adjustment Rate		1.0451	0.6864			
14	Prospective Per Diem 11	41.9989	77.4583	50.8740	9.4700		179.8012
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252531-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.17

Hillcrest Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/27/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,780,937.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	8,624,364	10.7765
Indexed Asset Value	10,780,455	< 60% of Base:	False	20% ROE(2):	2,156,091	0.7064
FRVS Base Asset:	6,840,000	Interest Rate:	10.6343 %	Insurance Cost(3):	72,830	0.9363
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	205,698	2.6445
ROE Factor	0.025830	Amortization Rate:	7.7500 %	Home Office(3):	47,004	0.6043
		Interest Only:	False	Replacement(3&4):	71,748	0.0000
		Yearly Payment:	849,619	Total FRVS PD:		15.6680

(1) 80% Capital (\$8,624,364) amortized at 7.7500% for 20 years Principal & Interest of \$849,619 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$10.7765

(2) 20% ROE (\$2,156,091) times the ROE factor (0.025830) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.7064

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	77.4583	77.4583	5.6176	71.8407
Indirect Care	50.8740	50.8740	3.6896	47.1844
Property	9.4700	15.6680	1.1363	14.5317
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4817
Supplemental Rate Add-on				\$8.1747
Totals	179.8012	185.9992	13.4894	198.1662

***Medicaid Trend Adjustment :**



0 252549-00 - 2012/01
222.23

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Renaissance Health and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5065 Wallis Road West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 7/9/1986 Med # Active Date: 12/1/2001 Previous Med # 209104	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,998 Medicare: 1,487 Medicaid: 27,097	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 82.11710% Occupancy: 75.33790% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.19028% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,354,721	2,427,011	1,754,264	247,938	0	5,783,934
1a	Audit Adjustments						
2	Cost Per Diem	49.9952	89.5675	64.7402	9.1500		213.4529
3	Cost Per Diem Inflated	52.8264	92.6772	68.4064			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.8264	92.6772	68.4064	9.1500		223.0600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2921		49.7688			
7	Provider Target Rate	45.3037		50.9054			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3037	92.6772	50.9054	9.1500		198.0363
12/13	Medicaid Adjustment Rate		3.3486	1.8393			
14	Prospective Per Diem 11	45.3037	96.0258	52.7447	9.1500		203.2242
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252549-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

222.23

Renaissance Health and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/9/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,786,919.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,258,528	10.6424
Indexed Asset Value	5,323,160	< 60% of Base:	False	20% ROE(2):	1,064,632	0.8524
FRVS Base Asset:	3,590,000	Interest Rate:	10.6343 %	Insurance Cost(3):	33,580	1.0176
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	63,786	1.9330
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	16,329	0.4948
		Interest Only:	False	Replacement(3&4):	76,143	0.0000
		Yearly Payment:	419,524	Total FRVS PD:		14.9402

(1) 80% Capital (\$4,258,528) amortized at 7.7500% for 20 years Principal & Interest of \$419,524 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6424

(2) 20% ROE (\$1,064,632) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8524

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,413
Comparison Date: 1/1/1984	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,289,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3037	45.3037	3.2856	42.0181
Patient Care				
Direct Care	96.0258	96.0258	6.9642	89.0616
Indirect Care	52.7447	52.7447	3.8253	48.9194
Property	9.1500	14.9402	1.0835	13.8567
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1969
Supplemental Rate Add-on				\$8.1747
Totals	203.2242	209.0144	15.1586	222.2274

***Medicaid Trend Adjustment :**



0 252557-00 - 2012/01
190.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Colonial Lakes Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15204 West Colonial Drive Winter Garden FL 34787 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1984 Acquired Date: 6/1/1984 Entered Medicaid 6/1/1984 Med # Active Date: 12/1/2001 Previous Med # 207861	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 63,538 Medicare: 5,979 Medicaid: 49,060 Medicaid Utilization 77.21364% Occupancy: 96.70929% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.90958% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 180 Conditional: 1 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,635,595	3,618,626	2,129,338	322,324	0	7,705,883
1a	Audit Adjustments						
2	Cost Per Diem	33.3387	73.7592	43.4027	6.5700		157.0706
3	Cost Per Diem Inflated	35.2267	76.3201	45.8606			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.2267	76.3201	45.8606	6.5700		163.9774
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		49.5526			
7	Provider Target Rate	39.9219		50.6843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.2267	76.3201	45.8606	6.5700		163.9774
12/13	Medicaid Adjustment Rate		2.3237	1.3963			
14	Prospective Per Diem 11	35.2267	78.6438	47.2569	6.5700		167.6974
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252557-00 - 2012/01
190.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Colonial Lakes Health Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,100,802.00	Total Amount	Per Diem
RS to Start Calcs: 1984/01	Type: Fixed [2]	80% Capital(1): 6,742,913	11.2341
Indexed Asset Value 8,428,641	< 60% of Base: False	20% ROE(2): 1,685,728	0.8997
FRVS Base Asset: 3,287,398	Interest Rate: 10.6343 %	Insurance Cost(3): 51,004	0.8027
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 58,222	0.9163
ROE Factor 0.031560	Amortization Rate: 7.7500 %	Home Office(3): 26,547	0.4178
	Interest Only: False	Replacement(3&4): 41,756	0.0000
	Yearly Payment: 664,270	Total FRVS PD: 14.2706	

(1) 80% Capital (\$6,742,913) amortized at 7.7500% for 20 years Principal & Interest of \$664,270 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.2341

(2) 20% ROE (\$1,685,728) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8997

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.2267	35.2267	2.5548	32.6719
Patient Care				
Direct Care	78.6438	78.6438	5.7036	72.9402
Indirect Care	47.2569	47.2569	3.4273	43.8296
Property	6.5700	14.2706	1.0350	13.2356
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1598
Supplemental Rate Add-on				\$8.1747
Totals	167.6974	175.3980	12.7207	190.0118

***Medicaid Trend Adjustment :**



0 252662-00 - 2012/01
211.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pinebrook Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1240 Pinebrook Road Venice FL 34292 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 11/1/2001 Previous Med # 212202	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,079 Medicare: 12,618 Medicaid: 19,189 Medicaid Utilization 46.71243% Occupancy: 93.78767% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.25687% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,210	1,783,942	961,485	465,141	0	4,013,778
1a	Audit Adjustments						
2	Cost Per Diem	41.8578	92.9669	50.1061	24.2400		209.1708
3	Cost Per Diem Inflated	43.1122	94.9870	51.6077			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1122	94.9870	51.6077	24.2400		213.9469
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		50.7409			
7	Provider Target Rate	41.9989		51.8997			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	94.9870	51.6077	13.6500		202.2436
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.9989	94.9870	51.6077	13.6500		202.2436
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252662-00 - 2012/01
211.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pinebrook Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	None [1]	80% Capital(1):	3,970,318	11.5115
Indexed Asset Value	4,962,897	< 60% of Base:	True	20% ROE(2):	992,579	0.6504
FRVS Base Asset:	3,158,217	Interest Rate:	11.5000 %	Insurance Cost(3):	8,713	0.2121
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	69,760	1.6982
ROE Factor	0.025830	Amortization Rate:	11.5000 %	Home Office(3):	33,235	0.8091
		Interest Only:	True	Replacement(3&4):	97,520	0.0000
		Yearly Payment:	453,783	Total FRVS PD:		14.8813

(1) 80% Capital (\$3,970,318) amortized at 11.5000% for 20 years Interest of \$453,783 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5115

(2) 20% ROE (\$992,579) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6504

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	94.9870	94.9870	6.8889	88.0981
Indirect Care	51.6077	51.6077	3.7428	47.8649
Property	13.6500	14.8813	1.0793	13.8020
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6535
Supplemental Rate Add-on				\$8.1747
Totals	202.2436	203.4749	14.7569	211.5462

***Medicaid Trend Adjustment :**



0 252671-00 - 2012/01

192.25

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Palms of Sebring

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
725 South Pine Street Sebring FL 33870 County: Highlands [28] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1970 Acquired Date: 12/1/1970 Entered Medicaid 12/1/1970 Med # Active Date: 7/26/2001 Previous Med # 200972	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,460 Medicare: 14,835 Medicaid: 20,084	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.63915% Occupancy: 92.37443% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.48998% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	858,094	1,603,418	885,168	302,666	0	3,649,346
1a	Audit Adjustments						
2	Cost Per Diem	42.7253	79.8356	44.0733	15.0700		181.7042
3	Cost Per Diem Inflated	44.6229	82.0797	46.0308			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.6229	82.0797	46.0308	15.0700		187.8034
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6907		60.8449			
7	Provider Target Rate	49.8027		62.2345			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6229	82.0797	46.0308	13.6500		186.3834
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.6229	82.0797	46.0308	13.6500		186.3834
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252671-00 - 2012/01
192.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palms of Sebring

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,023,492 FRVS Base Asset: 958,753 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,005,713.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,218,794	8.6590
	< 60% of Base:	False	20% ROE(2):	804,698	0.5634
	Interest Rate:	11.0000 %	Insurance Cost(3):	14,167	0.3501
	Chase Rate:	6.7500 %	Taxes Cost(3):	53,882	1.3317
	Amortization Rate:	8.7500 %	Home Office(3):	15,533	0.3839
	Interest Only:	False	Replacement(3&4):	53,532	0.0000
Yearly Payment:	341,338	Total FRVS PD:	11.2881		

(1) 80% Capital (\$3,218,794) amortized at 8.7500% for 20 years Principal & Interest of \$341,338 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6590

(2) 20% ROE (\$804,698) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5634

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 54	Effective PBS Limitation	1,539,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6229	44.6229	3.2362	41.3867
Patient Care				
Direct Care	82.0797	82.0797	5.9528	76.1269
Indirect Care	46.0308	46.0308	3.3383	42.6925
Property	13.6500	11.2881	0.8187	10.4694
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3952
Supplemental Rate Add-on				\$8.1747
Totals	186.3834	184.0215	13.3460	192.2454

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 252689-00 - 2012/01
200.48

Orchard Ridge Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4927 Voorhees Road New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1983 Acquired Date: 8/1/1983 Entered Medicaid 8/1/1983 Med # Active Date: 9/1/2001 Previous Med # 201669	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,746 Medicare: 9,096 Medicaid: 17,141	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 43.12635% Occupancy: 90.74429% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.45192% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	620,461	1,440,041	844,483	219,919	0	3,124,904
1a	Audit Adjustments						
2	Cost Per Diem	36.1975	84.0115	49.2668	12.8300		182.3058
3	Cost Per Diem Inflated	38.1600	86.8292	51.9379			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.1600	86.8292	51.9379	12.8300		189.7571
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8970		66.5490			
7	Provider Target Rate	41.8310		68.0689			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.1600	86.8292	51.9379	12.8300		189.7571
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.1600	86.8292	51.9379	12.8300		189.7571
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 252689-00 - 2012/01
200.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Orchard Ridge Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,200,000.00		
RS to Start Calcs:	1983/07	Type: Variable [3]	80% Capital(1): 3,821,926	11.0355
Indexed Asset Value	4,777,408	< 60% of Base: False	20% ROE(2): 955,482	0.7524
FRVS Base Asset:	2,095,491	Interest Rate: 10.6500 %	Insurance Cost(3): 10,963	0.2758
Occup Adj Factor:	0.9000	Chase Rate: 7.7500 %	Taxes Cost(3): 87,275	2.1958
ROE Factor	0.031040	Amortization Rate: 9.7500 %	Home Office(3): 36,071	0.9075
		Interest Only: False	Replacement(3&4): 51,668	0.0000
		Yearly Payment: 435,019	Total FRVS PD:	15.1670

(1) 80% Capital (\$3,821,926) amortized at 9.7500% for 20 years Principal & Interest of \$435,019 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0355

(2) 20% ROE (\$955,482) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7524

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.1600	38.1600	2.7675	35.3925
Patient Care				
Direct Care	86.8292	86.8292	6.2972	80.5320
Indirect Care	51.9379	51.9379	3.7668	48.1711
Property	12.8300	15.1670	0.9305	11.8995
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3098
Supplemental Rate Add-on				\$8.1747
Totals	189.7571	192.0941	13.7620	200.4796

***Medicaid Trend Adjustment :**



0 252956-00 - 2012/01
213.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Leesburg Health & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
715 East Dixie Avenue Leesburg FL 32748 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1980 Acquired Date: 1/1/1980 Entered Medicaid 4/1/1982 Med # Active Date: 12/31/2001 Previous Med # 211427	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 28,714 Medicare: 10,590 Medicaid: 15,192	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	681,231	1,392,833	846,121	217,701	0	3,137,886
1a	Audit Adjustments						
2	Cost Per Diem	44.8414	91.6820	55.6952	14.3300		206.5486
3	Cost Per Diem Inflated	46.7033	94.1255	58.0078			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.7033	94.1255	58.0078	14.3300		213.1666
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4998		59.6261			
7	Provider Target Rate	45.5161		60.9879			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.5161	94.1255	55.2316	13.6500		208.5232
12/13	Medicaid Adjustment Rate		0.3079	0.1807			
14	Prospective Per Diem 11	45.5161	94.4334	55.4123	13.6500		209.0118
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 252956-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

213.06

Leesburg Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1989 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,631,286 FRVS Base Asset: 2,210,061 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	3,200,000.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	2,905,029
	Interest Rate:	7.0000 %	20% ROE(2):	726,257
	Chase Rate:	5.5000 %	Insurance Cost(3):	42,749
	Amortization Rate:	7.0000 %	Taxes Cost(3):	45,727
	Interest Only:	False	Home Office(3):	20,494
Yearly Payment:	270,272	Replacement(3&4):	28,683	
		Total FRVS PD:	11.1464	

(1) 80% Capital (\$2,905,029) amortized at 7.0000% for 20 years Principal & Interest of \$270,272 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8562

(2) 20% ROE (\$726,257) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4952

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.5161	45.5161	3.3010	42.2151
Patient Care				
Direct Care	94.4334	94.4334	6.8487	87.5847
Indirect Care	55.4123	55.4123	4.0187	51.3936
Property	13.6500	11.1464	0.8084	10.3380
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.3497
Supplemental Rate Add-on				\$8.1747
Totals	209.0118	206.5082	14.9768	213.0558

***Medicaid Trend Adjustment :**



0 253014-00 - 2012/01
212.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Springwood Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4602 Northgate Court Sarasota FL 34234 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/1/2001 Previous Med # 212270	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,722 Medicare: 3,272 Medicaid: 28,917	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.95011% Occupancy: 81.55708% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.96573% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,182,104	2,658,025	1,216,092	618,824	0	5,675,045
1a	Audit Adjustments						
2	Cost Per Diem	40.8792	91.9191	42.0546	21.4000		196.2529
3	Cost Per Diem Inflated	43.0956	95.0020	44.3347			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.0956	95.0020	44.3347	21.4000		203.8323
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1333		49.1061			
7	Provider Target Rate	46.1641		50.2276			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0956	95.0020	44.3347	13.6500		196.0823
12/13	Medicaid Adjustment Rate		3.3079	1.5437			
14	Prospective Per Diem 11	43.0956	98.3099	45.8784	13.6500		200.9339
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253014-00 - 2012/01
212.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Springwood Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	None [1]	80% Capital(1):	3,403,312	8.5692
Indexed Asset Value	4,254,140	< 60% of Base:	True	20% ROE(2):	850,828	0.6700
FRVS Base Asset:	2,100,178	Interest Rate:	10.0000 %	Insurance Cost(3):	7,962	0.2229
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	60,878	1.7042
ROE Factor	0.031040	Amortization Rate:	10.0000 %	Home Office(3):	27,633	0.7736
		Interest Only:	True	Replacement(3&4):	33,881	0.0000
		Yearly Payment:	337,796	Total FRVS PD:		11.9399

(1) 80% Capital (\$3,403,312) amortized at 10.0000% for 20 years Interest of \$337,796 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5692

(2) 20% ROE (\$850,828) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6700

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0956	43.0956	3.1255	39.9701
Patient Care				
Direct Care	98.3099	98.3099	7.1298	91.1801
Indirect Care	45.8784	45.8784	3.3273	42.5511
Property	13.6500	11.9399	0.8659	11.0740
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.2127
Supplemental Rate Add-on				\$8.1747
Totals	200.9339	199.2238	14.4485	212.1627

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 253146-00 - 2012/01

187.60

Southern Oaks Health Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3855 Old Canoe Creek Road St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1986 Acquired Date: 2/1/1986 Entered Medicaid 2/24/1986 Med # Active Date: 7/2/2001 Previous Med # 208868	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,871 Medicare: 4,959 Medicaid: 26,602	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 70.24372% Occupancy: 86.46347% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.09988% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	928,645	2,039,684	1,137,003	306,721	43,912	4,455,965
1a	Audit Adjustments						
2	Cost Per Diem	34.9088	76.6741	42.7413	11.5300	1.6507	167.5049
3	Cost Per Diem Inflated	35.9549	78.3402	44.0221			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.9549	78.3402	44.0221	11.5300	1.6507	171.4979
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8553		47.1821			
7	Provider Target Rate	40.7655		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.9549	78.3402	44.0221	11.5300	1.6507	171.4979
12/13	Medicaid Adjustment Rate		1.7841	1.0026			
14	Prospective Per Diem 11	35.9549	80.1243	45.0247	11.5300	1.6507	174.2846
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253146-00 - 2012/01
187.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Southern Oaks Health Care

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1986/01	Amount: 3,475,159.00	80% Capital(1): 4,318,125	9.4175
Indexed Asset Value 5,397,656	Type: Variable [3]	20% ROE(2): 1,079,531	0.7074
FRVS Base Asset: 2,133,058	< 60% of Base: False	Insurance Cost(3): 46,982	1.2406
Occup Adj Factor: 0.9000	Interest Rate: 12.1500 %	Taxes Cost(3): 60,862	1.6071
ROE Factor 0.025830	Chase Rate: 4.0000 %	Home Office(3): 0	0.0000
	Amortization Rate: 6.0000 %	Replacement(3&4): 610,316	0.0000
	Interest Only: False	Total FRVS PD:	12.9726
	Yearly Payment: 371,237		

(1) 80% Capital (\$4,318,125) amortized at 6.0000% for 20 years Principal & Interest of \$371,237 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4175

(2) 20% ROE (\$1,079,531) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7074

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.9549	35.9549	2.6076	33.3473
Patient Care				
Direct Care	80.1243	80.1243	5.8110	74.3133
Indirect Care	45.0247	45.0247	3.2654	41.7593
Property	11.5300	12.9726	0.8362	10.6938
ROE	1.6507	0.6475	0.1197	1.5310
ROE Adjustment	-0.6475	-0.6475	-0.0470	-0.6005
Quality Assess-Medicaid Share				\$18.3805
Supplemental Rate Add-on				\$8.1747
Totals	173.6371	174.0765	12.5929	187.5994

***Medicaid Trend Adjustment :**



0 253421-00 - 2012/01
178.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Palms At Park Place

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
221 Park Place Blvd. Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/28/1993 Acquired Date: 12/28/1993 Entered Medicaid 1/13/1994 Med # Active Date: 8/1/2001 Previous Med # 211192	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,250 Medicare: 10,291 Medicaid: 24,320	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.95758% Occupancy: 94.17808% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.74498% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	793,884	1,670,115	976,240	600,704	0	4,040,943
1a	Audit Adjustments						
2	Cost Per Diem	32.6433	68.6725	40.1414	24.7000		166.1572
3	Cost Per Diem Inflated	34.4131	70.9757	42.3177			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.4131	70.9757	42.3177	24.7000		172.4065
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.4131	70.9757	42.3177	13.6500		161.3565
12/13	Medicaid Adjustment Rate		0.7152	0.4264			
14	Prospective Per Diem 11	34.4131	71.6909	42.7441	13.6500		162.4981
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253421-00 - 2012/01
178.02

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Palms At Park Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/13/1994 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 5,311,981 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,898,511.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,249,585	13.3791
	< 60% of Base:	False	20% ROE(2):	1,062,396	0.8365
	Interest Rate:	11.0300 %	Insurance Cost(3):	48,183	1.1681
	Chase Rate:	9.0000 %	Taxes Cost(3):	73,617	1.7847
	Amortization Rate:	11.0300 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	79,106	0.0000
Yearly Payment:	527,406	Total FRVS PD:	17.1684		

- (1) 80% Capital (\$4,249,585) amortized at 11.0300% for 20 years Principal & Interest of \$527,406 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.3791
- (2) 20% ROE (\$1,062,396) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8365
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,753
Comparison Date: 1/1/1993	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.4131	34.4131	2.4958	31.9173
Patient Care				
Direct Care	71.6909	71.6909	5.1993	66.4916
Indirect Care	42.7441	42.7441	3.1000	39.6441
Property	13.6500	17.1684	1.2451	15.9233
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8735
Supplemental Rate Add-on				\$8.1747
Totals	162.4981	166.0165	12.0402	178.0245

***Medicaid Trend Adjustment :**



0 253430-00 - 2012/01
186.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sunset Point Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1980 Sunset Point Road Clearwater FL 33765 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1980 Acquired Date: 6/1/1980 Entered Medicaid 5/1/1984 Med # Active Date: 11/1/2001 Previous Med # 201839	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,624 Medicare: 7,904 Medicaid: 23,055 Medicaid Utilization 56.75217% Occupancy: 92.74886% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.95811% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	829,200	1,950,354	846,338	290,954	0	3,916,846
1a	Audit Adjustments						
2	Cost Per Diem	35.9662	84.5957	36.7095	12.6200		169.8914
3	Cost Per Diem Inflated	37.0440	86.4339	37.8096			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0440	86.4339	37.8096	12.6200		173.9075
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.4472		47.1821			
7	Provider Target Rate	40.3481		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0440	86.4339	37.8096	12.6200		173.9075
12/13	Medicaid Adjustment Rate		0.6566	0.2872			
14	Prospective Per Diem 11	37.0440	87.0905	38.0968	12.6200		174.8513
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253430-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

186.28

Sunset Point Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1980/01 Indexed Asset Value 3,771,866 FRVS Base Asset: 1,921,442 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,365,000.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	10.6500 %	80% Capital(1):	3,017,493	8.7128
	Chase Rate:	7.7500 %	20% ROE(2):	754,373	0.4943
	Amortization Rate:	9.7500 %	Insurance Cost(3):	9,336	0.2298
	Interest Only:	False	Taxes Cost(3):	53,409	1.3147
Yearly Payment:	343,457	Home Office(3):	27,737	0.6828	
		Replacement(3&4):	168,601	0.0000	
		Total FRVS PD:		11.4344	

(1) 80% Capital (\$3,017,493) amortized at 9.7500% for 20 years Principal & Interest of \$343,457 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7128

(2) 20% ROE (\$754,373) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4943

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0440	37.0440	2.6866	34.3574
Patient Care				
Direct Care	87.0905	87.0905	6.3162	80.7743
Indirect Care	38.0968	38.0968	2.7629	35.3339
Property	12.6200	11.4344	0.8293	10.6051
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0350
Supplemental Rate Add-on				\$8.1747
Totals	174.8513	173.6657	12.5950	186.2804

***Medicaid Trend Adjustment :**



0 253448-00 - 2012/01
202.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Tree Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2600 Highlands Boulevard, No Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2001 Previous Med # 201782	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,438 Medicare: 5,709 Medicaid: 25,553	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.79284% Occupancy: 90.04110% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.57277% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,486	2,326,414	1,032,665	276,228	0	4,591,793
1a	Audit Adjustments						
2	Cost Per Diem	37.4315	91.0427	40.4127	10.8100		179.6969
3	Cost Per Diem Inflated	39.4609	94.0962	42.6038			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.4609	94.0962	42.6038	10.8100		186.9709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7499		48.1285			
7	Provider Target Rate	42.7034		49.2277			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.4609	94.0962	42.6038	10.8100		186.9709
12/13	Medicaid Adjustment Rate		1.5659	0.7090			
14	Prospective Per Diem 11	39.4609	95.6621	43.3128	10.8100		189.2458
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253448-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.91

Bay Tree Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2007	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable [3]	80% Capital(1):	3,148,182	9.0901
Indexed Asset Value	3,935,227	< 60% of Base:	False	20% ROE(2):	787,045	0.6197
FRVS Base Asset:	1,845,021	Interest Rate:	10.6500 %	Insurance Cost(3):	8,653	0.2194
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	51,078	1.2951
ROE Factor	0.031040	Amortization Rate:	9.7500 %	Home Office(3):	31,490	0.7985
		Interest Only:	False	Replacement(3&4):	58,003	0.0000
		Yearly Payment:	358,332	Total FRVS PD:		12.0228

(1) 80% Capital (\$3,148,182) amortized at 9.7500% for 20 years Principal & Interest of \$358,332 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0901

(2) 20% ROE (\$787,045) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6197

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.4609	39.4609	2.8619	36.5990
Patient Care				
Direct Care	95.6621	95.6621	6.9378	88.7243
Indirect Care	43.3128	43.3128	3.1412	40.1716
Property	10.8100	12.0228	0.8719	11.1509
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0884
Supplemental Rate Add-on				\$8.1747
Totals	189.2458	190.4586	13.8128	202.9089

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 253456-00 - 2012/01

196.33

Hawthorne Health and Rehab of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4100 S.W. 33rd Avenue Ocala FL 32674 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/4/1988 Acquired Date: 3/4/1988 Entered Medicaid 3/4/1988 Med # Active Date: 12/7/2001 Previous Med # 204188	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,714 Medicare: 4,966 Medicaid: 24,757	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.64406% Occupancy: 86.10502% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.65173% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,790	2,074,545	895,559	769,943	0	4,733,837
1a	Audit Adjustments						
2	Cost Per Diem	40.1418	83.7963	36.1740	31.1000		191.2121
3	Cost Per Diem Inflated	41.4707	85.7500	37.3715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4707	85.7500	37.3715	31.1000		195.6922
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3774		52.6710			
7	Provider Target Rate	41.2996		53.8739			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.2996	85.7500	37.3715	13.6500		178.0711
12/13	Medicaid Adjustment Rate		1.5092	0.6577			
14	Prospective Per Diem 11	41.2996	87.2592	38.0292	13.6500		180.2380
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253456-00 - 2012/01
196.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hawthorne Health and Rehab of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/4/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,020,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,511,692	12.8600
Indexed Asset Value	5,639,615	< 60% of Base:	False	20% ROE(2):	1,127,923	0.7391
FRVS Base Asset:	1,765,380	Interest Rate:	10.1800 %	Insurance Cost(3):	62,844	1.6663
Occup Adj Factor:	0.9000	Chase Rate:	7.5645 %	Taxes Cost(3):	45,895	1.2169
ROE Factor	0.025830	Amortization Rate:	9.5645 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	32,910	0.0000
		Yearly Payment:	506,941	Total FRVS PD:		16.4823

(1) 80% Capital (\$4,511,692) amortized at 9.5645% for 20 years Principal & Interest of \$506,941 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8600

(2) 20% ROE (\$1,127,923) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7391

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2996	41.2996	2.9952	38.3044
Patient Care				
Direct Care	87.2592	87.2592	6.3284	80.9308
Indirect Care	38.0292	38.0292	2.7580	35.2712
Property	13.6500	16.4823	1.1954	15.2869
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3651
Supplemental Rate Add-on				\$8.1747
Totals	180.2380	183.0703	13.2770	196.3331

***Medicaid Trend Adjustment :**



0 253464-00 - 2012/01
204.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Bay Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3865 Tampa Road Oldsmar FL 34677 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2001 Previous Med # 201693	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,882 Medicare: 7,788 Medicaid: 25,320	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.93435% Occupancy: 93.33790% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.69455% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	923,091	2,378,723	1,088,958	264,594	0	4,655,366
1a	Audit Adjustments						
2	Cost Per Diem	36.4570	93.9464	43.0078	10.4500		183.8612
3	Cost Per Diem Inflated	37.5495	95.9878	44.2966			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.5495	95.9878	44.2966	10.4500		188.2839
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		50.4173			
7	Provider Target Rate	39.9219		51.5688			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.5495	95.9878	44.2966	10.4500		188.2839
12/13	Medicaid Adjustment Rate		1.2887	0.5947			
14	Prospective Per Diem 11	37.5495	97.2765	44.8913	10.4500		190.1673
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253464-00 - 2012/01
204.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Bay Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable [3]	80% Capital(1):	3,700,802	10.6858
Indexed Asset Value	4,626,003	< 60% of Base:	False	20% ROE(2):	925,201	0.6062
FRVS Base Asset:	2,238,198	Interest Rate:	10.6500 %	Insurance Cost(3):	8,896	0.2176
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	55,275	1.3521
ROE Factor	0.025830	Amortization Rate:	9.7500 %	Home Office(3):	29,205	0.7144
		Interest Only:	False	Replacement(3&4):	85,872	0.0000
		Yearly Payment:	421,233	Total FRVS PD:		13.5761

(1) 80% Capital (\$3,700,802) amortized at 9.7500% for 20 years Principal & Interest of \$421,233 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6858

(2) 20% ROE (\$925,201) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6062

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.5495	37.5495	2.7232	34.8263
Patient Care				
Direct Care	97.2765	97.2765	7.0549	90.2216
Indirect Care	44.8913	44.8913	3.2557	41.6356
Property	10.4500	13.5761	0.9846	12.5915
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1209
Supplemental Rate Add-on				\$8.1747
Totals	190.1673	193.2934	14.0184	204.5706

***Medicaid Trend Adjustment :**



0 253481-00 - 2012/01
242.45

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Forum at Deer Creek

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 Deer Creek Blvd Deerfield Beach FL 33442 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/30/1990 Acquired Date: 3/30/1990 Entered Medicaid 6/4/1990 Med # Active Date: 1/11/2002 Previous Med # 211460	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,845 Medicare: 8,379 Medicaid: 8,646	Superior: 0 Standard: 151 Conditional: 30 Total: 181
	Medicaid Utilization 45.87954% Occupancy: 86.05023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.58324% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	434,709	808,361	755,815	413,019	0	2,411,904
1a	Audit Adjustments						
2	Cost Per Diem	50.2786	93.4954	87.4179	47.7700		278.9619
3	Cost Per Diem Inflated	51.9430	95.6752	90.3118			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.9430	95.6752	90.3118	47.7700		285.7000
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	87.5320		76.1563			
7	Provider Target Rate	89.5311		77.8956			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.9430	95.6752	72.5715	13.6500		233.8397
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.9430	95.6752	72.5715	13.6500		233.8397
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 253481-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

242.45

Forum at Deer Creek

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/4/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,731,844.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Fixed [2]	80% Capital(1):	2,099,834	14.0767
Indexed Asset Value	2,624,793	< 60% of Base:	False	20% ROE(2):	524,959	0.6880
FRVS Base Asset:	1,801,380	Interest Rate:	12.0000 %	Insurance Cost(3):	24,009	1.2740
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	63,046	3.3455
ROE Factor	0.025830	Amortization Rate:	12.0000 %	Home Office(3):	6,714	0.3563
		Interest Only:	False	Replacement(3&4):	981,959	0.0000
		Yearly Payment:	277,452	Total FRVS PD:		19.7405

(1) 80% Capital (\$2,099,834) amortized at 12.0000% for 20 years Principal & Interest of \$277,452 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$14.0767

(2) 20% ROE (\$524,959) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6880

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.9430	51.9430	3.7671	48.1759
Patient Care				
Direct Care	95.6752	95.6752	6.9388	88.7364
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	19.7405	1.4317	18.3088
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.7461
Supplemental Rate Add-on				\$8.1747
Totals	233.8397	239.9302	17.4008	242.4502

***Medicaid Trend Adjustment :**



0 253707-00 - 2012/01
219.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

EDEN SPRINGS NURSING & REHABILITATIO

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4679 Crawfordville Highway Crawfordville FL 32326 County: Wakulla[65] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1974 Acquired Date: 6/1/1974 Entered Medicaid 6/1/1974 Med # Active Date: 8/1/2001 Previous Med # 221392	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,527 Medicare: 5,872 Medicaid: 27,081 Medicaid Utilization 70.29096% Occupancy: 87.96118% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.97238% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,123,631	2,548,365	1,455,525	427,609	0	5,555,130
1a	Audit Adjustments						
2	Cost Per Diem	41.4915	94.1016	53.7471	15.7900		205.1302
3	Cost Per Diem Inflated	42.7349	96.1464	55.3578			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7349	96.1464	55.3578	15.7900		210.0291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.4042		62.4694			
7	Provider Target Rate	42.3498		63.8961			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3498	95.5570	55.2316	13.6500		206.7884
12/13	Medicaid Adjustment Rate		2.1813	1.2608			
14	Prospective Per Diem 11	42.3498	97.7383	56.4924	13.6500		210.2305
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253707-00 - 2012/01
219.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

EDEN SPRINGS NURSING & REHABILITATIO

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,300,000.00	Total Amount	Per Diem
RS to Start Calcs: 1974/01	Type: Fixed [2]	80% Capital(1): 3,157,640	9.1174
Indexed Asset Value 3,947,050	< 60% of Base: False	20% ROE(2): 789,410	0.5173
FRVS Base Asset: 1,939,160	Interest Rate: 10.5000 %	Insurance Cost(3): 36,918	0.9582
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %	Taxes Cost(3): 27,417	0.7116
ROE Factor 0.025830	Amortization Rate: 9.7500 %	Home Office(3): 10,773	0.2796
	Interest Only: False	Replacement(3&4): 38,280	0.0000
	Yearly Payment: 359,409	Total FRVS PD:	11.5841

(1) 80% Capital (\$3,157,640) amortized at 9.7500% for 20 years Principal & Interest of \$359,409 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1174

(2) 20% ROE (\$789,410) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5173

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3498	42.3498	3.0714	39.2784
Patient Care				
Direct Care	97.7383	97.7383	7.0884	90.6499
Indirect Care	56.4924	56.4924	4.0971	52.3953
Property	13.6500	11.5841	0.8401	10.7440
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9265
Supplemental Rate Add-on				\$8.1747
Totals	210.2305	208.1646	15.0970	219.1688

***Medicaid Trend Adjustment :**



0 253723-00 - 2012/01
230.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Jackson Plaza Nursing & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1861 NW 8th Ave.	03/01/2010-02/28/2011	Number of Beds: 120	Superior: 0
Miami FL 33136	Days In CR 365	Maximum: 43,800	Standard: 181
County: Dade [13]	First Used: 2011/07	Max Annualized: 43,800	Conditional: 0
Region: South [2] Area: 11	Last Used: 2012/01	Total Patient: 42,780	Total: 181
Control Private Non-Profit [3]	Unaudited [3]	Medicare: 9,711	Inflation
Current Class South Large [4]	Initial CR? False	Medicaid: 30,741	FY Index: 1.22417738
Class at 1/94: South Large [4]	Medicaid Utilization 71.85835%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 97.67123%		Cost: 1.04152210
Open Date: 12/7/2000	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 11/6/2000	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17566608
Entered Medicaid 12/7/2000	Low Occupancy Adjustment Factor: 122.11225%		DC Sem Index: 1.20700000
Med # Active Date: 1/1/2002	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02665206
Previous Med # 228460			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,649,966	2,999,615	1,838,104	1,084,235	0	7,571,920
1a	Audit Adjustments						
2	Cost Per Diem	53.6731	97.5770	59.7932	35.2700		246.3133
3	Cost Per Diem Inflated	55.9017	100.1776	62.2759			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.9017	100.1776	62.2759	35.2700		253.6252
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9335		58.5592			
7	Provider Target Rate	45.9597		59.8966			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.9597	97.3020	58.7454	13.6500		215.6571
12/13	Medicaid Adjustment Rate		2.3927	1.4446			
14	Prospective Per Diem 11	45.9597	99.6947	60.1900	13.6500		219.4944
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 253723-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

230.37

Jackson Plaza Nursing & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/26/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	2000/07	Type:	Fixed [2]	80% Capital(1):	4,347,854	13.4370
Indexed Asset Value	5,434,818	< 60% of Base:	False	20% ROE(2):	1,086,964	0.7412
FRVS Base Asset:	0	Interest Rate:	11.0000 %	Insurance Cost(3):	62,522	1.4615
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.026880	Amortization Rate:	10.7500 %	Home Office(3):	19,753	0.4617
		Interest Only:	False	Replacement(3&4):	46,617	0.0000
		Yearly Payment:	529,688	Total FRVS PD:		16.1014

(1) 80% Capital (\$4,347,854) amortized at 10.7500% for 20 years Principal & Interest of \$529,688 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.4370

(2) 20% ROE (\$1,086,964) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7412

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,849
Comparison Date: 1/1/2000	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,781,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.9597	45.9597	3.3332	42.6265
Patient Care				
Direct Care	99.6947	99.6947	7.2303	92.4644
Indirect Care	60.1900	60.1900	4.3652	55.8248
Property	13.6500	16.1014	1.1677	14.9337
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3490
Supplemental Rate Add-on				\$8.1747
Totals	219.4944	221.9458	16.0964	230.3731

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 254177-00 - 2012/01

198.64

Manor Pines Convalescent Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1701 NE 26th Street Ft. Lauderdale FL 33305 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1966 Acquired Date: 2/1/1968 Entered Medicaid 3/6/2002 Med # Active Date: 3/6/2002 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 206 Maximum: 75,190 Max Annualized: 75,190 Total Patient: 54,680 Medicare: 9,365 Medicaid: 21,331	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 39.01061% Occupancy: 72.72243% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 90.92032% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	922,270	1,715,377	995,867	295,434	0	3,928,948
1a	Audit Adjustments						
2	Cost Per Diem	43.2361	80.4171	46.6864	13.8500		184.1896
3	Cost Per Diem Inflated	44.6674	82.2920	48.2319			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.6674	82.2920	48.2319	13.8500		189.0413
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3547		49.0670			
7	Provider Target Rate	52.5276		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6674	82.2920	48.2319	13.6500		188.8413
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.6674	82.2920	48.2319	13.6500		188.8413
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254177-00 - 2012/01
198.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Pines Convalescent Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/6/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	375,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	2,010,830	2.5031
Indexed Asset Value	2,513,537	< 60% of Base:	True	20% ROE(2):	502,707	0.1919
FRVS Base Asset:	2,513,537	Interest Rate:	9.5700 %	Insurance Cost(3):	114,108	2.0868
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	272,295	4.9798
ROE Factor	0.025830	Amortization Rate:	8.5000 %	Home Office(3):	82,421	1.5073
		Interest Only:	True	Replacement(3&4):	179,360	0.0000
		Yearly Payment:	169,385	Total FRVS PD:		11.2689

- (1) 80% Capital (\$2,010,830) amortized at 8.5000% for 20 years Interest of \$169,385 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$2.5031
- (2) 20% ROE (\$502,707) times the ROE factor (0.025830) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = \$0.1919
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	49,785
Comparison Bed 206	Effective PBS Limitation	2,113,766

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6674	44.6674	3.2395	41.4279
Patient Care				
Direct Care	82.2920	82.2920	5.9682	76.3238
Indirect Care	48.2319	48.2319	3.4980	44.7339
Property	13.6500	11.2689	0.8173	10.4516
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5277
Supplemental Rate Add-on				\$8.1747
Totals	188.8413	186.4602	13.5230	198.6396

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 254291-00 - 2012/01
245.26

Arch Plaza Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12505 NE 16th Avenue North Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/23/1998 Acquired Date: 10/1/1978 Entered Medicaid 5/1/1971 Med # Active Date: 1/1/2002 Previous Med # 213845	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 98 Maximum: 35,770 Max Annualized: 35,770 Total Patient: 31,601 Medicare: 6,353 Medicaid: 23,199	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.41223% Occupancy: 88.34498% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.45221% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,347,858	2,337,520	1,462,059	295,555	0	5,442,992
1a	Audit Adjustments						
2	Cost Per Diem	58.0998	100.7595	63.0225	12.7400		234.6218
3	Cost Per Diem Inflated	61.2498	104.1389	66.4394			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.2498	104.1389	66.4394	12.7400		244.5681
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.3502	102.9097	61.3003	12.7400		229.3002
12/13	Medicaid Adjustment Rate		2.7105	1.6146			
14	Prospective Per Diem 11	52.3502	105.6202	62.9149	12.7400		233.6253
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254291-00 - 2012/01
245.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Arch Plaza Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed [2]	80% Capital(1):	3,550,178	13.4349
Indexed Asset Value	4,437,722	< 60% of Base:	False	20% ROE(2):	887,544	0.8558
FRVS Base Asset:	1,103,440	Interest Rate:	11.0000 %	Insurance Cost(3):	15,936	0.5043
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	36,634	1.1593
ROE Factor	0.031040	Amortization Rate:	10.7500 %	Home Office(3):	17,860	0.5652
		Interest Only:	False	Replacement(3&4):	144,143	0.0000
		Yearly Payment:	432,509	Total FRVS PD:		16.5195

(1) 80% Capital (\$3,550,178) amortized at 10.7500% for 20 years Principal & Interest of \$432,509 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$13.4349

(2) 20% ROE (\$887,544) times the ROE factor (0.031040) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.8558

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 118	Effective PBS Limitation	3,363,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.3502	52.3502	3.7967	48.5535
Patient Care				
Direct Care	105.6202	105.6202	7.6600	97.9602
Indirect Care	62.9149	62.9149	4.5629	58.3520
Property	12.7400	16.5195	1.1981	15.3214
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8980
Supplemental Rate Add-on				\$8.1747
Totals	233.6253	237.4048	17.2177	245.2598

***Medicaid Trend Adjustment :**



0 254762-00 - 2012/01

198.91

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Wrights Healthcare & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11300 110th Ave. North Seminole FL 33778 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1962 Acquired Date: 4/1/2002 Entered Medicaid 5/21/2002 Med # Active Date: 5/21/2002 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,278 Medicare: 3,279 Medicaid: 8,232	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	333,067	595,965	431,656	145,953	0	1,506,641
1a	Audit Adjustments						
2	Cost Per Diem	40.4600	72.3961	52.4363	17.7300		183.0224
3	Cost Per Diem Inflated	42.2570	74.4311	54.7652			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2570	74.4311	54.7652	17.7300		189.1833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3118		54.8934			
7	Provider Target Rate	48.3923		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.2570	74.4311	54.7652	13.6500		185.1033
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.2570	74.4311	54.7652	13.6500		185.1033
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254762-00 - 2012/01
198.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Wrights Healthcare & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/21/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2002/01	Type:	Fixed [2]	80% Capital(1):	2,051,393	10.2532
Indexed Asset Value	2,564,241	< 60% of Base:	False	20% ROE(2):	512,848	0.7181
FRVS Base Asset:	2,472,420	Interest Rate:	9.5000 %	Insurance Cost(3):	56,168	2.7699
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	20,100	0.9912
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	7,043	0.3473
		Interest Only:	False	Replacement(3&4):	133,853	0.0000
		Yearly Payment:	202,091	Total FRVS PD:		15.0797

(1) 80% Capital (\$2,051,393) amortized at 7.7500% for 20 years Principal & Interest of \$202,091 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.2532

(2) 20% ROE (\$512,848) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7181

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,207
Comparison Date: 7/1/2001	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,472,420

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2570	42.2570	3.0647	39.1923
Patient Care				
Direct Care	74.4311	74.4311	5.3981	69.0330
Indirect Care	54.7652	54.7652	3.9718	50.7934
Property	13.6500	15.0797	1.0936	13.9861
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7300
Supplemental Rate Add-on				\$8.1747
Totals	185.1033	186.5330	13.5282	198.9095

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 254878-00 - 2012/01

180.72

EdgeWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1771 Edgewood Avenue West Jacksonville FL 32208 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 2/12/1988 Med # Active Date: 5/16/2002 Previous Med # 212521	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 20,736 Medicare: 3,447 Medicaid: 15,253	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.55806% Occupancy: 94.68493% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.37866% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,757	925,825	632,708	276,689	0	2,535,979
1a	Audit Adjustments						
2	Cost Per Diem	45.9422	60.6979	41.4809	18.1400		166.2610
3	Cost Per Diem Inflated	47.9827	62.4041	43.3233			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9827	62.4041	43.3233	18.1400		171.8501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9238	62.4041	43.3233	13.6500		162.3012
12/13	Medicaid Adjustment Rate		1.6539	1.1482			
14	Prospective Per Diem 11	42.9238	64.0580	44.4715	13.6500		165.1033
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 254878-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

180.72

EdgeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,353,489.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed [2]	80% Capital(1):	2,243,448	12.2891
Indexed Asset Value	2,804,310	< 60% of Base:	False	20% ROE(2):	560,862	0.7854
FRVS Base Asset:	1,765,380	Interest Rate:	9.7500 %	Insurance Cost(3):	10,615	0.5119
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	36,958	1.7823
ROE Factor	0.027600	Amortization Rate:	9.0000 %	Home Office(3):	4,100	0.1977
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	242,219	Total FRVS PD:		15.5664

(1) 80% Capital (\$2,243,448) amortized at 9.0000% for 20 years Principal & Interest of \$242,219 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.2891

(2) 20% ROE (\$560,862) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7854

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9238	42.9238	3.1130	39.8108
Patient Care				
Direct Care	64.0580	64.0580	4.6458	59.4122
Indirect Care	44.4715	44.4715	3.2253	41.2462
Property	13.6500	15.5664	1.1289	14.4375
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6342
Supplemental Rate Add-on				\$8.1747
Totals	165.1033	167.0197	12.1130	180.7156

***Medicaid Trend Adjustment :**



0 255572-00 - 2012/01

167.31

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Woodlands Care Center of Alachua County

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7207 SW 24th Avenue Gainesville Fl 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/6/2002 Acquired Date: 5/6/2002 Entered Medicaid 6/27/2002 Med # Active Date: 6/27/2002 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,394 Medicare: 12,614 Medicaid: 20,076	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.26446% Occupancy: 99.07306% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.86487% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,496	1,357,786	637,041	576,382	0	3,341,705
1a	Audit Adjustments						
2	Cost Per Diem	38.3790	67.6323	31.7315	28.7100		166.4528
3	Cost Per Diem Inflated	40.0836	69.5334	33.1408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.0836	69.5334	33.1408	28.7100		171.4678
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	69.5334	33.1408	13.6500		154.1692
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.8450	69.5334	33.1408	13.6500		154.1692
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 255572-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

167.31

Woodlands Care Center of Alachua County

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/27/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	2002/01	Type:	Variable [3]	80% Capital(1):	4,353,150	10.4737
Indexed Asset Value	5,441,437	< 60% of Base:	False	20% ROE(2):	1,088,287	0.7620
FRVS Base Asset:	4,944,840	Interest Rate:	8.1900 %	Insurance Cost(3):	36,616	0.8438
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	110,138	2.5381
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	11,690	0.2694
		Interest Only:	False	Replacement(3&4):	15,715	0.0000
		Yearly Payment:	412,875	Total FRVS PD:		14.8870

(1) 80% Capital (\$4,353,150) amortized at 7.2500% for 20 years Principal & Interest of \$412,875 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4737

(2) 20% ROE (\$1,088,287) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7620

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,207
Comparison Date: 7/1/2001	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,944,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	69.5334	69.5334	5.0429	64.4905
Indirect Care	33.1408	33.1408	2.4035	30.7373
Property	13.6500	14.8870	1.0797	13.8073
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0020
Supplemental Rate Add-on				\$8.1747
Totals	154.1692	155.4062	11.2708	167.3121

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 256269-00 - 2012/01

196.76

Diamond Ridge Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2730 W. Marc Knighton Cour Lecanto FL 34461 County: Citrus[9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1989 Acquired Date: 3/1/1989 Entered Medicaid 6/23/1989 Med # Active Date: 6/1/2002 Previous Med # 211893	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,957 Medicare: 12,651 Medicaid: 17,865	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 45.85825% Occupancy: 88.94292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.19978% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,491	1,462,699	1,071,765	323,178	0	3,528,133
1a	Audit Adjustments						
2	Cost Per Diem	37.5310	81.8751	59.9924	18.0900		197.4885
3	Cost Per Diem Inflated	39.1979	84.1765	62.6570			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.1979	84.1765	62.6570	18.0900		204.1214
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		52.5467			
7	Provider Target Rate	37.8450		53.7468			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	84.1765	53.7468	13.6500		189.4183
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.8450	84.1765	53.7468	13.6500		189.4183
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 256269-00 - 2012/01

196.76

Diamond Ridge Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/23/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 5,040,552 FRVS Base Asset: 1,778,760 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,032,442	8.6169
	< 60% of Base:	True	20% ROE(2):	1,008,110	0.7058
	Interest Rate:	8.5000 %	Insurance Cost(3):	50,159	1.2875
	Chase Rate:	8.5000 %	Taxes Cost(3):	54,215	1.3917
	Amortization Rate:	8.5000 %	Home Office(3):	6,518	0.1673
	Interest Only:	True	Replacement(3&4):	75,948	0.0000
Yearly Payment:	339,679	Total FRVS PD:	12.1692		

(1) 80% Capital (\$4,032,442) amortized at 8.5000% for 20 years Interest of \$339,679 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6169

(2) 20% ROE (\$1,008,110) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7058

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	84.1765	84.1765	6.1048	78.0717
Indirect Care	53.7468	53.7468	3.8979	49.8489
Property	13.6500	12.1692	0.8826	11.2866
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.2817
Supplemental Rate Add-on				\$8.1747
Totals	189.4183	187.9375	13.6300	196.7639

***Medicaid Trend Adjustment :**



0 256277-00 - 2012/01
222.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Surrey Place Convalescent Center of Bradenton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5525 21st Avenue West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/8/1989 Acquired Date: 2/8/1989 Entered Medicaid 2/8/1989 Med # Active Date: 6/1/2002 Previous Med # 212938	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,092 Medicare: 9,126 Medicaid: 5,789 Medicaid Utilization 30.32160% Occupancy: 87.17808% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.99332% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	230,978	595,662	435,000	121,569	0	1,383,209
1a	Audit Adjustments						
2	Cost Per Diem	39.8995	102.8955	75.1425	21.0000		238.9375
3	Cost Per Diem Inflated	41.6716	105.7878	78.4799			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.6716	105.7878	78.4799	21.0000		246.9393
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		65.8240			
7	Provider Target Rate	47.6372		67.3273			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6716	98.6128	66.4707	13.6500		220.4051
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.6716	98.6128	66.4707	13.6500		220.4051
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 256277-00 - 2012/01
222.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Surrey Place Convalescent Center of Bradenton

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/8/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	None [1]	80% Capital(1):	2,022,155	8.6423
Indexed Asset Value	2,527,694	< 60% of Base:	True	20% ROE(2):	505,539	0.7079
FRVS Base Asset:	1,778,760	Interest Rate:	8.5000 %	Insurance Cost(3):	29,730	1.5572
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	27,194	1.4244
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	3,109	0.1628
		Interest Only:	True	Replacement(3&4):	74,333	0.0000
		Yearly Payment:	170,339	Total FRVS PD:		12.4946

- (1) 80% Capital (\$2,022,155) amortized at 8.5000% for 20 years Interest of \$170,339 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$8.6423
- (2) 20% ROE (\$505,539) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7079
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,778,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6716	41.6716	3.0222	38.6494
Patient Care				
Direct Care	98.6128	98.6128	7.1518	91.4610
Indirect Care	66.4707	66.4707	4.8207	61.6500
Property	13.6500	12.4946	0.9062	11.5884
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.0403
Supplemental Rate Add-on				\$8.1747
Totals	220.4051	219.2497	15.9009	222.5638

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 256757-00 - 2012/01

185.28

Lakeside Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1141 Armsdale Road Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/10/1997 Acquired Date: 12/10/1997 Entered Medicaid 1/21/1998 Med # Active Date: 9/23/2002 Previous Med # 213420	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 122 Maximum: 44,530 Max Annualized: 44,530 Total Patient: 38,940 Medicare: 9,757 Medicaid: 24,638	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.27170% Occupancy: 87.44667% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.32910% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	864,347	1,868,615	1,025,715	515,920	0	4,274,597
1a	Audit Adjustments						
2	Cost Per Diem	35.0819	75.8428	41.6314	20.9400		173.4961
3	Cost Per Diem Inflated	36.6401	77.9747	43.4805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.6401	77.9747	43.4805	20.9400		179.0353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.3707		45.2972			
7	Provider Target Rate	38.2242		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.6401	77.9747	43.4805	13.6500		171.7453
12/13	Medicaid Adjustment Rate		1.1642	0.6492			
14	Prospective Per Diem 11	36.6401	79.1389	44.1297	13.6500		173.5587
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256757-00 - 2012/01
185.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeside Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/21/1998 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 6,073,689 FRVS Base Asset: 2,222,460 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,858,951	10.2129
	< 60% of Base:	True	20% ROE(2):	1,214,738	0.8366
	Interest Rate:	8.5000 %	Insurance Cost(3):	30,158	0.7745
	Chase Rate:	8.5000 %	Taxes Cost(3):	69,177	1.7765
	Amortization Rate:	8.5000 %	Home Office(3):	13,846	0.3556
	Interest Only:	True	Replacement(3&4):	31,036	0.0000
Yearly Payment:	409,301	Total FRVS PD:	13.9561		

- (1) 80% Capital (\$4,858,951) amortized at 8.5000% for 20 years Interest of \$409,301 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$10.2129
- (2) 20% ROE (\$1,214,738) times the ROE factor (0.027600) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = \$0.8366
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,222,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.6401	36.6401	2.6573	33.9828
Patient Care				
Direct Care	79.1389	79.1389	5.7395	73.3994
Indirect Care	44.1297	44.1297	3.2005	40.9292
Property	13.6500	13.9561	1.0122	12.9439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8506
Supplemental Rate Add-on				\$8.1747
Totals	173.5587	173.8648	12.6095	185.2806

***Medicaid Trend Adjustment :**



0 256846-00 - 2012/01
198.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeside Pavillion Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2900 Twelfth Street Naples FL 33940 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/1/2001 Previous Med # 212245	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,228 Medicare: 7,394 Medicaid: 24,746	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.51437% Occupancy: 91.84475% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.82776% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	916,250	2,155,785	1,018,307	585,738	0	4,676,080
1a	Audit Adjustments						
2	Cost Per Diem	37.0262	87.1165	41.1504	23.6700		188.9631
3	Cost Per Diem Inflated	39.0337	90.0383	43.3815			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.0337	90.0383	43.3815	23.6700		196.1235
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8677		49.0670			
7	Provider Target Rate	44.8696		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.0337	90.0383	43.3815	13.6500		186.1035
12/13	Medicaid Adjustment Rate		1.1663	0.5619			
14	Prospective Per Diem 11	39.0337	91.2046	43.9434	13.6500		187.8317
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256846-00 - 2012/01
198.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lakeside Pavillion Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	3,399,034	9.8551
Indexed Asset Value	4,248,793	< 60% of Base:	True	20% ROE(2):	849,759	0.6691
FRVS Base Asset:	1,621,501	Interest Rate:	11.5000 %	Insurance Cost(3):	7,430	0.1847
Occup Adj Factor:	0.9000	Chase Rate:	11.5000 %	Taxes Cost(3):	30,059	0.7472
ROE Factor	0.031040	Amortization Rate:	11.5000 %	Home Office(3):	34,166	0.8493
		Interest Only:	True	Replacement(3&4):	74,582	0.0000
		Yearly Payment:	388,489	Total FRVS PD:		12.3054

(1) 80% Capital (\$3,399,034) amortized at 11.5000% for 20 years Interest of \$388,489 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8551

(2) 20% ROE (\$849,759) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6691

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.0337	39.0337	2.8309	36.2028
Patient Care				
Direct Care	91.2046	91.2046	6.6145	84.5901
Indirect Care	43.9434	43.9434	3.1870	40.7564
Property	13.6500	12.3054	0.8924	11.4130
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2626
Supplemental Rate Add-on				\$8.1747
Totals	187.8317	186.4871	13.5248	198.3996

***Medicaid Trend Adjustment :**



0 256935-00 - 2012/01
202.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Oaks Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2121 E. Commercial Blvd. Ft. Lauderdale FL 33308 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1966 Acquired Date: 7/1/1974 Entered Medicaid 12/1/2002 Med # Active Date: 12/1/2002 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 29,675 Medicare: 4,422 Medicaid: 17,029	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.38500% Occupancy: 70.08739% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 87.62589% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,982	1,255,150	885,013	271,442	0	3,322,587
1a	Audit Adjustments						
2	Cost Per Diem	53.4959	73.7066	51.9709	15.9400		195.1134
3	Cost Per Diem Inflated	54.9317	75.1915	53.3658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9317	75.1915	53.3658	15.9400		199.4290
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.7144		52.0590			
7	Provider Target Rate	63.1239		53.2479			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	75.1915	53.2479	13.6500		193.0469
12/13	Medicaid Adjustment Rate		0.6247	0.4424			
14	Prospective Per Diem 11	50.9575	75.8162	53.6903	13.6500		194.1140
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 256935-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.47

Manor Oaks Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1974/07	Type:	None [1]	80% Capital(1):	1,301,914	1.4306
Indexed Asset Value	1,627,392	< 60% of Base:	True	20% ROE(2):	325,478	0.2189
FRVS Base Asset:	0	Interest Rate:	4.2500 %	Insurance Cost(3):	87,954	2.9639
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	102,837	3.4654
ROE Factor	0.025630	Amortization Rate:	4.2500 %	Home Office(3):	45,669	1.5390
		Interest Only:	True	Replacement(3&4):	102,131	0.0000
		Yearly Payment:	54,515	Total FRVS PD:		9.6178

(1) 80% Capital (\$1,301,914) amortized at 4.2500% for 20 years Interest of \$54,515 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$1.4306

(2) 20% ROE (\$325,478) times the ROE factor (0.025630) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.2189

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	13,088
Comparison Date:	1/1/1974	Current RS PBS:	49,785
Comparison Bed	116	Effective PBS Limitation	1,518,208

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	75.8162	75.8162	5.4985	70.3177
Indirect Care	53.6903	53.6903	3.8938	49.7965
Property	13.6500	9.6178	0.6975	8.9203
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9983
Supplemental Rate Add-on				\$8.1747
Totals	194.1140	190.0818	13.7855	202.4693

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257249-00 - 2012/01 186.53

PG of Port St Lucie

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1751 Hillmoor Drive Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/25/1988 Acquired Date: 2/25/1988 Entered Medicaid 2/25/1988 Med # Active Date: 6/29/2002 Previous Med # 216801	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 63.15714% Occupancy: 95.06621% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.85535% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,639 Medicare: 8,172 Medicaid: 26,298	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	905,436	1,905,790	1,152,122	864,941	0	4,828,289
1a	Audit Adjustments						
2	Cost Per Diem	34.4298	72.4690	43.8103	32.8900		183.5991
3	Cost Per Diem Inflated	36.3795	74.9851	46.2913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.3795	74.9851	46.2913	32.8900		190.5459
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.6366		49.0670			
7	Provider Target Rate	42.5875		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.3795	74.9851	46.2913	13.6500		171.3059
12/13	Medicaid Adjustment Rate		1.1099	0.6852			
14	Prospective Per Diem 11	36.3795	76.0950	46.9765	13.6500		173.1010
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257249-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

186.53

PG of Port St Lucie

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/25/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed [2]	80% Capital(1):	4,457,194	9.7208
Indexed Asset Value	5,571,492	< 60% of Base:	False	20% ROE(2):	1,114,298	0.8921
FRVS Base Asset:	3,530,760	Interest Rate:	6.0000 %	Insurance Cost(3):	52,702	1.2657
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	87,219	2.0946
ROE Factor	0.031560	Amortization Rate:	6.0000 %	Home Office(3):	22,995	0.5522
		Interest Only:	False	Replacement(3&4):	37,371	0.0000
		Yearly Payment:	383,193	Total FRVS PD:		14.5254

(1) 80% Capital (\$4,457,194) amortized at 6.0000% for 20 years Principal & Interest of \$383,193 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7208

(2) 20% ROE (\$1,114,298) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8921

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	7/1/1987	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.3795	36.3795	2.6384	33.7411
Patient Care				
Direct Care	76.0950	76.0950	5.5187	70.5763
Indirect Care	46.9765	46.9765	3.4069	43.5696
Property	13.6500	14.5254	1.0534	13.4720
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9991
Supplemental Rate Add-on				\$8.1747
Totals	173.1010	173.9764	12.6174	186.5328

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257257-00 - 2012/01

200.03

PG of West Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 EXECUTIVE CENTER D West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/20/1988 Acquired Date: 4/20/1988 Entered Medicaid 4/20/1988 Med # Active Date: 6/29/2002 Previous Med # 216798	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 176 Maximum: 64,240 Max Annualized: 64,240 Total Patient: 58,130 Medicare: 7,310 Medicaid: 32,308	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 55.57887% Occupancy: 90.48879% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.13249% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,083,067	2,835,596	1,260,197	1,166,319	0	6,345,179
1a	Audit Adjustments						
2	Cost Per Diem	33.5232	87.7676	39.0057	36.1000		196.3965
3	Cost Per Diem Inflated	35.4216	90.8148	41.2146			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.4216	90.8148	41.2146	36.1000		203.5510
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.4216	90.8148	41.2146	13.6500		181.1010
12/13	Medicaid Adjustment Rate		0.5700	0.2587			
14	Prospective Per Diem 11	35.4216	91.3848	41.4733	13.6500		181.9297
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257257-00 - 2012/01
200.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/20/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,515,852.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	6,775,324	12.2216
Indexed Asset Value	8,469,155	< 60% of Base:	False	20% ROE(2):	1,693,831	0.9246
FRVS Base Asset:	3,530,760	Interest Rate:	8.5200 %	Insurance Cost(3):	100,407	1.7273
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	180,668	3.1080
ROE Factor	0.031560	Amortization Rate:	8.5200 %	Home Office(3):	38,162	0.6565
		Interest Only:	False	Replacement(3&4):	29,882	0.0000
		Yearly Payment:	706,604	Total FRVS PD:		18.6380

(1) 80% Capital (\$6,775,324) amortized at 8.5200% for 20 years Principal & Interest of \$706,604 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$12.2216

(2) 20% ROE (\$1,693,831) times the ROE factor (0.031560) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = \$0.9246

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.4216	35.4216	2.5689	32.8527
Patient Care				
Direct Care	91.3848	91.3848	6.6276	84.7572
Indirect Care	41.4733	41.4733	3.0078	38.4655
Property	13.6500	18.6380	1.3517	17.2863
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4903
Supplemental Rate Add-on				\$8.1747
Totals	181.9297	186.9177	13.5560	200.0267

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257265-00 - 2012/01

194.41

PG of Gainesville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
227SW 62nd Boulevard Gainesville FL 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/20/1987 Acquired Date: 7/20/1987 Entered Medicaid 7/21/1987 Med # Active Date: 6/29/2002 Previous Med # 216020	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 48.86678% Occupancy: 94.79223% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.51282% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,519 Medicare: 14,842 Medicaid: 20,289	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	744,201	1,631,923	895,530	686,580	0	3,958,234
1a	Audit Adjustments						
2	Cost Per Diem	36.6800	80.4339	44.1387	33.8400		195.0926
3	Cost Per Diem Inflated	38.7572	83.2265	46.6383			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.7572	83.2265	46.6383	33.8400		202.4620
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3891		54.6493			
7	Provider Target Rate	41.3115		55.8974			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.7572	83.2265	46.6383	13.6500		182.2720
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.7572	83.2265	46.6383	13.6500		182.2720
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257265-00 - 2012/01
194.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	4,656,678	11.3851
Indexed Asset Value	5,820,848	< 60% of Base:	False	20% ROE(2):	1,164,170	0.9320
FRVS Base Asset:	3,503,400	Interest Rate:	7.4600 %	Insurance Cost(3):	56,318	1.3564
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	132,664	3.1953
ROE Factor	0.031560	Amortization Rate:	7.4600 %	Home Office(3):	27,341	0.6585
		Interest Only:	False	Replacement(3&4):	33,432	0.0000
		Yearly Payment:	448,801	Total FRVS PD:		17.5273

- (1) 80% Capital (\$4,656,678) amortized at 7.4600% for 20 years Principal & Interest of \$448,801 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3851
- (2) 20% ROE (\$1,164,170) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9320
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.7572	38.7572	2.8108	35.9464
Patient Care				
Direct Care	83.2265	83.2265	6.0359	77.1906
Indirect Care	46.6383	46.6383	3.3824	43.2559
Property	13.6500	17.5273	1.2712	16.2561
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.5894
Supplemental Rate Add-on				\$8.1747
Totals	182.2720	186.1493	13.5003	194.4131

***Medicaid Trend Adjustment :**



0 257273-00 - 2012/01
203.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5275 Spring Park Road Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/2/1990 Acquired Date: 3/2/1990 Entered Medicaid 3/14/1990 Med # Active Date: 6/29/2002 Previous Med # 215724	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,553 Medicare: 7,394 Medicaid: 28,854 Medicaid Utilization 69.43903% Occupancy: 94.86986% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.60987% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	972,135	2,419,979	1,291,555	925,059	0	5,608,728
1a	Audit Adjustments						
2	Cost Per Diem	33.6915	83.8698	44.7617	32.0600		194.3830
3	Cost Per Diem Inflated	35.5994	86.7817	47.2965			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.5994	86.7817	47.2965	32.0600		201.7376
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.3973		50.1041			
7	Provider Target Rate	41.3199		51.2484			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.5994	86.7817	47.2965	13.6500		183.3276
12/13	Medicaid Adjustment Rate		1.8978	1.0343			
14	Prospective Per Diem 11	35.5994	88.6795	48.3308	13.6500		186.2597
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257273-00 - 2012/01
203.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/14/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 5,961,569 FRVS Base Asset: 3,182,438 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,447,445.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,769,255	14.3876
	< 60% of Base:	False	20% ROE(2):	1,192,314	0.9546
	Interest Rate:	10.3900 %	Insurance Cost(3):	55,456	1.3346
	Chase Rate:	7.7500 %	Taxes Cost(3):	70,430	1.6949
	Amortization Rate:	10.3900 %	Home Office(3):	26,910	0.6476
	Interest Only:	False	Replacement(3&4):	35,520	0.0000
Yearly Payment:	567,161	Total FRVS PD:	19.0193		

(1) 80% Capital (\$4,769,255) amortized at 10.3900% for 20 years Principal & Interest of \$567,161 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3876

(2) 20% ROE (\$1,192,314) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9546

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 106	Effective PBS Limitation	3,182,438

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.5994	35.5994	2.5818	33.0176
Patient Care				
Direct Care	88.6795	88.6795	6.4314	82.2481
Indirect Care	48.3308	48.3308	3.5052	44.8256
Property	13.6500	19.0193	1.3794	17.6399
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3865
Supplemental Rate Add-on				\$8.1747
Totals	186.2597	191.6290	13.8978	203.2924

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257290-00 - 2012/01

193.46

PG of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2700 SW 34th Street Ocala FL 34474 County: Marion[42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1987 Acquired Date: 6/1/1987 Entered Medicaid 6/1/1987 Med # Active Date: 6/29/2002 Previous Med # 215732	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,158 Medicare: 16,682 Medicaid: 38,484	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.91319% Occupancy: 94.60883% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.28351% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,413,463	2,983,591	1,615,225	1,251,500	0	7,263,779
1a	Audit Adjustments						
2	Cost Per Diem	36.7286	77.5281	41.9713	32.5200		188.7480
3	Cost Per Diem Inflated	38.8085	80.2198	44.3481			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.8085	80.2198	44.3481	32.5200		195.8964
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.1176		48.3918			
7	Provider Target Rate	40.0110		49.4970			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8085	80.2198	44.3481	13.6500		177.0264
12/13	Medicaid Adjustment Rate		1.0751	0.5944			
14	Prospective Per Diem 11	38.8085	81.2949	44.9425	13.6500		178.6959
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257290-00 - 2012/01
193.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,386,700.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Variable [3]	80% Capital(1):	7,049,938	13.3924
Indexed Asset Value	8,812,423	< 60% of Base:	False	20% ROE(2):	1,762,485	0.9407
FRVS Base Asset:	1,720,920	Interest Rate:	9.5600 %	Insurance Cost(3):	83,606	1.3451
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	110,357	1.7754
ROE Factor	0.031560	Amortization Rate:	9.5600 %	Home Office(3):	36,413	0.5858
		Interest Only:	False	Replacement(3&4):	70,794	0.0000
		Yearly Payment:	791,894	Total FRVS PD:		18.0394

(1) 80% Capital (\$7,049,938) amortized at 9.5600% for 20 years Principal & Interest of \$791,894 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$13.3924

(2) 20% ROE (\$1,762,485) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.9407

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8085	38.8085	2.8146	35.9939
Patient Care				
Direct Care	81.2949	81.2949	5.8958	75.3991
Indirect Care	44.9425	44.9425	3.2594	41.6831
Property	13.6500	18.0394	1.3083	16.7311
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4738
Supplemental Rate Add-on				\$8.1747
Totals	178.6959	183.0853	13.2781	193.4557

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257303-00 - 2012/01 199.15

PG of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
654 East Econlockhatchee Tra Orlando FL 32825 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/21/1987 Med # Active Date: 6/29/2002 Previous Med # 216721	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,464 Medicare: 5,696 Medicaid: 29,028	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.35908% Occupancy: 96.94977% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.21025% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,616	2,270,440	1,289,336	903,932	0	5,526,324
1a	Audit Adjustments						
2	Cost Per Diem	36.6066	78.2155	44.4170	31.1400		190.3791
3	Cost Per Diem Inflated	38.6796	80.9311	46.9323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6796	80.9311	46.9323	31.1400		197.6830
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6989		51.9812			
7	Provider Target Rate	46.7426		53.1684			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.6796	80.9311	46.9323	13.6500		180.1930
12/13	Medicaid Adjustment Rate		1.6715	0.9693			
14	Prospective Per Diem 11	38.6796	82.6026	47.9016	13.6500		182.8338
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257303-00 - 2012/01
199.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/21/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,916,757 FRVS Base Asset: 1,751,700 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,032,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,733,406	12.4681
	< 60% of Base:	False	20% ROE(2):	1,183,351	0.9474
	Interest Rate:	8.4600 %	Insurance Cost(3):	56,741	1.3362
	Chase Rate:	8.2500 %	Taxes Cost(3):	69,425	1.6349
	Amortization Rate:	8.4600 %	Home Office(3):	25,312	0.5961
	Interest Only:	False	Replacement(3&4):	39,616	0.0000
Yearly Payment:	491,494	Total FRVS PD:	16.9827		

(1) 80% Capital (\$4,733,406) amortized at 8.4600% for 20 years Principal & Interest of \$491,494 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.4681

(2) 20% ROE (\$1,183,351) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9474

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.6796	38.6796	2.8052	35.8744
Patient Care				
Direct Care	82.6026	82.6026	5.9907	76.6119
Indirect Care	47.9016	47.9016	3.4740	44.4276
Property	13.6500	16.9827	1.2317	15.7510
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3130
Supplemental Rate Add-on				\$8.1747
Totals	182.8338	186.1665	13.5016	199.1526

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257311-00 - 2012/01

190.93

PG of Vero Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1755 37th Street Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/25/1987 Med # Active Date: 6/29/2002 Previous Med # 217387	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 69.53060% Occupancy: 93.67884% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.12081% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 61,547 Medicare: 13,327 Medicaid: 42,794	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,539,236	3,372,903	1,625,622	1,439,590	0	7,977,351
1a	Audit Adjustments						
2	Cost Per Diem	35.9685	78.8172	37.9871	33.6400		186.4128
3	Cost Per Diem Inflated	38.0054	81.5537	40.1383			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.0054	81.5537	40.1383	33.6400		193.3374
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0884		49.0670			
7	Provider Target Rate	44.0725		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.0054	81.5537	40.1383	13.6500		173.3474
12/13	Medicaid Adjustment Rate		1.7919	0.8819			
14	Prospective Per Diem 11	38.0054	83.3456	41.0202	13.6500		176.0212
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257311-00 - 2012/01
190.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/25/1987	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 7,717,166.00	Total Amount	Per Diem
RS to Start Calcs: 1987/07	Type: Variable [3]	80% Capital(1): 6,930,030	12.2229
Indexed Asset Value 8,662,537	< 60% of Base: False	20% ROE(2): 1,732,507	0.9247
FRVS Base Asset: 2,656,745	Interest Rate: 8.5200 %	Insurance Cost(3): 75,275	1.2230
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 112,338	1.8252
ROE Factor 0.031560	Amortization Rate: 8.5200 %	Home Office(3): 37,832	0.6147
	Interest Only: False	Replacement(3&4): 13,276	0.0000
	Yearly Payment: 722,738	Total FRVS PD:	16.8105

(1) 80% Capital (\$6,930,030) amortized at 8.5200% for 20 years Principal & Interest of \$722,738 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$12.2229

(2) 20% ROE (\$1,732,507) times the ROE factor (0.031560) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.9247

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,195
Comparison Date: 1/1/1987	Current RS PBS: 49,785
Comparison Bed 91	Effective PBS Limitation 2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.0054	38.0054	2.7563	35.2491
Patient Care				
Direct Care	83.3456	83.3456	6.0446	77.3010
Indirect Care	41.0202	41.0202	2.9750	38.0452
Property	13.6500	16.8105	1.2192	15.5913
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5703
Supplemental Rate Add-on				\$8.1747
Totals	176.0212	179.1817	12.9951	190.9316

***Medicaid Trend Adjustment :**



0 257320-00 - 2012/01
188.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1120 Cypress Garden Bouleva Winter Haven FL 33884	07/01/2010-06/30/2011	Number of Beds: 120	Superior: 0
County: Polk[53]	Days In CR 365	Maximum: 43,800	Standard: 181
Region: Central[3] Area: 6	First Used: 2012/01	Max Annualized: 43,800	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 39,872	Total: 181
Current Class Central Large [6]	Unaudited [3]	Medicare: 6,486	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 26,722	FY Index: 1.23415178
Operating Ex > 18 months [1]	Medicaid Utilization 67.01946%		Semester Index: 1.27500780
Open Date: 7/1/1987	Occupancy: 91.03196%		Cost: 1.03310453
Acquired Date: 7/1/1987	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 7/9/1987	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17950000
Med # Active Date: 6/29/2002	Low Occupancy Adjustment Factor: 113.81158%		DC Sem Index: 1.20700000
Previous Med # 216658	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02331496
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,778	1,861,647	1,262,478	910,686	0	4,945,589
1a	Audit Adjustments						
2	Cost Per Diem	34.0835	69.6672	47.2449	34.0800		185.0756
3	Cost Per Diem Inflated	35.2118	71.2915	48.8089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.2118	71.2915	48.8089	34.0800		189.3922
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		52.5380			
7	Provider Target Rate	39.9219		53.7379			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.2118	71.2915	48.8089	13.6500		168.9622
12/13	Medicaid Adjustment Rate		1.3650	0.9345			
14	Prospective Per Diem 11	35.2118	72.6565	49.7434	13.6500		171.2617
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257320-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

188.15

PG of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/9/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,490,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	4,733,406	12.7795
Indexed Asset Value	5,916,757	< 60% of Base:	False	20% ROE(2):	1,183,351	0.7754
FRVS Base Asset:	1,751,700	Interest Rate:	8.8000 %	Insurance Cost(3):	48,979	1.2284
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	82,664	2.0732
ROE Factor	0.025830	Amortization Rate:	8.8000 %	Home Office(3):	19,190	0.4813
		Interest Only:	False	Replacement(3&4):	84,014	0.0000
		Yearly Payment:	503,769	Total FRVS PD:		17.3378

(1) 80% Capital (\$4,733,406) amortized at 8.8000% for 20 years Principal & Interest of \$503,769 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.7795

(2) 20% ROE (\$1,183,351) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7754

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.2118	35.2118	2.5537	32.6581
Patient Care				
Direct Care	72.6565	72.6565	5.2694	67.3871
Indirect Care	49.7434	49.7434	3.6076	46.1358
Property	13.6500	17.3378	1.2574	16.0804
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7095
Supplemental Rate Add-on				\$8.1747
Totals	171.2617	174.9495	12.6881	188.1456

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257419-00 - 2012/01

216.62

Citrus Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Medical Court East Inverness FL 34452 County: Citrus [9] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/29/1994 Acquired Date: 7/29/1994 Entered Medicaid 7/29/1994 Med # Active Date: 4/11/2002 Previous Med # 211087	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 111 Maximum: 40,515 Max Annualized: 40,515 Total Patient: 34,037 Medicare: 8,784 Medicaid: 20,086	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.01225% Occupancy: 84.01086% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.03353% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	989,455	1,744,258	1,261,854	444,302	235	4,440,104
1a	Audit Adjustments						
2	Cost Per Diem	49.2609	86.8395	62.8226	22.1200	0.0117	221.0547
3	Cost Per Diem Inflated	51.0059	88.9396	65.0480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.0059	88.9396	65.0480	22.1200	0.0117	227.1252
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7132		54.0402			
7	Provider Target Rate	48.8029		55.2744			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	88.9396	55.2316	13.6500	0.0117	204.5475
12/13	Medicaid Adjustment Rate		0.9017	0.5600			
14	Prospective Per Diem 11	46.7146	89.8413	55.7916	13.6500	0.0117	206.0092
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257419-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.62

Citrus Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/29/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,275,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable [3]	80% Capital(1):	4,196,826	11.3812
Indexed Asset Value	5,246,032	< 60% of Base:	False	20% ROE(2):	1,049,206	0.7524
FRVS Base Asset:	3,754,020	Interest Rate:	7.8000 %	Insurance Cost(3):	46,314	1.3607
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	1,930	0.0567
ROE Factor	0.026150	Amortization Rate:	7.8000 %	Home Office(3):	65,428	1.9223
		Interest Only:	False	Replacement(3&4):	50,324	0.0000
		Yearly Payment:	415,000	Total FRVS PD:		15.4733

(1) 80% Capital (\$4,196,826) amortized at 7.8000% for 20 years Principal & Interest of \$415,000 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = \$11.3812

(2) 20% ROE (\$1,049,206) times the ROE factor (0.026150) divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = \$0.7524

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	49,785
Comparison Bed 111	Effective PBS Limitation	3,754,020

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	89.8413	89.8413	6.5157	83.3256
Indirect Care	55.7916	55.7916	4.0462	51.7454
Property	13.6500	15.4733	1.1222	14.3511
ROE	0.0117	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6918
Supplemental Rate Add-on				\$8.1747
Totals	206.0092	207.8208	15.0720	216.6153

***Medicaid Trend Adjustment :**



0 257460-00 - 2012/01

213.73

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

PG of Clearwater

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3480 McMullen Booth Road Clearwater FL 33761 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/18/1987 Med # Active Date: 6/29/2002 Previous Med # 216038	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,756 Medicare: 9,413 Medicaid: 23,633	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.98655% Occupancy: 93.05023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.33489% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	990,834	1,996,648	1,252,325	763,346	0	5,003,153
1a	Audit Adjustments						
2	Cost Per Diem	41.9259	84.4856	52.9905	32.3000		211.7020
3	Cost Per Diem Inflated	43.3138	86.4554	54.7447			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.3138	86.4554	54.7447	32.3000		216.8139
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6770		53.0777			
7	Provider Target Rate	46.7202		54.2899			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3138	86.4554	54.2899	13.6500		197.7091
12/13	Medicaid Adjustment Rate		0.7768	0.4878			
14	Prospective Per Diem 11	43.3138	87.2322	54.7777	13.6500		198.9737
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 257460-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

213.73

PG of Clearwater

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/18/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,874,595 FRVS Base Asset: 3,503,400 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	5,374,781.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	4,699,676
	Interest Rate:	11.0000 %	20% ROE(2):	1,174,919
	Chase Rate:	8.0000 %	Insurance Cost(3):	42,922
	Amortization Rate:	11.0000 %	Taxes Cost(3):	67,563
	Interest Only:	False	Home Office(3):	21,143
Yearly Payment:	582,114	Replacement(3&4):	17,753	
		Total FRVS PD:	18.7665	

(1) 80% Capital (\$4,699,676) amortized at 11.0000% for 20 years Principal & Interest of \$582,114 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.7670

(2) 20% ROE (\$1,174,919) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7699

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3138	43.3138	3.1413	40.1725
Patient Care				
Direct Care	87.2322	87.2322	6.3264	80.9058
Indirect Care	54.7777	54.7777	3.9727	50.8050
Property	13.6500	18.7665	1.3610	17.4055
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2652
Supplemental Rate Add-on				\$8.1747
Totals	198.9737	204.0902	14.8014	213.7287

***Medicaid Trend Adjustment :**



0 257478-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

211.92

PG of Largo

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10500 Starkey Road Largo FL 33777 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/31/1987 Med # Active Date: 6/29/2002 Previous Med # 215716	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 140 Maximum: 51,100 Max Annualized: 51,100 Total Patient: 46,731 Medicare: 10,603 Medicaid: 27,051	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 57.88663% Occupancy: 91.45010% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.33434% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	964,807	2,287,027	1,425,198	920,816	0	5,597,848
1a	Audit Adjustments						
2	Cost Per Diem	35.6662	84.5450	52.6856	34.0400		206.9368
3	Cost Per Diem Inflated	37.6860	87.4803	55.6692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.6860	87.4803	55.6692	34.0400		214.8755
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7683		60.7904			
7	Provider Target Rate	43.7451		62.1788			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.6860	87.4803	55.6692	13.6500		194.4855
12/13	Medicaid Adjustment Rate		0.7762	0.4939			
14	Prospective Per Diem 11	37.6860	88.2565	56.1631	13.6500		195.7556
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257478-00 - 2012/01
211.92

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Largo

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/31/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 6,899,902 FRVS Base Asset: 2,277,210 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,227,441.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,519,922	14.8665
	< 60% of Base:	False	20% ROE(2):	1,379,980	0.9470
	Interest Rate:	11.0000 %	Insurance Cost(3):	69,027	1.4771
	Chase Rate:	8.0000 %	Taxes Cost(3):	92,518	1.9798
	Amortization Rate:	11.0000 %	Home Office(3):	31,519	0.6745
	Interest Only:	False	Replacement(3&4):	19,532	0.0000
Yearly Payment:	683,712	Total FRVS PD:	19.9449		

- (1) 80% Capital (\$5,519,922) amortized at 11.0000% for 20 years Principal & Interest of \$683,712 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$14.8665
- (2) 20% ROE (\$1,379,980) times the ROE factor (0.031560) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = \$0.9470
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	49,785
Comparison Bed	78	Effective PBS Limitation	2,277,210

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.6860	37.6860	2.7331	34.9529
Patient Care				
Direct Care	88.2565	88.2565	6.4007	81.8558
Indirect Care	56.1631	56.1631	4.0732	52.0899
Property	13.6500	19.9449	1.4465	18.4984
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3512
Supplemental Rate Add-on				\$8.1747
Totals	195.7556	202.0505	14.6535	211.9229

***Medicaid Trend Adjustment :**



0 257494-00 - 2012/01
213.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of North Miami

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21251 East Dixie Highway Aventura FL 33180 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/13/1988 Acquired Date: 7/13/1988 Entered Medicaid 7/13/1988 Med # Active Date: 6/29/2002 Previous Med # 216780	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,271 Medicare: 9,681 Medicaid: 24,426	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 60.65407% Occupancy: 91.94292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.95050% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,361	1,993,032	1,482,708	878,603	0	5,303,704
1a	Audit Adjustments						
2	Cost Per Diem	38.8668	81.5947	60.7020	35.9700		217.1335
3	Cost Per Diem Inflated	41.0678	84.4276	64.1395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0678	84.4276	64.1395	35.9700		225.6049
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8672		61.8246			
7	Provider Target Rate	45.8919		63.2366			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0678	84.4276	58.7454	13.6500		197.8908
12/13	Medicaid Adjustment Rate		1.0119	0.7041			
14	Prospective Per Diem 11	41.0678	85.4395	59.4495	13.6500		199.6068
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257494-00 - 2012/01
213.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of North Miami

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/13/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,548,769 FRVS Base Asset: 3,559,440 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,439,015	10.8942
	< 60% of Base:	False	20% ROE(2):	1,109,754	0.8885
	Interest Rate:	7.5100 %	Insurance Cost(3):	53,148	1.3198
	Chase Rate:	8.2500 %	Taxes Cost(3):	165,110	4.1000
	Amortization Rate:	7.5100 %	Home Office(3):	31,049	0.7710
	Interest Only:	False	Replacement(3&4):	37,188	0.0000
Yearly Payment:	429,451	Total FRVS PD:	17.9735		

(1) 80% Capital (\$4,439,015) amortized at 7.5100% for 20 years Principal & Interest of \$429,451 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8942

(2) 20% ROE (\$1,109,754) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8885

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0678	41.0678	2.9784	38.0894
Patient Care				
Direct Care	85.4395	85.4395	6.1964	79.2431
Indirect Care	59.4495	59.4495	4.3115	55.1380
Property	13.6500	17.9735	1.3035	16.6700
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.0656
Supplemental Rate Add-on				\$8.1747
Totals	199.6068	203.9303	14.7898	213.3808

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257508-00 - 2012/01

201.76

PG of Pinellas

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 16th Avenue SE Largo FL 33771 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/14/1991 Acquired Date: 6/14/1991 Entered Medicaid 6/25/1991 Med # Active Date: 6/29/2002 Previous Med # 216402	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,031 Medicare: 6,411 Medicaid: 24,112	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.77654% Occupancy: 89.11187% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.41101% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	927,981	1,932,635	1,110,620	815,468	0	4,786,704
1a	Audit Adjustments						
2	Cost Per Diem	38.4863	80.1524	46.0609	33.8200		198.5196
3	Cost Per Diem Inflated	39.7604	82.0211	47.5857			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7604	82.0211	47.5857	33.8200		203.1872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2090		47.1821			
7	Provider Target Rate	41.1273		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7604	82.0211	47.5857	13.6500		183.0172
12/13	Medicaid Adjustment Rate		1.0867	0.6304			
14	Prospective Per Diem 11	39.7604	83.1078	48.2161	13.6500		184.7343
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257508-00 - 2012/01
201.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Pinellas

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,776,170	14.4085
Indexed Asset Value	5,970,213	< 60% of Base:	False	20% ROE(2):	1,194,043	0.7824
FRVS Base Asset:	3,642,240	Interest Rate:	10.3900 %	Insurance Cost(3):	45,973	1.1779
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	67,979	1.7417
ROE Factor	0.025830	Amortization Rate:	10.3900 %	Home Office(3):	18,237	0.4672
		Interest Only:	False	Replacement(3&4):	19,651	0.0000
		Yearly Payment:	567,983	Total FRVS PD:		18.5777

- (1) 80% Capital (\$4,776,170) amortized at 10.3900% for 20 years Principal & Interest of \$567,983 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.4085
- (2) 20% ROE (\$1,194,043) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7824
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7604	39.7604	2.8836	36.8768
Patient Care				
Direct Care	83.1078	83.1078	6.0273	77.0805
Indirect Care	48.2161	48.2161	3.4968	44.7193
Property	13.6500	18.5777	1.3473	17.2304
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6760
Supplemental Rate Add-on				\$8.1747
Totals	184.7343	189.6620	13.7550	201.7577

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257516-00 - 2012/01 200.28

PG of Sun City

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3850 Upper Creek Drive Sun City Center FL 33573 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1991 Acquired Date: 6/1/1991 Entered Medicaid 6/1/1991 Med # Active Date: 6/29/2002 Previous Med # 216411	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,684 Medicare: 9,548 Medicaid: 21,373	Superior: 0 Standard: 150 Conditional: 31 Total: 181
			Medicaid Utilization 52.53417% Occupancy: 92.88585% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.12937% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,747	1,769,182	1,018,841	698,897	0	4,252,667
1a	Audit Adjustments						
2	Cost Per Diem	35.8278	82.7765	47.6695	32.7000		198.9738
3	Cost Per Diem Inflated	37.0139	84.7064	49.2476			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.0139	84.7064	49.2476	32.7000		203.6679
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9856		50.2577			
7	Provider Target Rate	44.9902		51.4055			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.0139	84.7064	49.2476	13.6500		184.6179
12/13	Medicaid Adjustment Rate		0.2001	0.1164			
14	Prospective Per Diem 11	37.0139	84.9065	49.3640	13.6500		184.9344
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257516-00 - 2012/01
200.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Sun City

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,250,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,753,778	14.3409
Indexed Asset Value	5,942,222	< 60% of Base:	False	20% ROE(2):	1,188,444	0.7787
FRVS Base Asset:	3,642,240	Interest Rate:	10.3900 %	Insurance Cost(3):	39,522	0.9714
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	73,021	1.7948
ROE Factor	0.025830	Amortization Rate:	10.3900 %	Home Office(3):	20,595	0.5062
		Interest Only:	False	Replacement(3&4):	18,532	0.0000
		Yearly Payment:	565,320	Total FRVS PD:		18.3920

- (1) 80% Capital (\$4,753,778) amortized at 10.3900% for 20 years Principal & Interest of \$565,320 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3409
- (2) 20% ROE (\$1,188,444) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7787
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.0139	37.0139	2.6844	34.3295
Patient Care				
Direct Care	84.9065	84.9065	6.1578	78.7487
Indirect Care	49.3640	49.3640	3.5801	45.7839
Property	13.6500	18.3920	1.3339	17.0581
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1864
Supplemental Rate Add-on				\$8.1747
Totals	184.9344	189.6764	13.7562	200.2813

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 257524-00 - 2012/01 206.83

PG of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
3612 138th Avenue Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 6/29/2002 Previous Med # 216429	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 72.47686% Occupancy: 92.50000% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.64698% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,515 Medicare: 6,625 Medicaid: 29,364	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,127,323	2,464,159	1,268,297	971,067	0	5,830,846
1a	Audit Adjustments						
2	Cost Per Diem	38.3913	83.9177	43.1922	33.0700		198.5712
3	Cost Per Diem Inflated	40.5654	86.8313	45.6382			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.5654	86.8313	45.6382	33.0700		206.1049
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9663		50.4058			
7	Provider Target Rate	44.9704		51.5570			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.5654	86.8313	45.6382	13.6500		186.6849
12/13	Medicaid Adjustment Rate		2.1957	1.1540			
14	Prospective Per Diem 11	40.5654	89.0270	46.7922	13.6500		190.0346
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 257524-00 - 2012/01
206.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

PG of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,549,886 FRVS Base Asset: 3,007,085 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	5,006,000.00		
	Type:	Fixed [2]		
	< 60% of Base:	False		
	Interest Rate:	11.0000 %	80% Capital(1):	4,439,909 13.9508
	Chase Rate:	8.0000 %	20% ROE(2):	1,109,977 0.8887
	Amortization Rate:	11.0000 %	Insurance Cost(3):	58,736 1.4497
	Interest Only:	False	Taxes Cost(3):	72,714 1.7947
Yearly Payment:	549,939	Home Office(3):	26,232 0.6475	
		Replacement(3&4):	19,478 0.0000	
		Total FRVS PD:	18.7314	

(1) 80% Capital (\$4,439,909) amortized at 11.0000% for 20 years Principal & Interest of \$549,939 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.9508

(2) 20% ROE (\$1,109,977) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8887

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 103	Effective PBS Limitation	3,007,085

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5654	40.5654	2.9420	37.6234
Patient Care				
Direct Care	89.0270	89.0270	6.4566	82.5704
Indirect Care	46.7922	46.7922	3.3936	43.3986
Property	13.6500	18.7314	1.3585	17.3729
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6916
Supplemental Rate Add-on				\$8.1747
Totals	190.0346	195.1160	14.1507	206.8316

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 258342-00 - 2012/01

194.67

Oak Manor Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3500 Oak Manor Lane Largo FL 33774 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1990 Acquired Date: 7/1/1990 Entered Medicaid 8/8/1990 Med # Active Date: 9/1/2002 Previous Med # 223875	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 58,665 Medicare: 9,196 Medicaid: 36,759	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.65917% Occupancy: 89.29224% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.63652% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,394,862	2,871,536	1,562,560	847,295	0	6,676,253
1a	Audit Adjustments						
2	Cost Per Diem	37.9461	78.1179	42.5082	23.0500		181.6222
3	Cost Per Diem Inflated	39.6315	80.3137	44.3962			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.6315	80.3137	44.3962	23.0500		187.3914
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.2409		47.1821			
7	Provider Target Rate	40.1371		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.6315	80.3137	44.3962	13.6500		177.9914
12/13	Medicaid Adjustment Rate		1.1438	0.6323			
14	Prospective Per Diem 11	39.6315	81.4575	45.0285	13.6500		179.7675
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 258342-00 - 2012/01
194.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oak Manor Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/8/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed [2]	80% Capital(1):	6,525,672	10.2676
Indexed Asset Value	8,157,090	< 60% of Base:	False	20% ROE(2):	1,631,418	0.7615
FRVS Base Asset:	5,431,320	Interest Rate:	7.6700 %	Insurance Cost(3):	177,173	3.0201
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	82,878	1.4127
ROE Factor	0.027600	Amortization Rate:	7.0000 %	Home Office(3):	16,135	0.2750
		Interest Only:	False	Replacement(3&4):	245,531	0.0000
		Yearly Payment:	607,122	Total FRVS PD:		15.7369

(1) 80% Capital (\$6,525,672) amortized at 7.0000% for 20 years Principal & Interest of \$607,122 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$10.2676

(2) 20% ROE (\$1,631,418) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7615

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.6315	39.6315	2.8742	36.7573
Patient Care				
Direct Care	81.4575	81.4575	5.9076	75.5499
Indirect Care	45.0285	45.0285	3.2657	41.7628
Property	13.6500	15.7369	1.1413	14.5956
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8346
Supplemental Rate Add-on				\$8.1747
Totals	179.7675	181.8544	13.1888	194.6749

*Medicaid Trend Adjustment :



0 258750-00 - 2012/01
216.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Indigo Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
595 Williamson Blvd Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2001 Previous Med # 209651	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 173 Maximum: 63,145 Max Annualized: 63,145 Total Patient: 51,607 Medicare: 5,045 Medicaid: 30,246	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.60833% Occupancy: 81.72777% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.17912% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,323,907	2,560,769	1,679,764	426,469	0	5,990,909
1a	Audit Adjustments						
2	Cost Per Diem	43.7713	84.6647	55.5367	14.1000		198.0727
3	Cost Per Diem Inflated	46.2501	87.6042	58.6817			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2501	87.6042	58.6817	14.1000		206.6360
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3503		55.7550			
7	Provider Target Rate	44.3404		57.0284			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3404	87.6042	55.2316	13.6500		200.8262
12/13	Medicaid Adjustment Rate		0.8484	0.5349			
14	Prospective Per Diem 11	44.3404	88.4526	55.7665	13.6500		202.2095
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 258750-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

216.06

Indigo Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,405,700.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Variable [3]	80% Capital(1):	6,384,648	12.3472
Indexed Asset Value	7,980,810	< 60% of Base:	False	20% ROE(2):	1,596,162	0.8864
FRVS Base Asset:	3,503,400	Interest Rate:	11.4050 %	Insurance Cost(3):	25,825	0.5004
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	4,867	0.0943
ROE Factor	0.031560	Amortization Rate:	9.2500 %	Home Office(3):	61,072	1.1834
		Interest Only:	False	Replacement(3&4):	150,119	0.0000
		Yearly Payment:	701,699	Total FRVS PD:		15.0117

(1) 80% Capital (\$6,384,648) amortized at 9.2500% for 20 years Principal & Interest of \$701,699 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$12.3472

(2) 20% ROE (\$1,596,162) times the ROE factor (0.031560) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = \$0.8864

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,195
Comparison Date:	1/1/1987	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3404	44.3404	3.2158	41.1246
Patient Care				
Direct Care	88.4526	88.4526	6.4150	82.0376
Indirect Care	55.7665	55.7665	4.0444	51.7221
Property	13.6500	15.0117	1.0887	13.9230
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0824
Supplemental Rate Add-on				\$8.1747
Totals	202.2095	203.5712	14.7639	216.0644

***Medicaid Trend Adjustment :**



0 258831-00 - 2012/01

Florida Agency For Health Care Administration
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205.41

Haven of Our Lady of Peace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1900 Summit Boulevard Pensacola Fl 32503 County: Escambia [17] Region: North [1] Area: 1 Control Church Non-Profit [2] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/8/2001 Acquired Date: 11/8/2001 Entered Medicaid 11/8/2001 Med # Active Date: 11/8/2001 Previous Med # 227684	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 35.84635% Occupancy: 93.97032% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.48523% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,159 Medicare: 13,531 Medicaid: 14,754	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20667423		
			Semester Index: 1.27500780		
			Cost: 1.05662968		
			Target: 1.01598689		
			DC FY Index: 1.16650000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03471925		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	813,060	1,402,002	771,592	182,802	0	3,169,456
1a	Audit Adjustments						
2	Cost Per Diem	55.1078	95.0252	52.2971	12.3900		214.8201
3	Cost Per Diem Inflated	58.2285	98.3244	55.2587			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.2285	98.3244	55.2587	12.3900		224.2016
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0858		45.2972			
7	Provider Target Rate	48.1612		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	46.3317	12.3900		200.9933
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	46.3317	12.3900		200.9933
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 258831-00 - 2012/01

Florida Agency For Health Care Administration
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205.41

Haven of Our Lady of Peace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/8/2001 Year of Phase-In/ Full: RS to Start Calcs: 2001/07 Indexed Asset Value 5,583,164 FRVS Base Asset: 4,897,800 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,466,531	5.5884
	< 60% of Base:	True	20% ROE(2):	1,116,633	0.8940
	Interest Rate:	5.0000 %	Insurance Cost(3):	14,543	0.3533
	Chase Rate:	5.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	5.0000 %	Home Office(3):	78,633	1.9105
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	220,296	Total FRVS PD:		8.7462	

- (1) 80% Capital (\$4,466,531) amortized at 5.0000% for 20 years Interest of \$220,296 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.5884
- (2) 20% ROE (\$1,116,633) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8940
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	40,815
Comparison Date: 1/1/2001	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,897,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	12.3900	8.7462	0.6343	8.1119
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.1969
Supplemental Rate Add-on				\$8.1747
Totals	200.9933	197.3495	14.3126	205.4085

***Medicaid Trend Adjustment :**



0 259080-00 - 2012/01

212.14

Florida Agency For Health Care Administration
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Life Care Center of Inverrary

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Rock Island Road Lauderhill FL 33319 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/26/2002 Acquired Date: 12/26/2002 Entered Medicaid 1/30/2003 Med # Active Date: 1/30/2003 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,599 Medicare: 16,813 Medicaid: 15,402	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	798,402	1,283,347	904,675	770,254	0	3,756,678
1a	Audit Adjustments						
2	Cost Per Diem	51.8376	83.3234	58.7375	50.0100		243.9085
3	Cost Per Diem Inflated	53.2289	85.0020	60.3140			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.2289	85.0020	60.3140	50.0100		248.5549
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.4695		52.2733			
7	Provider Target Rate	63.8962		53.4671			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	85.0020	53.4671	13.6500		203.0766
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	85.0020	53.4671	13.6500		203.0766
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259080-00 - 2012/01
212.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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Life Care Center of Inverrary

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/30/2003 Year of Phase-In/ Full: RS to Start Calcs: 2002/07 Indexed Asset Value 5,666,712 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	12,700,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,533,370	9.2992
	< 60% of Base:	False	20% ROE(2):	1,133,342	0.7369
	Interest Rate:	8.1315 %	Insurance Cost(3):	23,526	0.6095
	Chase Rate:	3.2500 %	Taxes Cost(3):	224,005	5.8034
	Amortization Rate:	5.2500 %	Home Office(3):	45,173	1.1703
	Interest Only:	False	Replacement(3&4):	62,525	0.0000
Yearly Payment:	366,574	Total FRVS PD:		17.6193	

(1) 80% Capital (\$4,533,370) amortized at 5.2500% for 20 years Principal & Interest of \$366,574 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2992

(2) 20% ROE (\$1,133,342) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7369

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,631
Comparison Date: 1/1/2002	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,995,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	85.0020	85.0020	6.1647	78.8373
Indirect Care	53.4671	53.4671	3.8777	49.5894
Property	13.6500	17.6193	1.2778	16.3415
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.9375
Supplemental Rate Add-on				\$8.1747
Totals	203.0766	207.0459	15.0159	212.1422

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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0 259225-00 - 2012/01

201.79

Lakeview Terrace Skilled Nursing Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
110 Lodge Terrace Drive Altoona FL 32702 County: Lake [35] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/1/1981 Acquired Date: 12/1/1981 Entered Medicaid 5/28/1987 Med # Active Date: 1/3/2003 Previous Med # 212067	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 20 Maximum: 7,300 Max Annualized: 7,300 Total Patient: 6,596 Medicare: 1,949 Medicaid: 1,270	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 19.25409% Occupancy: 90.35617% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.96668% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	93,167	111,397	89,440	5,372	0	299,376
1a	Audit Adjustments						
2	Cost Per Diem	73.3598	87.7142	70.4252	4.2299		235.7291
3	Cost Per Diem Inflated	76.6181	90.1798	73.5531			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	76.6181	90.1798	73.5531	4.2299		244.5809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3878		61.1709			
7	Provider Target Rate	62.7898		62.5679			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.9961	90.1798	60.7689	4.2299		205.1747
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.9961	90.1798	60.7689	4.2299		205.1747
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259225-00 - 2012/01

Florida Agency For Health Care Administration
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201.79

Lakeview Terrace Skilled Nursing Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/28/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	240,715.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	409,031	6.1795
Indexed Asset Value	511,289	< 60% of Base:	True	20% ROE(2):	102,258	0.4296
FRVS Base Asset:	472,029	Interest Rate:	11.6400 %	Insurance Cost(3):	5,570	0.8445
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	2,318	0.3514
ROE Factor	0.027600	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	True	Replacement(3&4):	0	0.0000
		Yearly Payment:	40,599	Total FRVS PD:		7.8050

(1) 80% Capital (\$409,031) amortized at 10.0000% for 20 years Interest of \$40,599 divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = \$6.1795

(2) 20% ROE (\$102,258) times the ROE factor (0.027600) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = \$0.4296

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	23,540
Comparison Date:	1/1/1981	Current RS PBS:	49,785
Comparison Bed	20	Effective PBS Limitation	470,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.9961	49.9961	3.6259	46.3702
Patient Care				
Direct Care	90.1798	90.1798	6.5402	83.6396
Indirect Care	60.7689	60.7689	4.4072	56.3617
Property	4.2299	7.8050	0.5661	7.2389
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	205.1747	208.7498	15.1394	201.7851

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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0 259331-00 - 2012/01

193.46

UniHealth Post-Acute Care - Santa Rosa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5530 Northrop Road Milton FL 32570 County: Santa Rosa [57] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/6/2003 Acquired Date: 2/6/2003 Entered Medicaid 2/13/2003 Med # Active Date: 2/13/2003 Previous Med #	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,478 Medicare: 7,701 Medicaid: 25,068	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.92994% Occupancy: 92.41552% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.54136% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,507	2,007,593	1,053,759	315,606	0	4,499,465
1a	Audit Adjustments						
2	Cost Per Diem	44.7785	80.0859	42.0360	12.5900		179.4904
3	Cost Per Diem Inflated	47.3143	82.8664	44.4165			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3143	82.8664	44.4165	12.5900		187.1872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.5120			
7	Provider Target Rate	37.8450		46.5514			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	82.8664	44.4165	12.5900		177.7179
12/13	Medicaid Adjustment Rate		1.1122	0.5961			
14	Prospective Per Diem 11	37.8450	83.9786	45.0126	12.5900		179.4262
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259331-00 - 2012/01

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
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193.46

UniHealth Post-Acute Care - Santa Rosa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/13/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,125,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/01	Type:	Fixed [2]	80% Capital(1):	4,572,657	11.0019
Indexed Asset Value	5,715,821	< 60% of Base:	False	20% ROE(2):	1,143,164	0.9152
FRVS Base Asset:	5,037,360	Interest Rate:	9.0000 %	Insurance Cost(3):	6,013	0.1485
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	50,212	1.2405
ROE Factor	0.031560	Amortization Rate:	7.2500 %	Home Office(3):	47,280	1.1680
		Interest Only:	False	Replacement(3&4):	29,924	0.0000
		Yearly Payment:	433,694	Total FRVS PD:		14.4741

(1) 80% Capital (\$4,572,657) amortized at 7.2500% for 20 years Principal & Interest of \$433,694 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.0019

(2) 20% ROE (\$1,143,164) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9152

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 7/1/2002	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,037,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	83.9786	83.9786	6.0905	77.8881
Indirect Care	45.0126	45.0126	3.2645	41.7481
Property	12.5900	14.4741	1.0497	13.4244
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1262
Supplemental Rate Add-on				\$8.1747
Totals	179.4262	181.3103	13.1494	193.4618

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 259357-00 - 2012/01

201.81

Life Care Center of New Port Richey

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7400 Trouble Creek Road New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/2003 Acquired Date: 1/29/2003 Entered Medicaid 2/11/2003 Med # Active Date: 2/11/2003 Previous Med #	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 113 Maximum: 41,245 Max Annualized: 41,245 Total Patient: 36,819 Medicare: 21,780 Medicaid: 10,521	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 28.57492% Occupancy: 89.26900% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.60746% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	496,169	896,347	522,823	350,560	0	2,265,899
1a	Audit Adjustments						
2	Cost Per Diem	47.1599	85.1960	49.6933	33.3200		215.3692
3	Cost Per Diem Inflated	48.4257	86.9124	51.0271			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4257	86.9124	51.0271	33.3200		219.6852
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8173		47.1821			
7	Provider Target Rate	54.0236		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.4257	86.9124	48.2597	13.6500		197.2478
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.4257	86.9124	48.2597	13.6500		197.2478
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259357-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

201.81

Life Care Center of New Port Richey

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/11/2003	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/01	Type:	Fixed [2]	80% Capital(1):	4,178,031	10.6669
Indexed Asset Value	5,222,539	< 60% of Base:	False	20% ROE(2):	1,044,508	0.7212
FRVS Base Asset:	4,743,514	Interest Rate:	7.2400 %	Insurance Cost(3):	24,073	0.6538
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	100,354	2.7256
ROE Factor	0.025630	Amortization Rate:	7.2400 %	Home Office(3):	40,395	1.0971
		Interest Only:	False	Replacement(3&4):	598,412	0.0000
		Yearly Payment:	395,962	Total FRVS PD:		15.8646

(1) 80% Capital (\$4,178,031) amortized at 7.2400% for 20 years Principal & Interest of \$395,962 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$10.6669

(2) 20% ROE (\$1,044,508) times the ROE factor (0.025630) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = \$0.7212

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 7/1/2002	Current RS PBS:	49,785
Comparison Bed 113	Effective PBS Limitation	4,743,514

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.4257	48.4257	3.5120	44.9137
Patient Care				
Direct Care	86.9124	86.9124	6.3033	80.6091
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.6500	15.8646	1.1506	14.7140
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.6389
Supplemental Rate Add-on				\$8.1747
Totals	197.2478	199.4624	14.4659	201.8101

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 259462-00 - 2012/01
222.43

The Nursing Center at University Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12250 North 22nd Street Tampa FL 33612 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/9/1989 Acquired Date: 11/9/1989 Entered Medicaid 11/9/1989 Med # Active Date: 10/16/2002 Previous Med # 220299	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,650 Medicare: 7,843 Medicaid: 21,131	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.98278% Occupancy: 92.80822% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.03233% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,711	1,999,212	1,269,297	226,736	0	4,430,956
1a	Audit Adjustments						
2	Cost Per Diem	44.2814	94.6104	60.0680	10.7300		209.6898
3	Cost Per Diem Inflated	46.2482	97.2698	62.7359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2482	97.2698	62.7359	10.7300		216.9839
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6261		56.0432			
7	Provider Target Rate	48.7138		57.3231			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2482	96.4295	56.9334	10.7300		210.3411
12/13	Medicaid Adjustment Rate		0.2151	0.1270			
14	Prospective Per Diem 11	46.2482	96.6446	57.0604	10.7300		210.6832
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259462-00 - 2012/01
222.43

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

The Nursing Center at University Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/9/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,427,412 FRVS Base Asset: 1,558,338 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	13,689,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,341,930	9.0854
	< 60% of Base:	False	20% ROE(2):	1,085,482	0.7600
	Interest Rate:	5.4910 %	Insurance Cost(3):	77,981	1.9184
	Chase Rate:	9.0000 %	Taxes Cost(3):	22,000	0.5412
	Amortization Rate:	5.4910 %	Home Office(3):	13,979	0.3439
	Interest Only:	False	Replacement(3&4):	47,989	0.0000
Yearly Payment:	358,146	Total FRVS PD:	12.6489		

(1) 80% Capital (\$4,341,930) amortized at 5.4910% for 20 years Principal & Interest of \$358,146 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0854

(2) 20% ROE (\$1,085,482) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7600

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,801,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2482	46.2482	3.3541	42.8941
Patient Care				
Direct Care	96.6446	96.6446	7.0091	89.6355
Indirect Care	57.0604	57.0604	4.1383	52.9221
Property	10.7300	12.6489	0.9174	11.7315
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0693
Supplemental Rate Add-on				\$8.1747
Totals	210.6832	212.6021	15.4189	222.4272

***Medicaid Trend Adjustment :**



0 259586-00 - 2012/01
234.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hamlin Place

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2180 Hypoluxo Road Lantana FL 33462 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/28/1984 Acquired Date: 12/28/1984 Entered Medicaid 12/28/1984 Med # Active Date: 11/30/2002 Previous Med # 217361	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,291 Medicare: 8,963 Medicaid: 18,241	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,164	1,842,341	1,103,581	578,240	0	4,443,326
1a	Audit Adjustments						
2	Cost Per Diem	50.3900	101.0000	60.5000	31.7000		243.5900
3	Cost Per Diem Inflated	51.7425	103.0348	62.1238			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.7425	103.0348	62.1238	31.7000		248.6011
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.4424		57.6079			
7	Provider Target Rate	50.5716		58.9236			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.5716	97.3020	58.7454	13.6500		220.2690
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.5716	97.3020	58.7454	13.6500		220.2690
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259586-00 - 2012/01
234.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Hamlin Place

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,702,424	15.2658
Indexed Asset Value	5,878,030	< 60% of Base:	False	20% ROE(2):	1,175,606	0.7644
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000 %	Insurance Cost(3):	76,967	2.0101
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	88,593	2.3137
ROE Factor	0.025630	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	112,656	0.0000
		Yearly Payment:	601,777	Total FRVS PD:		20.3540

(1) 80% Capital (\$4,702,424) amortized at 11.5000% for 20 years Principal & Interest of \$601,777 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.2658

(2) 20% ROE (\$1,175,606) times the ROE factor (0.025630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7644

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.5716	50.5716	3.6677	46.9039
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	20.3540	1.4762	18.8778
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1993
Supplemental Rate Add-on				\$8.1747
Totals	220.2690	226.9730	16.4611	234.8859

***Medicaid Trend Adjustment :**



0 259870-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.51

Avante at St. Cloud, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 Kansas Avenue St. Cloud FL 34769 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1968 Acquired Date: 9/1/1968 Entered Medicaid 1/1/1981 Med # Active Date: 3/1/2003 Previous Med # 229385	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 131 Maximum: 47,815 Max Annualized: 47,815 Total Patient: 41,530 Medicare: 6,358 Medicaid: 29,587	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 71.24248% Occupancy: 86.85559% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.59013% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,205,041	2,600,813	1,467,590	147,047	0	5,420,491
1a	Audit Adjustments						
2	Cost Per Diem	40.7287	87.9039	49.6025	4.9700		183.2051
3	Cost Per Diem Inflated	42.1715	90.0298	51.3596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1715	90.0298	51.3596	4.9700		188.5309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2492		65.6428			
7	Provider Target Rate	46.2826		67.1420			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.1715	90.0298	51.3596	4.9700		188.5309
12/13	Medicaid Adjustment Rate		2.1515	1.2274			
14	Prospective Per Diem 11	42.1715	92.1813	52.5870	4.9700		191.9098
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259870-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.51

Avante at St. Cloud, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	None [1]	80% Capital(1):	2,773,212	8.0120
Indexed Asset Value	3,466,515	< 60% of Base:	True	20% ROE(2):	693,303	0.4213
FRVS Base Asset:	1,771,947	Interest Rate:	12.5000 %	Insurance Cost(3):	59,766	1.4391
Occup Adj Factor:	0.9000	Chase Rate:	12.5000 %	Taxes Cost(3):	54,138	1.3036
ROE Factor	0.026150	Amortization Rate:	12.5000 %	Home Office(3):	30,195	0.7271
		Interest Only:	True	Replacement(3&4):	9,356	0.0000
		Yearly Payment:	344,786	Total FRVS PD:		11.9031

(1) 80% Capital (\$2,773,212) amortized at 12.5000% for 20 years Interest of \$344,786 divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$8.0120

(2) 20% ROE (\$693,303) times the ROE factor (0.026150) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = \$0.4213

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	131	Effective PBS Limitation	3,733,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1715	42.1715	3.0585	39.1130
Patient Care				
Direct Care	92.1813	92.1813	6.6854	85.4959
Indirect Care	52.5870	52.5870	3.8138	48.7732
Property	4.9700	11.9031	0.8633	11.0398
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9121
Supplemental Rate Add-on				\$8.1747
Totals	191.9098	198.8429	14.4210	210.5087

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 259896-00 - 2012/01

197.77

Beneva Lakes Healthcare and Rehabilitation Cent

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
741 S. Beneva Road Sarasota FL 34232 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 3/1/2003 Previous Med # 209350	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,460 Medicare: 5,419 Medicaid: 29,541	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 71.25181% Occupancy: 94.65753% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.34440% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,018,730	2,410,752	1,379,438	646,652	0	5,455,572
1a	Audit Adjustments						
2	Cost Per Diem	34.4853	81.6070	46.6957	21.8900		184.6780
3	Cost Per Diem Inflated	36.4382	84.4403	49.3401			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.4382	84.4403	49.3401	21.8900		192.1086
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		52.4591			
7	Provider Target Rate	41.9989		53.6572			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.4382	84.4403	49.3401	13.6500		183.8686
12/13	Medicaid Adjustment Rate		2.0188	1.1796			
14	Prospective Per Diem 11	36.4382	86.4591	50.5197	13.6500		187.0670
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259896-00 - 2012/01
197.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Beneva Lakes Healthcare and Rehabilitation Cent

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,118,750.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Variable [3]	80% Capital(1):	3,929,234	7.4964
Indexed Asset Value	4,911,542	< 60% of Base:	False	20% ROE(2):	982,308	0.7864
FRVS Base Asset:	3,420,000	Interest Rate:	4.3900 %	Insurance Cost(3):	33,580	0.8099
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	66,356	1.6005
ROE Factor	0.031560	Amortization Rate:	4.3900 %	Home Office(3):	20,298	0.4896
		Interest Only:	False	Replacement(3&4):	112,212	0.0000
		Yearly Payment:	295,507	Total FRVS PD:		11.1828

(1) 80% Capital (\$3,929,234) amortized at 4.3900% for 20 years Principal & Interest of \$295,507 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.4964

(2) 20% ROE (\$982,308) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7864

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.4382	36.4382	2.6427	33.7955
Patient Care				
Direct Care	86.4591	86.4591	6.2704	80.1887
Indirect Care	50.5197	50.5197	3.6639	46.8558
Property	13.6500	11.1828	0.8110	10.3718
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3856
Supplemental Rate Add-on				\$8.1747
Totals	187.0670	184.5998	13.3880	197.7721

*Medicaid Trend Adjustment :



0 259900-00 - 2012/01
188.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Central Park Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
702 S. Kings Avenue Brandon FL 33511 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/25/1991 Acquired Date: 2/25/1991 Entered Medicaid 2/25/1991 Med # Active Date: 3/1/2003 Previous Med # 203351	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,581 Medicare: 7,396 Medicaid: 26,383	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.95956% Occupancy: 97.21689% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.54422% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	991,063	1,889,875	1,264,558	502,596	0	4,648,092
1a	Audit Adjustments						
2	Cost Per Diem	37.5645	71.6323	47.9308	19.0500		176.1776
3	Cost Per Diem Inflated	39.6918	74.1193	50.6451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.6918	74.1193	50.6451	19.0500		183.5062
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0872		47.1821			
7	Provider Target Rate	39.9799		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.6918	74.1193	48.2597	13.6500		175.7208
12/13	Medicaid Adjustment Rate		0.9972	0.6493			
14	Prospective Per Diem 11	39.6918	75.1165	48.9090	13.6500		177.3673
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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188.67

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Central Park Healthcare and Rehabilitation Cente

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,835,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	4,112,336	7.8457
Indexed Asset Value	5,140,420	< 60% of Base:	False	20% ROE(2):	1,028,084	0.8231
FRVS Base Asset:	3,642,240	Interest Rate:	4.3900 %	Insurance Cost(3):	33,580	0.7886
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	87,046	2.0442
ROE Factor	0.031560	Amortization Rate:	4.3900 %	Home Office(3):	23,090	0.5423
		Interest Only:	False	Replacement(3&4):	71,303	0.0000
		Yearly Payment:	309,278	Total FRVS PD:		12.0439

(1) 80% Capital (\$4,112,336) amortized at 4.3900% for 20 years Principal & Interest of \$309,278 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8457

(2) 20% ROE (\$1,028,084) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8231

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.6918	39.6918	2.8786	36.8132
Patient Care				
Direct Care	75.1165	75.1165	5.4478	69.6687
Indirect Care	48.9090	48.9090	3.5471	45.3619
Property	13.6500	12.0439	0.8735	11.1704
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4764
Supplemental Rate Add-on				\$8.1747
Totals	177.3673	175.7612	12.7470	188.6653

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 259918-00 - 2012/01
201.67

Coral Bay Healthcare and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2939 S. Haverhill Road West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/4/1993 Acquired Date: 5/4/1993 Entered Medicaid 5/4/1993 Med # Active Date: 3/1/2003 Previous Med # 210650	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,719 Medicare: 14,075 Medicaid: 19,013	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 46.69319% Occupancy: 92.96575% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.22928% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	778,627	1,513,326	990,570	393,189	0	3,675,712
1a	Audit Adjustments						
2	Cost Per Diem	40.9523	79.5943	52.0996	20.6800		193.3262
3	Cost Per Diem Inflated	43.2714	82.3578	55.0500			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2714	82.3578	55.0500	20.6800		201.3592
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0703		53.3059			
7	Provider Target Rate	45.0768		54.5233			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2714	82.3578	54.5233	13.6500		193.8025
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.2714	82.3578	54.5233	13.6500		193.8025
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259918-00 - 2012/01
201.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Coral Bay Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/4/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,736,250.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,607,103	8.7897
Indexed Asset Value	5,758,879	< 60% of Base:	False	20% ROE(2):	1,151,776	0.9221
FRVS Base Asset:	3,861,960	Interest Rate:	4.3900 %	Insurance Cost(3):	33,580	0.8247
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	97,688	2.3991
ROE Factor	0.031560	Amortization Rate:	4.3900 %	Home Office(3):	25,082	0.6160
		Interest Only:	False	Replacement(3&4):	41,149	0.0000
		Yearly Payment:	346,488	Total FRVS PD:		13.5516

(1) 80% Capital (\$4,607,103) amortized at 4.3900% for 20 years Principal & Interest of \$346,488 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7897

(2) 20% ROE (\$1,151,776) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9221

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2714	43.2714	3.1382	40.1332
Patient Care				
Direct Care	82.3578	82.3578	5.9729	76.3849
Indirect Care	54.5233	54.5233	3.9543	50.5690
Property	13.6500	13.5516	0.9828	12.5688
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8393
Supplemental Rate Add-on				\$8.1747
Totals	193.8025	193.7041	14.0482	201.6699

***Medicaid Trend Adjustment :**



0 259926-00 - 2012/01
200.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oakbridge Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3110 Oakbridge Blvd., E. Lakeland FL 33803 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/11/1991 Acquired Date: 7/11/1991 Entered Medicaid 8/2/1991 Med # Active Date: 3/1/2003 Previous Med # 203921	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,927 Medicare: 23,114 Medicaid: 12,457	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 30.43712% Occupancy: 93.44064% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.82301% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	515,067	1,033,682	722,935	279,286	0	2,550,970
1a	Audit Adjustments						
2	Cost Per Diem	41.3476	82.9800	58.0344	22.4200		204.7820
3	Cost Per Diem Inflated	43.6891	85.8610	61.3209			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6891	85.8610	61.3209	22.4200		213.2910
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4272		56.0636			
7	Provider Target Rate	41.3505		57.3440			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3505	85.8610	56.9334	13.6500		197.7949
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.3505	85.8610	56.9334	13.6500		197.7949
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259926-00 - 2012/01
200.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oakbridge Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/2/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,891,250.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	4,601,398	8.7788
Indexed Asset Value	5,751,747	< 60% of Base:	False	20% ROE(2):	1,150,349	0.9210
FRVS Base Asset:	3,663,600	Interest Rate:	4.3900 %	Insurance Cost(3):	33,580	0.8205
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	104,174	2.5454
ROE Factor	0.031560	Amortization Rate:	4.3900 %	Home Office(3):	30,304	0.7404
		Interest Only:	False	Replacement(3&4):	49,006	0.0000
		Yearly Payment:	346,059	Total FRVS PD:		13.8061

(1) 80% Capital (\$4,601,398) amortized at 4.3900% for 20 years Principal & Interest of \$346,059 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.7788

(2) 20% ROE (\$1,150,349) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9210

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3505	41.3505	2.9989	38.3516
Patient Care				
Direct Care	85.8610	85.8610	6.2270	79.6340
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	13.8061	1.0013	12.8048
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.2053
Supplemental Rate Add-on				\$8.1747
Totals	197.7949	197.9510	14.3562	200.9748

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 259934-00 - 2012/01

194.39

The Parks Healthcare and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9311 S. Orange Blossom Trail Orlando FL 32837 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 3/1/2003 Previous Med # 208078	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,801 Medicare: 4,588 Medicaid: 31,645	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 75.70393% Occupancy: 95.43607% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.31777% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,186	2,296,104	1,460,871	625,622	0	5,637,783
1a	Audit Adjustments						
2	Cost Per Diem	39.6646	72.5582	46.1644	19.7700		178.1572
3	Cost Per Diem Inflated	41.9108	75.0774	48.7787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9108	75.0774	48.7787	19.7700		185.5369
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	75.0774	48.2597	13.6500		176.9090
12/13	Medicaid Adjustment Rate		2.1710	1.3955			
14	Prospective Per Diem 11	39.9219	77.2484	49.6552	13.6500		180.4755
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 259934-00 - 2012/01
194.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Parks Healthcare and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 4,286,250.00		
RS to Start Calcs: 1984/07		Type: Variable [3]	80% Capital(1): 4,656,128	8.8832
Indexed Asset Value 5,820,160		< 60% of Base: False	20% ROE(2): 1,164,032	0.9319
FRVS Base Asset: 2,893,663		Interest Rate: 4.3900 %	Insurance Cost(3): 33,580	0.8033
Occup Adj Factor: 0.9000		Chase Rate: 4.2500 %	Taxes Cost(3): 88,025	2.1058
ROE Factor 0.031560		Amortization Rate: 4.3900 %	Home Office(3): 19,108	0.4571
		Interest Only: False	Replacement(3&4): 76,951	0.0000
		Yearly Payment: 350,175	Total FRVS PD:	13.1813

(1) 80% Capital (\$4,656,128) amortized at 4.3900% for 20 years Principal & Interest of \$350,175 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8832

(2) 20% ROE (\$1,164,032) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9319

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	77.2484	77.2484	5.6024	71.6460
Indirect Care	49.6552	49.6552	3.6012	46.0540
Property	13.6500	13.1813	0.9900	12.6600
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8286
Supplemental Rate Add-on				\$8.1747
Totals	180.4755	180.0068	13.0889	194.3899

***Medicaid Trend Adjustment :**



0 259942-00 - 2012/01

210.09

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Riverfront Nursing and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
105 15th Street East Bradenton FL 34208 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1972 Acquired Date: 12/1/1972 Entered Medicaid 12/1/1972 Med # Active Date: 4/28/2003 Previous Med # 204960	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 38,598 Medicare: 4,235 Medicaid: 26,007	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.37914% Occupancy: 96.13450% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.19097% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,245,959	2,098,715	1,194,441	489,712	0	5,028,827
1a	Audit Adjustments						
2	Cost Per Diem	47.9086	80.6981	45.9277	18.8300		193.3644
3	Cost Per Diem Inflated	50.3907	83.3095	48.3072			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.3907	83.3095	48.3072	18.8300		200.8374
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4777		55.2911			
7	Provider Target Rate	46.5163		56.5539			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5163	83.3095	48.3072	13.6500		191.7830
12/13	Medicaid Adjustment Rate		1.6288	0.9445			
14	Prospective Per Diem 11	46.5163	84.9383	49.2517	13.6500		194.3563
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 259942-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.09

Riverfront Nursing and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,901,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/07	Type:	Fixed [2]	80% Capital(1):	3,767,404	11.6620
Indexed Asset Value	4,709,255	< 60% of Base:	False	20% ROE(2):	941,851	0.7929
FRVS Base Asset:	912,347	Interest Rate:	10.0000 %	Insurance Cost(3):	119,455	3.0948
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	43,429	1.1252
ROE Factor	0.030420	Amortization Rate:	9.5000 %	Home Office(3):	965	0.0250
		Interest Only:	False	Replacement(3&4):	85,441	0.0000
		Yearly Payment:	421,406	Total FRVS PD:		16.6999

(1) 80% Capital (\$3,767,404) amortized at 9.5000% for 20 years Principal & Interest of \$421,406 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$11.6620

(2) 20% ROE (\$941,851) times the ROE factor (0.030420) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.7929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5163	46.5163	3.3736	43.1427
Patient Care				
Direct Care	84.9383	84.9383	6.1601	78.7782
Indirect Care	49.2517	49.2517	3.5719	45.6798
Property	13.6500	16.6999	1.2111	15.4888
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8294
Supplemental Rate Add-on				\$8.1747
Totals	194.3563	197.4062	14.3167	210.0936

***Medicaid Trend Adjustment :**



0 260355-00 - 2012/01
205.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sarasota Memorial Nursing & Rehabilitation Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5640 Rand Blvd. Sarasota FL 34238 County: Sarasota [58] Region: South [2] Area: 8 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2003 Previous Med # 212547	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,242 Medicare: 10,641 Medicaid: 16,634	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.38826% Occupancy: 89.59361% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.01329% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	615,430	1,886,129	909,499	166,174	0	3,577,232
1a	Audit Adjustments						
2	Cost Per Diem	36.9983	113.3900	54.6771	9.9900		215.0554
3	Cost Per Diem Inflated	38.8263	116.9259	57.3786			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.8263	116.9259	57.3786	9.9900		223.1208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.8263	97.3020	50.1876	9.9900		196.3059
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.8263	97.3020	50.1876	9.9900		196.3059
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260355-00 - 2012/01
205.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sarasota Memorial Nursing & Rehabilitation Facility

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1987/07	Amount: 0.00	80% Capital(1): 4,469,067	11.8207
Indexed Asset Value 5,586,334	Type: None [1]	20% ROE(2): 1,117,267	0.8384
FRVS Base Asset: 3,503,400	< 60% of Base: True	Insurance Cost(3): 0	0.0000
Occup Adj Factor: 0.9000	Interest Rate: 10.5000 %	Taxes Cost(3): 0	0.0000
ROE Factor 0.029580	Chase Rate: 10.5000 %	Home Office(3): 0	0.0000
	Amortization Rate: 10.5000 %	Replacement(3&4): 39,848	0.0000
	Interest Only: True	Total FRVS PD:	12.6591
	Yearly Payment: 465,973		

(1) 80% Capital (\$4,469,067) amortized at 10.5000% for 20 years Interest of \$465,973 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8207

(2) 20% ROE (\$1,117,267) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8384

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,195
Comparison Date: 1/1/1987	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,503,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.8263	38.8263	2.8158	36.0105
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	50.1876	50.1876	3.6398	46.5478
Property	9.9900	12.6591	0.7245	9.2655
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4149
Supplemental Rate Add-on				\$8.1747
Totals	196.3059	198.9750	14.2368	205.6587

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 260371-00 - 2012/01

214.73

Bridgeview Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
350 South Ridgewood Avenue Ormond Beach FL 32174 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1982 Acquired Date: 2/1/1982 Entered Medicaid 2/1/1982 Med # Active Date: 5/1/2003 Previous Med # 206539	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 139 Maximum: 50,735 Max Annualized: 50,735 Total Patient: 41,635 Medicare: 5,039 Medicaid: 32,190	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.31476% Occupancy: 82.06366% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.59907% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,205	2,919,517	1,631,679	1,097,679	0	6,946,080
1a	Audit Adjustments						
2	Cost Per Diem	40.2984	90.6964	50.6890	34.1000		215.7838
3	Cost Per Diem Inflated	42.0882	93.2458	52.9403			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0882	93.2458	52.9403	34.1000		222.3743
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0877		50.4178			
7	Provider Target Rate	39.9804		51.5693			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9804	93.2458	51.5693	13.6500		198.4455
12/13	Medicaid Adjustment Rate		2.8654	1.5847			
14	Prospective Per Diem 11	39.9804	96.1112	53.1540	13.6500		202.8956
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260371-00 - 2012/01
214.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bridgeview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 5,773,109 FRVS Base Asset: 3,114,685 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,604,537.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,618,487	8.8717
	< 60% of Base:	False	20% ROE(2):	1,154,622	0.6979
	Interest Rate:	7.1087 %	Insurance Cost(3):	54,788	1.3159
	Chase Rate:	4.2500 %	Taxes Cost(3):	46,349	1.1132
	Amortization Rate:	6.2500 %	Home Office(3):	59,183	1.4215
	Interest Only:	False	Replacement(3&4):	33,018	0.0000
Yearly Payment:	405,094	Total FRVS PD:		13.4202	

(1) 80% Capital (\$4,618,487) amortized at 6.2500% for 20 years Principal & Interest of \$405,094 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$8.8717

(2) 20% ROE (\$1,154,622) times the ROE factor (0.027600) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = \$0.6979

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 143	Effective PBS Limitation	4,075,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9804	39.9804	2.8995	37.0809
Patient Care				
Direct Care	96.1112	96.1112	6.9704	89.1408
Indirect Care	53.1540	53.1540	3.8550	49.2990
Property	13.6500	13.4202	0.9733	12.4469
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5903
Supplemental Rate Add-on				\$8.1747
Totals	202.8956	202.6658	14.6982	214.7326

***Medicaid Trend Adjustment :**



0 260444-00 - 2012/01

208.10

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Bavview Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 South Bay Street	01/01/2010-12/31/2010	Number of Beds: 120	Superior: 0
Eustis FL 32726	Days In CR 365	Maximum: 43,800	Standard: 181
County: Lake [35]	First Used: 2012/01	Max Annualized: 43,800	Conditional: 0
Region: North [1] Area: 3	Last Used: 2012/01	Total Patient: 36,403	Total: 181
Control Private For profit [1]	Unaudited [3]	Medicare: 5,622	Inflation
Current Class North Large [2]	Initial CR? False	Medicaid: 26,621	FY Index: 1.22078676
Class at 1/94: North Large [2]	Medicaid Utilization 73.12859%		Semester Index: 1.27500780
Operating Ex > 18 months [1]	Occupancy: 83.11187%		Cost: 1.04441483
Open Date: 2/1/1983	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Acquired Date: 2/1/1983	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.17400000
Entered Medicaid 2/1/1983	Low Occupancy Adjustment Factor: 103.90959%		DC Sem Index: 1.20700000
Med # Active Date: 5/1/2003	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.02810903
Previous Med # 207209			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,078,056	2,189,939	1,360,559	882,220	0	5,510,774
1a	Audit Adjustments						
2	Cost Per Diem	40.4965	82.2636	51.1085	33.1400		207.0086
3	Cost Per Diem Inflated	42.2951	84.5760	53.3785			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.2951	84.5760	53.3785	33.1400		213.3896
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2076		51.4125			
7	Provider Target Rate	48.2857		52.5867			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.2951	84.5760	52.5867	13.6500		193.1078
12/13	Medicaid Adjustment Rate		2.2006	1.3683			
14	Prospective Per Diem 11	42.2951	86.7766	53.9550	13.6500		196.6767
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260444-00 - 2012/01
208.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bavview Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,526,316.00			Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Variable [3]		80% Capital(1): 3,884,542	8.6433	
Indexed Asset Value 4,855,678	< 60% of Base: False		20% ROE(2): 971,136	0.6799	
FRVS Base Asset: 2,863,939	Interest Rate: 7.1087 %		Insurance Cost(3): 49,984	1.3731	
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %		Taxes Cost(3): 42,521	1.1681	
ROE Factor 0.027600	Amortization Rate: 6.2500 %		Home Office(3): 50,623	1.3906	
	Interest Only: False		Replacement(3&4): 78,385	0.0000	
	Yearly Payment: 340,719		Total FRVS PD:	13.2550	

(1) 80% Capital (\$3,884,542) amortized at 6.2500% for 20 years Principal & Interest of \$340,719 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6433

(2) 20% ROE (\$971,136) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6799

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.2951	42.2951	3.0674	39.2277
Patient Care				
Direct Care	86.7766	86.7766	6.2934	80.4832
Indirect Care	53.9550	53.9550	3.9130	50.0420
Property	13.6500	13.2550	0.9613	12.2937
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8836
Supplemental Rate Add-on				\$8.1747
Totals	196.6767	196.2817	14.2351	208.1049

***Medicaid Trend Adjustment :**



0 260452-00 - 2012/01
209.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ruleme Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 Ruleme Street Eustis FL 32726 County: Lake [35] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1981 Acquired Date: 5/1/1981 Entered Medicaid 5/1/1981 Med # Active Date: 5/1/2003 Previous Med # 213241	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 44,931 Medicare: 10,297 Medicaid: 27,597	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.42085% Occupancy: 89.20190% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.52357% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,021,217	2,423,969	1,516,288	478,256	20,587	5,460,317
1a	Audit Adjustments						
2	Cost Per Diem	37.0046	87.8345	54.9439	17.3300	0.7460	197.8590
3	Cost Per Diem Inflated	38.6482	90.3034	57.3842			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6482	90.3034	57.3842	17.3300	0.7460	204.4118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1814		56.5941			
7	Provider Target Rate	44.1676		57.8866			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.6482	90.3034	55.2316	13.6500	0.7460	198.5792
12/13	Medicaid Adjustment Rate		1.1603	0.7096			
14	Prospective Per Diem 11	38.6482	91.4637	55.9412	13.6500	0.7460	200.4491
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260452-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

209.91

Ruleme Center, LLC

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:		Total Amount	Per Diem	
RS to Start Calcs: 1981/01	Type:	889,000.00	80% Capital(1):	3,253,454	7.7486
Indexed Asset Value: 4,066,818	< 60% of Base:	Fixed [2]	20% ROE(2):	813,364	0.4952
FRVS Base Asset: 1,464,156	Interest Rate:	9.0000 %	Insurance Cost(3):	57,481	1.2793
Occup Adj Factor: 0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	53,218	1.1844
ROE Factor: 0.027600	Amortization Rate:	9.0000 %	Home Office(3):	63,094	1.4042
	Interest Only:	False	Replacement(3&4):	50,849	0.0000
	Yearly Payment:	351,266	Total FRVS PD:		12.1117

(1) 80% Capital (\$3,253,454) amortized at 9.0000% for 20 years Principal & Interest of \$351,266 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$7.7486

(2) 20% ROE (\$813,364) times the ROE factor (0.027600) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4952

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed: 135	Effective PBS Limitation	3,847,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.6482	38.6482	2.8029	35.8453
Patient Care				
Direct Care	91.4637	91.4637	6.6333	84.8304
Indirect Care	55.9412	55.9412	4.0571	51.8841
Property	13.6500	12.1117	0.9900	12.6600
ROE	0.7460	0.5135	0.0541	0.6919
ROE Adjustment	-0.5135	-0.5135	-0.0372	-0.4763
Quality Assess-Medicaid Share				\$16.3030
Supplemental Rate Add-on				\$8.1747
Totals	199.9356	198.1648	14.5002	209.9131

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 260568-00 - 2012/01
207.94

Tierra Pines Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7380 Ulmerton Road Largo FL 33771 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 11/1/1981 Med # Active Date: 5/1/2003 Previous Med # 213306	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,071 Medicare: 3,403 Medicaid: 35,634	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 86.76195% Occupancy: 93.76941% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.23404% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,093	3,062,251	1,669,749	1,082,205	0	7,232,298
1a	Audit Adjustments						
2	Cost Per Diem	39.7961	85.9362	46.8583	30.3700		202.9606
3	Cost Per Diem Inflated	41.5636	88.3518	48.9395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5636	88.3518	48.9395	30.3700		209.2249
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6226		50.3160			
7	Provider Target Rate	46.6645		51.4651			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.5636	88.3518	48.9395	13.6500		192.5049
12/13	Medicaid Adjustment Rate		3.6540	2.0240			
14	Prospective Per Diem 11	41.5636	92.0058	50.9635	13.6500		198.1829
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260568-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

207.94

Tierra Pines Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996 Year of Phase-In/ Full: RS to Start Calcs: 1979/07 Indexed Asset Value 3,328,178 FRVS Base Asset: 1,907,752 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,595,285.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,662,542	5.9243
	< 60% of Base:	False	20% ROE(2):	665,636	0.4660
	Interest Rate:	7.1087 %	Insurance Cost(3):	47,300	1.1517
	Chase Rate:	4.2500 %	Taxes Cost(3):	44,086	1.0734
	Amortization Rate:	6.2500 %	Home Office(3):	54,271	1.3214
	Interest Only:	False	Replacement(3&4):	74,340	0.0000
Yearly Payment:	233,535	Total FRVS PD:		9.9368	

(1) 80% Capital (\$2,662,542) amortized at 6.2500% for 20 years Principal & Interest of \$233,535 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9243

(2) 20% ROE (\$665,636) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4660

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.5636	41.5636	3.0144	38.5492
Patient Care				
Direct Care	92.0058	92.0058	6.6726	85.3332
Indirect Care	50.9635	50.9635	3.6961	47.2674
Property	13.6500	9.9368	0.7207	9.2161
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.3976
Supplemental Rate Add-on				\$8.1747
Totals	198.1829	194.4697	14.1038	207.9382

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 260576-00 - 2012/01

214.92

Highlands Lake Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4240 Lakeland Highlands Roa Lakeland FL 33813 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/31/1988 Acquired Date: 8/31/1988 Entered Medicaid 9/29/1988 Med # Active Date: 5/1/2003 Previous Med # 213128	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 62,648 Medicare: 17,832 Medicaid: 37,340	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.60286% Occupancy: 95.88735% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.88198% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,372,117	3,445,115	2,156,379	1,116,466	0	8,090,077
1a	Audit Adjustments						
2	Cost Per Diem	36.7466	92.2634	57.7498	29.9000		216.6598
3	Cost Per Diem Inflated	38.3787	94.8568	60.3147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.3787	94.8568	60.3147	29.9000		223.4502
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.5648		58.3764			
7	Provider Target Rate	71.1536		59.7096			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.3787	94.8568	56.9334	13.6500		203.8189
12/13	Medicaid Adjustment Rate		1.0248	0.6151			
14	Prospective Per Diem 11	38.3787	95.8816	57.5485	13.6500		205.4588
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260576-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

214.92

Highlands Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,105,263.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	6,489,059	9.6794
Indexed Asset Value	8,111,324	< 60% of Base:	False	20% ROE(2):	1,622,265	0.7615
FRVS Base Asset:	3,559,440	Interest Rate:	7.1087 %	Insurance Cost(3):	89,930	1.4355
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	87,681	1.3996
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	94,582	1.5097
		Interest Only:	False	Replacement(3&4):	94,688	0.0000
		Yearly Payment:	569,164	Total FRVS PD:		14.7857

(1) 80% Capital (\$6,489,059) amortized at 6.2500% for 20 years Principal & Interest of \$569,164 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.6794

(2) 20% ROE (\$1,622,265) times the ROE factor (0.027600) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.7615

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,662
Comparison Date:	1/1/1988	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.3787	38.3787	2.7834	35.5953
Patient Care				
Direct Care	95.8816	95.8816	6.9537	88.9279
Indirect Care	57.5485	57.5485	4.1737	53.3748
Property	13.6500	14.7857	1.0723	13.7134
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1299
Supplemental Rate Add-on				\$8.1747
Totals	205.4588	206.5945	14.9831	214.9160

***Medicaid Trend Adjustment :**



0 260649-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

217.83

Coquina Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
170 N. Center Street Ormond Beach FL 32074 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 5/1/2003 Previous Med # 209929	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,155 Medicare: 8,545 Medicaid: 25,392	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.23496% Occupancy: 91.67808% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.61939% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,000,436	2,332,151	1,325,095	787,660	0	5,445,342
1a	Audit Adjustments						
2	Cost Per Diem	39.3997	91.8459	52.1855	31.0200		214.4511
3	Cost Per Diem Inflated	41.1496	94.4276	54.5033			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.1496	94.4276	54.5033	31.0200		221.1005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7831		55.4947			
7	Provider Target Rate	46.8287		56.7621			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.1496	94.4276	54.5033	13.6500		203.7305
12/13	Medicaid Adjustment Rate		1.4060	0.8115			
14	Prospective Per Diem 11	41.1496	95.8336	55.3148	13.6500		205.9480
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260649-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

217.83

Coquina Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 5,968,412 FRVS Base Asset: 1,751,700 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,464,793.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	7.1087 %	80% Capital(1):	4,774,730	10.6240
	Chase Rate:	4.2500 %	20% ROE(2):	1,193,682	0.8358
	Amortization Rate:	6.2500 %	Insurance Cost(3):	59,413	1.4796
	Interest Only:	False	Taxes Cost(3):	55,951	1.3934
Yearly Payment:	418,798	Home Office(3):	58,811	1.4646	
		Replacement(3&4):	66,431	0.0000	
		Total FRVS PD:		15.7974	

(1) 80% Capital (\$4,774,730) amortized at 6.2500% for 20 years Principal & Interest of \$418,798 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6240

(2) 20% ROE (\$1,193,682) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8358

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1496	41.1496	2.9843	38.1653
Patient Care				
Direct Care	95.8336	95.8336	6.9503	88.8833
Indirect Care	55.3148	55.3148	4.0117	51.3031
Property	13.6500	15.7974	1.1457	14.6517
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.6493
Supplemental Rate Add-on				\$8.1747
Totals	205.9480	208.0954	15.0920	217.8274

***Medicaid Trend Adjustment :**



0 260657-00 - 2012/01
210.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Island Lake Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
155 Landover Place Longwood FL 32750 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/10/1989 Acquired Date: 3/10/1989 Entered Medicaid 4/10/1989 Med # Active Date: 5/1/2003 Previous Med # 200573	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,541 Medicare: 6,255 Medicaid: 25,018	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.22484% Occupancy: 94.84246% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.57561% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	989,056	2,164,760	1,261,833	736,030	0	5,151,679
1a	Audit Adjustments						
2	Cost Per Diem	39.5338	86.5281	50.4370	29.4200		205.9189
3	Cost Per Diem Inflated	41.2897	88.9603	52.6772			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2897	88.9603	52.6772	29.4200		212.3472
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3083		53.3005			
7	Provider Target Rate	42.2517		54.5178			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.2897	88.9603	52.6772	13.6500		196.5772
12/13	Medicaid Adjustment Rate		1.0233	0.6059			
14	Prospective Per Diem 11	41.2897	89.9836	53.2831	13.6500		198.2064
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 260657-00 - 2012/01
210.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Island Lake Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/10/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 5,437,214 FRVS Base Asset: 3,527,874 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,949,390.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,349,771	9.6784
	< 60% of Base:	False	20% ROE(2):	1,087,443	0.7614
	Interest Rate:	7.1087 %	Insurance Cost(3):	47,299	1.1386
	Chase Rate:	4.2500 %	Taxes Cost(3):	56,589	1.3622
	Amortization Rate:	6.2500 %	Home Office(3):	57,021	1.3726
	Interest Only:	False	Replacement(3&4):	75,229	0.0000
Yearly Payment:	381,524	Total FRVS PD:	14.3132		

(1) 80% Capital (\$4,349,771) amortized at 6.2500% for 20 years Principal & Interest of \$381,524 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6784

(2) 20% ROE (\$1,087,443) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7614

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,646
Comparison Date: 7/1/1988	Current RS PBS:	49,785
Comparison Bed 119	Effective PBS Limitation	3,527,874

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.2897	41.2897	2.9945	38.2952
Patient Care				
Direct Care	89.9836	89.9836	6.5260	83.4576
Indirect Care	53.2831	53.2831	3.8643	49.4188
Property	13.6500	14.3132	1.0381	13.2751
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9654
Supplemental Rate Add-on				\$8.1747
Totals	198.2064	198.8696	14.4229	210.5868

***Medicaid Trend Adjustment :**



0 260665-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.22

Indian River Center LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7201 Greensboro Drive West Melbourne FL 32904 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1989 Acquired Date: 7/1/1989 Entered Medicaid 8/1/1989 Med # Active Date: 5/1/2003 Previous Med # 201138	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 179 Maximum: 65,335 Max Annualized: 65,335 Total Patient: 61,115 Medicare: 7,767 Medicaid: 39,084	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.95157% Occupancy: 93.54098% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.94845% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,553,301	3,629,403	1,952,540	1,166,657	0	8,301,901
1a	Audit Adjustments						
2	Cost Per Diem	39.7426	92.8616	49.9575	29.8500		212.4117
3	Cost Per Diem Inflated	41.5078	95.4718	52.1764			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.5078	95.4718	52.1764	29.8500		219.0060
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.2242		51.8699			
7	Provider Target Rate	40.1200		53.0545			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.1200	95.4718	52.1764	13.6500		201.4182
12/13	Medicaid Adjustment Rate		1.4985	0.8189			
14	Prospective Per Diem 11	40.1200	96.9703	52.9953	13.6500		203.7356
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260665-00 - 2012/01
216.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Indian River Center LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/29/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,992,402.00	Total Amount	Per Diem
RS to Start Calcs: 1989/07	Type: Variable [3]	80% Capital(1): 6,506,095	9.7048
Indexed Asset Value 8,132,619	< 60% of Base: False	20% ROE(2): 1,626,524	0.7635
FRVS Base Asset: 3,578,520	Interest Rate: 7.1087 %	Insurance Cost(3): 70,555	1.1545
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 79,598	1.3024
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 85,527	1.3994
	Interest Only: False	Replacement(3&4): 76,068	0.0000
	Yearly Payment: 570,659	Total FRVS PD: 14.3246	

(1) 80% Capital (\$6,506,095) amortized at 6.2500% for 20 years Principal & Interest of \$570,659 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$9.7048

(2) 20% ROE (\$1,626,524) times the ROE factor (0.027600) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = \$0.7635

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,821
Comparison Date: 1/1/1989	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.1200	40.1200	2.9097	37.2103
Patient Care				
Direct Care	96.9703	96.9703	7.0327	89.9376
Indirect Care	52.9953	52.9953	3.8434	49.1519
Property	13.6500	14.3246	1.0389	13.2857
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4621
Supplemental Rate Add-on				\$8.1747
Totals	203.7356	204.4102	14.8247	216.2223

***Medicaid Trend Adjustment :**



0 260673-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.21

Riverwood Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2802 Parental Home Dr Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1982 Acquired Date: 8/1/1982 Entered Medicaid 8/1/1982 Med # Active Date: 5/1/2003 Previous Med # 213331	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 76,737 Medicare: 9,396 Medicaid: 60,231	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.49017% Occupancy: 87.59931% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.51996% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,344,665	5,782,375	3,220,278	1,986,418	0	13,333,736
1a	Audit Adjustments						
2	Cost Per Diem	38.9279	96.0033	53.4655	32.9800		221.3767
3	Cost Per Diem Inflated	40.6569	98.7019	55.8402			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.6569	98.7019	55.8402	32.9800		228.1790
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5592		50.3004			
7	Provider Target Rate	45.5769		51.4492			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.6569	95.5570	51.4492	13.6500		201.3131
12/13	Medicaid Adjustment Rate		3.0627	1.6490			
14	Prospective Per Diem 11	40.6569	98.6197	53.0982	13.6500		206.0248
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260673-00 - 2012/01
203.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riverwood Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/24/1996 Year of Phase-In/ Full: RS to Start Calcs: 1982/07 Indexed Asset Value 9,934,640 FRVS Base Asset: 4,690,816 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,922,517.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	7,947,712	8.8420
	< 60% of Base:	False	20% ROE(2):	1,986,928	0.6956
	Interest Rate:	7.1087 %	Insurance Cost(3):	101,266	1.3197
	Chase Rate:	4.2500 %	Taxes Cost(3):	138,112	1.7998
	Amortization Rate:	6.2500 %	Home Office(3):	105,122	1.3699
	Interest Only:	False	Replacement(3&4):	136,928	0.0000
Yearly Payment:	697,105	Total FRVS PD:		14.0270	

(1) 80% Capital (\$7,947,712) amortized at 6.2500% for 20 years Principal & Interest of \$697,105 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$8.8420

(2) 20% ROE (\$1,986,928) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.6956

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.6569	40.6569	2.9486	37.7083
Patient Care				
Direct Care	98.6197	98.6197	7.1523	91.4674
Indirect Care	53.0982	53.0982	3.8509	49.2473
Property	13.6500	14.0270	1.0173	13.0097
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5980
Supplemental Rate Add-on				\$8.1747
Totals	206.0248	206.4018	14.9691	203.2054

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 260690-00 - 2012/01
210.67

Fairway Oaks Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13806 N. 46th Street Tampa FL 33613 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1983 Acquired Date: 3/1/1983 Entered Medicaid 3/1/1983 Med # Active Date: 5/1/2003 Previous Med # 213292	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,498 Medicare: 7,784 Medicaid: 29,753	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 70.01035% Occupancy: 97.02740% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.30730% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,181,635	2,580,983	1,619,246	856,589	0	6,238,453
1a	Audit Adjustments						
2	Cost Per Diem	39.7148	86.7470	54.4229	28.7900		209.6747
3	Cost Per Diem Inflated	41.4787	89.1854	56.8401			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.4787	89.1854	56.8401	28.7900		216.2942
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6925		51.7514			
7	Provider Target Rate	45.7132		52.9333			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.4787	89.1854	52.9333	13.6500		197.2474
12/13	Medicaid Adjustment Rate		2.0077	1.1916			
14	Prospective Per Diem 11	41.4787	91.1931	54.1249	13.6500		200.4467
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260690-00 - 2012/01
210.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Fairway Oaks Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/1/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,099,769.00	Total Amount	Per Diem
RS to Start Calcs: 1983/01	Type: Variable [3]	80% Capital(1): 3,889,974	8.6554
Indexed Asset Value 4,862,467	< 60% of Base: False	20% ROE(2): 972,493	0.6809
FRVS Base Asset: 2,511,048	Interest Rate: 7.1087 %	Insurance Cost(3): 47,299	1.1130
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 43,670	1.0276
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 60,752	1.4295
	Interest Only: False	Replacement(3&4): 86,811	0.0000
	Yearly Payment: 341,195	Total FRVS PD: 12.9064	

(1) 80% Capital (\$3,889,974) amortized at 6.2500% for 20 years Principal & Interest of \$341,195 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6554

(2) 20% ROE (\$972,493) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6809

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.4787	41.4787	3.0082	38.4705
Patient Care				
Direct Care	91.1931	91.1931	6.6137	84.5794
Indirect Care	54.1249	54.1249	3.9254	50.1995
Property	13.6500	12.9064	0.9360	11.9704
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2761
Supplemental Rate Add-on				\$8.1747
Totals	200.4467	199.7031	14.4833	210.6706

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 260771-00 - 2012/01

230.09

Sinai Plaza Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
201 NE 112th Street Miami FL 33161 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/2/1990 Acquired Date: 11/2/1990 Entered Medicaid 11/2/1990 Med # Active Date: 6/7/2003 Previous Med # 202916	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 51,445 Medicare: 12,171 Medicaid: 33,864	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.82564% Occupancy: 93.96347% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.47667% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,946,633	3,652,852	2,427,203	580,768	0	8,607,456
1a	Audit Adjustments						
2	Cost Per Diem	57.4838	107.8683	71.6750	17.1500		254.1771
3	Cost Per Diem Inflated	59.2064	110.2122	73.8229			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.2064	110.2122	73.8229	17.1500		260.3915
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6950		61.2305			
7	Provider Target Rate	51.8528		62.6289			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	58.7454	13.6500		220.6549
12/13	Medicaid Adjustment Rate		1.7324	1.0459			
14	Prospective Per Diem 11	50.9575	99.0344	59.7913	13.6500		223.4332
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 260771-00 - 2012/01
230.09

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sinai Plaza Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/2/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 7,467,750 FRVS Base Asset: 4,526,100 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,974,200	10.4234
	< 60% of Base:	False	20% ROE(2):	1,493,550	0.7829
	Interest Rate:	6.0000 %	Insurance Cost(3):	19,022	0.3698
	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	6.0000 %	Home Office(3):	25,607	0.4978
	Interest Only:	False	Replacement(3&4):	152,234	0.0000
Yearly Payment:	513,612	Total FRVS PD:	12.0739		

(1) 80% Capital (\$5,974,200) amortized at 6.0000% for 20 years Principal & Interest of \$513,612 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$10.4234

(2) 20% ROE (\$1,493,550) times the ROE factor (0.025830) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.7829

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	1/1/1990	Current RS PBS:	49,785
Comparison Bed	150	Effective PBS Limitation	4,526,100

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	99.0344	99.0344	7.1824	91.8520
Indirect Care	59.7913	59.7913	4.3363	55.4550
Property	13.6500	12.0739	0.8756	11.1983
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1463
Supplemental Rate Add-on				\$8.1747
Totals	223.4332	221.8571	16.0900	230.0881

*Medicaid Trend Adjustment :



0 261254-00 - 2012/01
210.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Alhambra Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7501 38th Avenue North St. Petersburg FL 33710 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1971 Acquired Date: 4/13/1994 Entered Medicaid 4/13/1994 Med # Active Date: 6/27/2003 Previous Med # 211290	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,368 Medicare: 4,709 Medicaid: 11,681	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.31082% Occupancy: 88.43836% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.56895% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,203	892,446	692,359	192,036	14,403	2,396,447
1a	Audit Adjustments						
2	Cost Per Diem	51.8109	76.4015	59.2722	16.4400	1.2330	205.1577
3	Cost Per Diem Inflated	54.1121	78.5491	61.9048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.1121	78.5491	61.9048	16.4400	1.2330	212.2390
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1170		56.2697			
7	Provider Target Rate	55.3529		57.5548			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.1121	78.5491	57.5548	13.6500	1.2330	205.0990
12/13	Medicaid Adjustment Rate		0.9111	0.6676			
14	Prospective Per Diem 11	54.1121	79.4602	58.2224	13.6500	1.2330	206.6777
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 261254-00 - 2012/01
210.06

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Alhambra Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/13/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	458,612.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Variable [3]	80% Capital(1):	852,795	3.5715
Indexed Asset Value	1,065,994	< 60% of Base:	False	20% ROE(2):	213,199	0.2985
FRVS Base Asset:	615,660	Interest Rate:	5.5000 %	Insurance Cost(3):	37,578	1.9402
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	37,369	1.9294
ROE Factor	0.027600	Amortization Rate:	5.5000 %	Home Office(3):	16,923	0.8738
		Interest Only:	False	Replacement(3&4):	252,767	0.0000
		Yearly Payment:	70,395	Total FRVS PD:		8.6134

(1) 80% Capital (\$852,795) amortized at 5.5000% for 20 years Principal & Interest of \$70,395 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.5715

(2) 20% ROE (\$213,199) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.2985

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	54.1121	54.1121	3.9244	50.1877
Patient Care				
Direct Care	79.4602	79.4602	5.7628	73.6974
Indirect Care	58.2224	58.2224	4.2225	53.9999
Property	13.6500	8.6134	0.6247	7.9887
ROE	1.2330	1.2121	0.0879	1.1242
ROE Adjustment	-1.2121	-1.2121	-0.0879	-1.1242
Quality Assess-Medicaid Share				\$16.0077
Supplemental Rate Add-on				\$8.1747
Totals	205.4656	200.4081	14.5344	210.0561

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 261599-00 - 2012/01 217.63

Wood Lake Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6414 13th Road South West Palm Beach FL 33415 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 7/11/1988 Med # Active Date: 7/1/2003 Previous Med # 210579	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,163 Medicare: 5,008 Medicaid: 25,901	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 71.62293% Occupancy: 82.56392% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.22453% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,392,631	1,889,936	1,640,795	636,647	0	5,560,009
1a	Audit Adjustments						
2	Cost Per Diem	53.7675	72.9677	63.3487	24.5800		214.6639
3	Cost Per Diem Inflated	56.8123	75.5011	66.9361			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.8123	75.5011	66.9361	24.5800		223.8295
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3028		55.8775			
7	Provider Target Rate	51.4516		57.1537			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	75.5011	57.1537	13.6500		197.2623
12/13	Medicaid Adjustment Rate		1.8366	1.3903			
14	Prospective Per Diem 11	50.9575	77.3377	58.5440	13.6500		200.4892
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261599-00 - 2012/01
217.63

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Wood Lake Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/11/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 6,825,000.00			Total Amount	Per Diem
RS to Start Calcs: 1988/01	Type: Fixed [2]		80% Capital(1): 4,736,574	14.3954	
Indexed Asset Value 5,920,718	< 60% of Base: False		20% ROE(2): 1,184,144	0.9480	
FRVS Base Asset: 3,530,760	Interest Rate: 10.9360 %		Insurance Cost(3): 33,580	0.9286	
Occup Adj Factor: 0.9000	Chase Rate: 7.5000 %		Taxes Cost(3): 91,306	2.5248	
ROE Factor 0.031560	Amortization Rate: 10.5000 %		Home Office(3): 20,078	0.5552	
	Interest Only: False		Replacement(3&4): 29,440	0.0000	
	Yearly Payment: 567,468		Total FRVS PD:	19.3520	

(1) 80% Capital (\$4,736,574) amortized at 10.5000% for 20 years Principal & Interest of \$567,468 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3954

(2) 20% ROE (\$1,184,144) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9480

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,423
Comparison Date: 7/1/1987	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	77.3377	77.3377	5.6089	71.7288
Indirect Care	58.5440	58.5440	4.2459	54.2981
Property	13.6500	19.3520	1.4035	17.9485
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2211
Supplemental Rate Add-on				\$8.1747
Totals	200.4892	206.1912	14.9540	217.6330

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 261611-00 - 2012/01

203.77

Terra Vista Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
1730 Lucerne Terrace Orlando FL 32806 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 1/1/1972 Entered Medicaid 1/1/1972 Med # Active Date: 5/1/2003 Previous Med # 217140	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 75.25819% Occupancy: 75.89518% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.88701% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 115 Maximum: 41,975 Max Annualized: 41,975 Total Patient: 31,857 Medicare: 3,716 Medicaid: 23,975	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.27500780		
			Cost: 1.04441483		
			Target: 1.01598689		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.02810903		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,034	1,946,466	1,157,115	717,332	0	4,689,947
1a	Audit Adjustments						
2	Cost Per Diem	36.2475	81.1873	48.2634	29.9200		195.6182
3	Cost Per Diem Inflated	37.8574	83.4694	50.4070			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.8574	83.4694	50.4070	29.9200		201.6538
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1536		48.4179			
7	Provider Target Rate	51.2990		49.5237			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8574	83.4694	49.5237	13.6500		184.5005
12/13	Medicaid Adjustment Rate		2.3718	1.4072			
14	Prospective Per Diem 11	37.8574	85.8412	50.9309	13.6500		188.2795
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 261611-00 - 2012/01
203.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Terra Vista Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,107,000.00		Total Amount	Per Diem
RS to Start Calcs:	1972/01	Type:	Fixed [2]	80% Capital(1):	3,195,389	11.1762
Indexed Asset Value	3,994,236	< 60% of Base:	False	20% ROE(2):	798,847	0.5836
FRVS Base Asset:	2,053,427	Interest Rate:	12.0000 %	Insurance Cost(3):	50,530	1.5862
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	88,340	2.7730
ROE Factor	0.027600	Amortization Rate:	12.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	29,075	0.0000
		Yearly Payment:	422,208	Total FRVS PD:		16.1190

(1) 80% Capital (\$3,195,389) amortized at 12.0000% for 20 years Principal & Interest of \$422,208 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$11.1762

(2) 20% ROE (\$798,847) times the ROE factor (0.027600) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = \$0.5836

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 115	Effective PBS Limitation	3,277,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8574	37.8574	2.7456	35.1118
Patient Care				
Direct Care	85.8412	85.8412	6.2256	79.6156
Indirect Care	50.9309	50.9309	3.6937	47.2372
Property	13.6500	16.1190	1.1690	14.9500
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6829
Supplemental Rate Add-on				\$8.1747
Totals	188.2795	190.7485	13.8339	203.7722

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 261629-00 - 2012/01 179.71

Avalon Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1270 SW Main Blvd Lake City FL 32025 County: Columbia [12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 5/1/2003 Previous Med # 215562	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 95 Maximum: 34,675 Max Annualized: 34,675 Total Patient: 29,574 Medicare: 5,411 Medicaid: 20,314	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 68.68871% Occupancy: 85.28911% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.63166% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	648,849	1,534,278	772,412	338,431	0	3,293,970
1a	Audit Adjustments						
2	Cost Per Diem	31.9410	75.5281	38.0236	16.6600		162.1527
3	Cost Per Diem Inflated	33.3597	77.6511	39.7124			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.3597	77.6511	39.7124	16.6600		167.3832
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.3597	77.6511	39.7124	13.6500		164.3732
12/13	Medicaid Adjustment Rate		1.6326	0.8349			
14	Prospective Per Diem 11	33.3597	79.2837	40.5473	13.6500		166.8407
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261629-00 - 2012/01
179.71

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Avalon Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 2,494,480 FRVS Base Asset: 1,393,413 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,150,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,995,584	9.9934
	< 60% of Base:	False	20% ROE(2):	498,896	0.4412
	Interest Rate:	14.8040 %	Insurance Cost(3):	37,877	1.2808
	Chase Rate:	13.0000 %	Taxes Cost(3):	41,721	1.4107
	Amortization Rate:	14.8040 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	17,948	0.0000
Yearly Payment:	311,869	Total FRVS PD:	13.1261		

- (1) 80% Capital (\$1,995,584) amortized at 14.8040% for 20 years Principal & Interest of \$311,869 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$9.9934
- (2) 20% ROE (\$498,896) times the ROE factor (0.027600) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = \$0.4412
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	95	Effective PBS Limitation	2,707,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.3597	33.3597	2.4194	30.9403
Patient Care				
Direct Care	79.2837	79.2837	5.7500	73.5337
Indirect Care	40.5473	40.5473	2.9407	37.6066
Property	13.6500	13.1261	0.9520	12.1741
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2803
Supplemental Rate Add-on				\$8.1747
Totals	166.8407	166.3168	12.0621	179.7097

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 261637-00 - 2012/01

199.31

Emerald Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1655 SE Walton Road Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 11/1/1987 Med # Active Date: 5/1/2003 Previous Med # 216011	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,972 Medicare: 10,788 Medicaid: 23,112	Superior: 0 Standard: 151 Conditional: 30 Total: 181
			Medicaid Utilization 57.82047% Occupancy: 91.26027% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.09702% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,804	1,848,747	1,225,275	601,143	0	4,445,969
1a	Audit Adjustments						
2	Cost Per Diem	33.3508	79.9908	53.0147	26.0100		192.3663
3	Cost Per Diem Inflated	34.8321	82.2393	55.3693			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.8321	82.2393	55.3693	26.0100		198.4507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		53.8279			
7	Provider Target Rate	41.9989		55.0572			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.8321	82.2393	55.0572	13.6500		185.7786
12/13	Medicaid Adjustment Rate		0.6036	0.4041			
14	Prospective Per Diem 11	34.8321	82.8429	55.4613	13.6500		186.7863
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 261637-00 - 2012/01
199.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Emerald Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1987 Year of Phase-In/ Full: RS to Start Calcs: 1987/07 Indexed Asset Value 4,925,344 FRVS Base Asset: 2,656,745 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,139,792.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,940,275	11.8949
	< 60% of Base:	False	20% ROE(2):	985,069	0.6897
	Interest Rate:	10.4000 %	Insurance Cost(3):	53,239	1.3319
	Chase Rate:	9.0000 %	Taxes Cost(3):	95,244	2.3828
	Amortization Rate:	10.4000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	41,674	0.0000
Yearly Payment:	468,895	Total FRVS PD:	16.2993		

(1) 80% Capital (\$3,940,275) amortized at 10.4000% for 20 years Principal & Interest of \$468,895 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.8949

(2) 20% ROE (\$985,069) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6897

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 91	Effective PBS Limitation	2,656,745

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.8321	34.8321	2.5262	32.3059
Patient Care				
Direct Care	82.8429	82.8429	6.0081	76.8348
Indirect Care	55.4613	55.4613	4.0223	51.4390
Property	13.6500	16.2993	1.1821	15.1172
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4418
Supplemental Rate Add-on				\$8.1747
Totals	186.7863	189.4356	13.7387	199.3134

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 261670-00 - 2012/01 190.85

Hawthorne Health & Rehab of Brandon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
851 West Lumsden Road Brandon FL 33511 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/27/1995 Acquired Date: 3/27/1995 Entered Medicaid 3/27/1995 Med # Active Date: 12/1/2001 Previous Med # 211664	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,261 Medicare: 13,862 Medicaid: 19,431 Medicaid Utilization 47.09290% Occupancy: 94.20320% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.77638% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 <hr/> Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,700	1,566,685	859,737	638,503	0	3,765,625
1a	Audit Adjustments						
2	Cost Per Diem	36.0609	80.6281	44.2456	32.8600		193.7946
3	Cost Per Diem Inflated	37.2547	82.5079	45.7103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.2547	82.5079	45.7103	32.8600		198.3329
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		48.0594			
7	Provider Target Rate	39.9219		49.1570			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.2547	82.5079	45.7103	13.6500		179.1229
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.2547	82.5079	45.7103	13.6500		179.1229
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 261670-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

190.85

Hawthorne Health & Rehab of Brandon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/27/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,977,200.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable [3]	80% Capital(1):	4,692,658	12.6664
Indexed Asset Value	5,865,822	< 60% of Base:	False	20% ROE(2):	1,173,164	0.7687
FRVS Base Asset:	3,092,490	Interest Rate:	8.7965 %	Insurance Cost(3):	63,143	1.5303
Occup Adj Factor:	0.9000	Chase Rate:	8.3356 %	Taxes Cost(3):	56,900	1.3790
ROE Factor	0.025830	Amortization Rate:	8.7965 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	101,845	0.0000
		Yearly Payment:	499,308	Total FRVS PD:		16.3444

(1) 80% Capital (\$4,692,658) amortized at 8.7965% for 20 years Principal & Interest of \$499,308 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.6664

(2) 20% ROE (\$1,173,164) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7687

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	3,092,490

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.2547	37.2547	2.7019	34.5528
Patient Care				
Direct Care	82.5079	82.5079	5.9838	76.5241
Indirect Care	45.7103	45.7103	3.3151	42.3952
Property	13.6500	16.3444	1.1854	15.1590
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.0445
Supplemental Rate Add-on				\$8.1747
Totals	179.1229	181.8173	13.1862	190.8503

***Medicaid Trend Adjustment :**



0 263389-00 - 2012/01

202.79

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Atlantic Shores Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4251 Stack Blvd. Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/8/1995 Acquired Date: 12/8/1995 Entered Medicaid 12/8/1995 Med # Active Date: 10/1/2003 Previous Med # 212156	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,029 Medicare: 7,986 Medicaid: 24,054	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.23191% Occupancy: 95.95662% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.96858% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,006,431	1,991,623	1,094,613	892,403	0	4,985,070
1a	Audit Adjustments						
2	Cost Per Diem	41.8405	82.7980	45.5065	37.1000		207.2450
3	Cost Per Diem Inflated	43.6988	85.1254	47.5277			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.6988	85.1254	47.5277	37.1000		213.4519
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2621		51.8915			
7	Provider Target Rate	49.3643		53.0766			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.6988	85.1254	47.5277	13.6500		190.0019
12/13	Medicaid Adjustment Rate		0.6926	0.3867			
14	Prospective Per Diem 11	43.6988	85.8180	47.9144	13.6500		191.0812
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263389-00 - 2012/01
202.79

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Atlantic Shores Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/8/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,190,261.00		Total Amount	Per Diem
RS to Start Calcs:	1995/07	Type:	Fixed [2]	80% Capital(1):	4,418,327	9.8310
Indexed Asset Value	5,522,909	< 60% of Base:	False	20% ROE(2):	1,104,582	0.7734
FRVS Base Asset:	2,094,240	Interest Rate:	8.0700 %	Insurance Cost(3):	42,978	1.0226
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	82,672	1.9670
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	14,338	0.3411
		Interest Only:	False	Replacement(3&4):	15,757	0.0000
		Yearly Payment:	387,538	Total FRVS PD:		13.9351

(1) 80% Capital (\$4,418,327) amortized at 6.2500% for 20 years Principal & Interest of \$387,538 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8310

(2) 20% ROE (\$1,104,582) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7734

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	1/1/1995	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	2,094,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.6988	43.6988	3.1692	40.5296
Patient Care				
Direct Care	85.8180	85.8180	6.2239	79.5941
Indirect Care	47.9144	47.9144	3.4750	44.4394
Property	13.6500	13.9351	1.0106	12.9245
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1313
Supplemental Rate Add-on				\$8.1747
Totals	191.0812	191.3663	13.8787	202.7936

***Medicaid Trend Adjustment :**



0 263443-00 - 2012/01
180.62

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bonifay Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
306 West Brock Avenue Bonifay FL 32425 County: Holmes[30] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 10/1/2003 Previous Med # 212377	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,104 Medicare: 8,905 Medicaid: 44,920 Medicaid Utilization 76.00162% Occupancy: 89.96043% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.47190% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,866,890	3,183,539	1,661,665	1,720,885	0	8,432,979
1a	Audit Adjustments						
2	Cost Per Diem	41.5603	70.8713	36.9917	38.3100		187.7333
3	Cost Per Diem Inflated	43.4062	72.8634	38.6347			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4062	72.8634	38.6347	38.3100		193.2143
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7260		45.2972			
7	Provider Target Rate	40.6333		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.6333	72.8634	38.6347	13.6500		165.7814
12/13	Medicaid Adjustment Rate		2.1314	1.1301			
14	Prospective Per Diem 11	40.6333	74.9948	39.7648	13.6500		169.0429
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263443-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

180.62

Bonifav Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2003 Year of Phase-In/ Full: RS to Start Calcs: 1984/07 Indexed Asset Value 6,817,109 FRVS Base Asset: 1,432,662 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,325,551.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,453,687	8.0898
	< 60% of Base:	False	20% ROE(2):	1,363,422	0.6364
	Interest Rate:	8.0700 %	Insurance Cost(3):	66,934	1.1325
	Chase Rate:	3.2500 %	Taxes Cost(3):	57,488	0.9727
	Amortization Rate:	6.2500 %	Home Office(3):	20,164	0.3412
	Interest Only:	False	Replacement(3&4):	33,283	0.0000
Yearly Payment:	478,350	Total FRVS PD:	11.1726		

(1) 80% Capital (\$5,453,687) amortized at 6.2500% for 20 years Principal & Interest of \$478,350 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.0898

(2) 20% ROE (\$1,363,422) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6364

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.6333	40.6333	2.9469	37.6864
Patient Care				
Direct Care	74.9948	74.9948	5.4389	69.5559
Indirect Care	39.7648	39.7648	2.8839	36.8809
Property	13.6500	11.1726	0.8103	10.3623
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9634
Supplemental Rate Add-on				\$8.1747
Totals	169.0429	166.5655	12.0800	180.6236

***Medicaid Trend Adjustment :**



0 263451-00 - 2012/01
207.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riviera Palms Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
926 Haben Blvd. Palmetto FL 34221 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1988 Acquired Date: 3/1/1988 Entered Medicaid 3/7/1988 Med # Active Date: 10/1/2003 Previous Med # 212385	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,019 Medicare: 8,848 Medicaid: 23,358	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.43770% Occupancy: 86.80137% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.52233% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,007,322	1,981,849	1,117,696	921,707	0	5,028,574
1a	Audit Adjustments						
2	Cost Per Diem	43.1254	84.8467	47.8507	39.4600		215.2828
3	Cost Per Diem Inflated	45.0408	87.2317	49.9760			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.0408	87.2317	49.9760	39.4600		221.7085
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1869		51.1276			
7	Provider Target Rate	46.2189		52.2953			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.0408	87.2317	49.9760	13.6500		195.8985
12/13	Medicaid Adjustment Rate		1.1224	0.6431			
14	Prospective Per Diem 11	45.0408	88.3541	50.6191	13.6500		197.6640
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263451-00 - 2012/01
207.21

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Riviera Palms Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/7/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,899,682.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Fixed [2]	80% Capital(1):	4,100,502	9.1238
Indexed Asset Value	5,125,628	< 60% of Base:	False	20% ROE(2):	1,025,126	0.7177
FRVS Base Asset:	2,648,070	Interest Rate:	8.0700 %	Insurance Cost(3):	48,310	1.2707
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	62,146	1.6346
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	12,970	0.3411
		Interest Only:	False	Replacement(3&4):	32,738	0.0000
		Yearly Payment:	359,661	Total FRVS PD:		13.0879

(1) 80% Capital (\$4,100,502) amortized at 6.2500% for 20 years Principal & Interest of \$359,661 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1238

(2) 20% ROE (\$1,025,126) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7177

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.0408	45.0408	3.2665	41.7743
Patient Care				
Direct Care	88.3541	88.3541	6.4078	81.9463
Indirect Care	50.6191	50.6191	3.6711	46.9480
Property	13.6500	13.0879	0.9492	12.1387
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2279
Supplemental Rate Add-on				\$8.1747
Totals	197.6640	197.1019	14.2946	207.2099

***Medicaid Trend Adjustment :**



0 263460-00 - 2012/01
212.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bovnton Beach Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9600 Lawrence Road Boynton Beach FL 33436 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1977 Acquired Date: 7/1/1984 Entered Medicaid 7/1/1984 Med # Active Date: 10/1/2003 Previous Med # 211257	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 53,038 Medicare: 18,052 Medicaid: 25,472	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 48.02594% Occupancy: 85.98201% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.49794% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,058,539	2,255,347	1,362,632	1,463,621	0	6,140,139
1a	Audit Adjustments						
2	Cost Per Diem	41.5570	88.5422	53.4953	57.4600		241.0545
3	Cost Per Diem Inflated	43.4027	91.0310	55.8713			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4027	91.0310	55.8713	57.4600		247.7650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3958		56.1307			
7	Provider Target Rate	43.3641		57.4126			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3641	91.0310	55.8713	13.6500		203.9164
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3641	91.0310	55.8713	13.6500		203.9164
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263460-00 - 2012/01
212.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bovnton Beach Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,365,423.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	6,379,366	10.0789
Indexed Asset Value	7,974,208	< 60% of Base:	False	20% ROE(2):	1,594,842	0.7929
FRVS Base Asset:	1,235,042	Interest Rate:	8.0700 %	Insurance Cost(3):	87,153	1.6432
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	119,540	2.2539
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	18,094	0.3412
		Interest Only:	False	Replacement(3&4):	48,602	0.0000
		Yearly Payment:	559,543	Total FRVS PD:		15.1101

(1) 80% Capital (\$6,379,366) amortized at 6.2500% for 20 years Principal & Interest of \$559,543 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$10.0789

(2) 20% ROE (\$1,594,842) times the ROE factor (0.027600) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.7929

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 168	Effective PBS Limitation	4,788,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3641	43.3641	3.1449	40.2192
Patient Care				
Direct Care	91.0310	91.0310	6.6020	84.4290
Indirect Care	55.8713	55.8713	4.0520	51.8193
Property	13.6500	15.1101	1.0958	14.0143
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.9514
Supplemental Rate Add-on				\$8.1747
Totals	203.9164	205.3765	14.8947	212.6079

***Medicaid Trend Adjustment :**



0 263478-00 - 2012/01
190.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Arbor Trail Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
611 Turner Camp Road Inverness FL 34453 County: Citrus [9] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/17/1987 Acquired Date: 7/17/1987 Entered Medicaid 7/17/1987 Med # Active Date: 10/1/2003 Previous Med # 211991	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,029 Medicare: 10,832 Medicaid: 16,786	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	699,042	1,325,208	688,932	828,557	0	3,541,739
1a	Audit Adjustments						
2	Cost Per Diem	41.6443	78.9472	41.0421	49.3600		210.9936
3	Cost Per Diem Inflated	43.4939	81.1663	42.8650			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4939	81.1663	42.8650	49.3600		216.8852
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.4340		49.2534			
7	Provider Target Rate	42.3803		50.3783			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.3803	81.1663	42.8650	13.6500		180.0616
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	42.3803	81.1663	42.8650	13.6500		180.0616
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Arbor Trail Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/17/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,025,253.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	4,211,873	9.6948
Indexed Asset Value	5,264,841	< 60% of Base:	False	20% ROE(2):	1,052,968	0.7627
FRVS Base Asset:	1,751,700	Interest Rate:	8.0700 %	Insurance Cost(3):	49,764	1.2751
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	76,211	1.9527
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	13,315	0.3412
		Interest Only:	False	Replacement(3&4):	43,710	0.0000
		Yearly Payment:	369,429	Total FRVS PD:		14.0265

(1) 80% Capital (\$4,211,873) amortized at 6.2500% for 20 years Principal & Interest of \$369,429 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.6948

(2) 20% ROE (\$1,052,968) times the ROE factor (0.027600) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7627

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,195
Comparison Date: 1/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,751,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.3803	42.3803	3.0736	39.3067
Patient Care				
Direct Care	81.1663	81.1663	5.8865	75.2798
Indirect Care	42.8650	42.8650	3.1087	39.7563
Property	13.6500	14.0265	1.0173	13.0092
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.2801
Supplemental Rate Add-on				\$8.1747
Totals	180.0616	180.4381	13.0861	190.8068

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263486-00 - 2012/01

215.73

Pinellas Point Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5601 31st Street North St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1972 Acquired Date: 3/8/1995 Entered Medicaid 3/8/1995 Med # Active Date: 10/1/2003 Previous Med # 211630	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,831 Medicare: 3,196 Medicaid: 13,830	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.44273% Occupancy: 85.98630% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.50331% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	724,578	1,100,694	680,351	243,685	0	2,749,308
1a	Audit Adjustments						
2	Cost Per Diem	52.3918	79.5874	49.1939	17.6200		198.7931
3	Cost Per Diem Inflated	54.7188	81.8245	51.3788			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.7188	81.8245	51.3788	17.6200		205.5421
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9905		54.8934			
7	Provider Target Rate	58.2921		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	54.7188	81.8245	51.3788	13.6500		201.5721
12/13	Medicaid Adjustment Rate		2.1580	1.3550			
14	Prospective Per Diem 11	54.7188	83.9825	52.7338	13.6500		205.0851
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

215.73

Pinellas Point Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/8/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,040,258.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Fixed [2]	80% Capital(1):	2,215,122	9.8575
Indexed Asset Value	2,768,903	< 60% of Base:	False	20% ROE(2):	553,781	0.7755
FRVS Base Asset:	1,604,692	Interest Rate:	8.0700 %	Insurance Cost(3):	18,012	0.9565
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	27,989	1.4863
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	6,424	0.3411
		Interest Only:	False	Replacement(3&4):	12,562	0.0000
		Yearly Payment:	194,291	Total FRVS PD:		13.4169

(1) 80% Capital (\$2,215,122) amortized at 6.2500% for 20 years Principal & Interest of \$194,291 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$9.8575

(2) 20% ROE (\$553,781) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7755

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,061,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	54.7188	54.7188	3.9684	50.7504
Patient Care				
Direct Care	83.9825	83.9825	6.0908	77.8917
Indirect Care	52.7338	52.7338	3.8245	48.9093
Property	13.6500	13.4169	0.9730	12.4439
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5604
Supplemental Rate Add-on				\$8.1747
Totals	205.0851	204.8520	14.8567	215.7304

***Medicaid Trend Adjustment :**



0 263494-00 - 2012/01

202.24

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Jacksonville Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4134 Dunn Ave. Jacksonville FL 32218 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1990 Acquired Date: 10/1/1990 Entered Medicaid 10/31/1990 Med # Active Date: 10/1/2003 Previous Med # 212725	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 163 Maximum: 59,495 Max Annualized: 59,495 Total Patient: 54,201 Medicare: 8,217 Medicaid: 38,854 Medicaid Utilization 71.68502% Occupancy: 91.10177% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.89886% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,663,941	3,347,373	1,645,036	911,903	0	7,568,253
1a	Audit Adjustments						
2	Cost Per Diem	42.8255	86.1526	42.3389	23.4700		194.7870
3	Cost Per Diem Inflated	44.7276	88.5743	44.2194			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7276	88.5743	44.2194	23.4700		200.9913
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1061		46.9705			
7	Provider Target Rate	42.0449		48.0432			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.0449	88.5743	44.2194	13.6500		188.4886
12/13	Medicaid Adjustment Rate		2.1608	1.0788			
14	Prospective Per Diem 11	42.0449	90.7351	45.2982	13.6500		191.7282
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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202.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Jacksonville Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/31/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 6,888,424 FRVS Base Asset: 3,017,400 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,227,709.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,510,739	9.0270
	< 60% of Base:	False	20% ROE(2):	1,377,685	0.7101
	Interest Rate:	8.0700 %	Insurance Cost(3):	49,150	0.9068
	Chase Rate:	3.2500 %	Taxes Cost(3):	45,255	0.8349
	Amortization Rate:	6.2500 %	Home Office(3):	18,491	0.3412
	Interest Only:	False	Replacement(3&4):	165,101	0.0000
Yearly Payment:	483,355	Total FRVS PD:		11.8200	

(1) 80% Capital (\$5,510,739) amortized at 6.2500% for 20 years Principal & Interest of \$483,355 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$9.0270

(2) 20% ROE (\$1,377,685) times the ROE factor (0.027600) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = \$0.7101

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	1/1/1990	Current RS PBS:	49,785
Comparison Bed	100	Effective PBS Limitation	3,017,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0449	42.0449	3.0493	38.9956
Patient Care				
Direct Care	90.7351	90.7351	6.5805	84.1546
Indirect Care	45.2982	45.2982	3.2852	42.0130
Property	13.6500	11.8200	0.8572	10.9628
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9436
Supplemental Rate Add-on				\$8.1747
Totals	191.7282	189.8982	13.7722	202.2443

***Medicaid Trend Adjustment :**



0 263508-00 - 2012/01
210.27

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Port Orange Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5600 Victory Gardens Blvd. Port Orange FL 32127 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/16/1992 Acquired Date: 9/16/1992 Entered Medicaid 10/9/1992 Med # Active Date: 10/1/2003 Previous Med # 211320	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,502 Medicare: 13,569 Medicaid: 12,931 Medicaid Utilization 32.73505% Occupancy: 90.18722% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.75545% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 150 Conditional: 31 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	561,068	1,108,903	690,814	732,024	0	3,092,809
1a	Audit Adjustments						
2	Cost Per Diem	43.3894	85.7554	53.4231	56.6100		239.1779
3	Cost Per Diem Inflated	45.3165	88.1659	55.7959			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.3165	88.1659	55.7959	56.6100		245.8883
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0835		54.2143			
7	Provider Target Rate	46.1131		55.4525			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3165	88.1659	55.2316	13.6500		202.3640
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.3165	88.1659	55.2316	13.6500		202.3640
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263508-00 - 2012/01
210.27

Florida Agency For Health Care Administration
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 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Port Orange Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/9/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,905,038.00		Total Amount	Per Diem
RS to Start Calcs:	1992/07	Type:	Fixed [2]	80% Capital(1):	4,349,560	9.6780
Indexed Asset Value	5,436,950	< 60% of Base:	False	20% ROE(2):	1,087,390	0.7613
FRVS Base Asset:	3,793,080	Interest Rate:	8.0700 %	Insurance Cost(3):	65,496	1.6580
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	70,169	1.7763
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	13,476	0.3411
		Interest Only:	False	Replacement(3&4):	39,612	0.0000
		Yearly Payment:	381,506	Total FRVS PD:		14.2147

(1) 80% Capital (\$4,349,560) amortized at 6.2500% for 20 years Principal & Interest of \$381,506 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6780

(2) 20% ROE (\$1,087,390) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7613

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	31,609
Comparison Date:	1/1/1992	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,793,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3165	45.3165	3.2865	42.0300
Patient Care				
Direct Care	88.1659	88.1659	6.3942	81.7717
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	14.2147	1.0309	13.1838
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8849
Supplemental Rate Add-on				\$8.1747
Totals	202.3640	202.9287	14.7172	210.2711

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263516-00 - 2012/01

193.48

Macclenny Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
755 South 5th Street MacClenny FL 32063 County: Baker [2] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/27/1990 Acquired Date: 9/29/1995 Entered Medicaid 8/27/1990 Med # Active Date: 10/1/2003 Previous Med # 212105	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,229 Medicare: 6,257 Medicaid: 29,863	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.43203% Occupancy: 94.13013% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.68503% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,237,414	2,275,576	1,213,317	956,512	0	5,682,819	
1a	Audit Adjustments							
2	Cost Per Diem	41.4364	76.2005	40.6294	32.0300		190.2963	
3	Cost Per Diem Inflated	43.2768	78.3424	42.4339				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	43.2768	78.3424	42.4339	32.0300		196.0831	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	44.9113		45.9971				
7	Provider Target Rate	45.9370		47.0476				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500			
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625				
10	Target Rate Class Ceiling	46.7146		55.2316				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	43.2768	78.3424	42.4339	13.6500		177.7031	
12/13	Medicaid Adjustment Rate		1.9771	1.0709				
14	Prospective Per Diem 11	43.2768	80.3195	43.5048	13.6500		180.7511	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002						

Provider has submitted Supplemental Schedule.



0 263516-00 - 2012/01
193.48

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Macclenny Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/27/1990	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,102,079.00	Total Amount	Per Diem
RS to Start Calcs: 1995/07	Type: Fixed [2]	80% Capital(1): 4,323,938	9.6210
Indexed Asset Value 5,404,922	< 60% of Base: False	20% ROE(2): 1,080,984	0.7569
FRVS Base Asset: 3,917,950	Interest Rate: 8.0700 %	Insurance Cost(3): 45,659	1.1074
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 63,057	1.5294
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 14,065	0.3411
	Interest Only: False	Replacement(3&4): 19,514	0.0000
	Yearly Payment: 379,259	Total FRVS PD:	13.3558

(1) 80% Capital (\$4,323,938) amortized at 6.2500% for 20 years Principal & Interest of \$379,259 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6210

(2) 20% ROE (\$1,080,984) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7569

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2768	43.2768	3.1386	40.1382
Patient Care				
Direct Care	80.3195	80.3195	5.8251	74.4944
Indirect Care	43.5048	43.5048	3.1552	40.3496
Property	13.6500	13.3558	0.9686	12.3872
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9402
Supplemental Rate Add-on				\$8.1747
Totals	180.7511	180.4569	13.0875	193.4843

***Medicaid Trend Adjustment :**



0 263524-00 - 2012/01

202.42

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Medicana Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1710 Lake Worth Road Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1978 Acquired Date: 7/1/1978 Entered Medicaid 7/1/1978 Med # Active Date: 10/1/2003 Previous Med # 260096	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 31,894 Medicare: 3,990 Medicaid: 21,008 Medicaid Utilization 65.86819% Occupancy: 74.68446% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 93.37333% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,031,164	1,686,356	940,221	205,668	0	3,863,409
1a	Audit Adjustments						
2	Cost Per Diem	49.0843	80.2721	44.7554	9.7900		183.9018
3	Cost Per Diem Inflated	51.2644	82.5285	46.7432			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2644	82.5285	46.7432	9.7900		190.3261
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8109		60.9659			
7	Provider Target Rate	63.2226		62.3583			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	82.5285	46.7432	9.7900		190.0192
12/13	Medicaid Adjustment Rate		1.4733	0.8344			
14	Prospective Per Diem 11	50.9575	84.0018	47.5776	9.7900		192.3269
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263524-00 - 2012/01
202.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Medicana Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,343,842.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Fixed [2]	80% Capital(1):	1,695,071	3.8683
Indexed Asset Value	2,118,839	< 60% of Base:	False	20% ROE(2):	423,768	0.3043
FRVS Base Asset:	1,241,751	Interest Rate:	8.0700 %	Insurance Cost(3):	24,032	0.7535
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	53,395	1.6741
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	10,881	0.3412
		Interest Only:	False	Replacement(3&4):	20,071	0.0000
		Yearly Payment:	148,677	Total FRVS PD:		6.9414

(1) 80% Capital (\$1,695,071) amortized at 6.2500% for 20 years Principal & Interest of \$148,677 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$3.8683

(2) 20% ROE (\$423,768) times the ROE factor (0.027600) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.3043

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 117	Effective PBS Limitation	3,334,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	84.0018	84.0018	6.0922	77.9096
Indirect Care	47.5776	47.5776	3.4505	44.1271
Property	9.7900	6.9414	0.5034	6.4380
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5041
Supplemental Rate Add-on				\$8.1747
Totals	192.3269	189.4783	13.7418	202.4153

***Medicaid Trend Adjustment :**



0 263532-00 - 2012/01

203.96

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Tiffany Hall Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 SE Hillmoor Drive Port St. Lucie FL 34952 County: St Lucie [56] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/8/1993 Acquired Date: 6/8/1993 Entered Medicaid 7/6/1993 Med # Active Date: 10/1/2003 Previous Med # 258466	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,513 Medicare: 7,477 Medicaid: 25,026	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 61.77276% Occupancy: 92.49544% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.64127% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,158,586	2,046,088	1,076,950	1,060,352	0	5,341,976
1a	Audit Adjustments						
2	Cost Per Diem	46.2953	81.7585	43.0332	42.3700		213.4570
3	Cost Per Diem Inflated	48.3515	84.0567	44.9445			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.3515	84.0567	44.9445	42.3700		219.7227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3545		53.5769			
7	Provider Target Rate	50.4817		54.8005			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.3515	84.0567	44.9445	13.6500		191.0027
12/13	Medicaid Adjustment Rate		1.1133	0.5953			
14	Prospective Per Diem 11	48.3515	85.1700	45.5398	13.6500		192.7113
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263532-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.96

Tiffany Hall Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/6/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/01 Indexed Asset Value 5,207,643 FRVS Base Asset: 3,861,960 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	3,903,365.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	4,166,114
	Interest Rate:	8.0700 %	20% ROE(2):	1,041,529
	Chase Rate:	3.2500 %	Insurance Cost(3):	45,438
	Amortization Rate:	6.2500 %	Taxes Cost(3):	80,251
	Interest Only:	False	Home Office(3):	13,821
Yearly Payment:	365,416	Replacement(3&4):	21,614	
		Total FRVS PD:	13.4426	

(1) 80% Capital (\$4,166,114) amortized at 6.2500% for 20 years Principal & Interest of \$365,416 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2698

(2) 20% ROE (\$1,041,529) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7292

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.3515	48.3515	3.5067	44.8448
Patient Care				
Direct Care	85.1700	85.1700	6.1769	78.9931
Indirect Care	45.5398	45.5398	3.3027	42.2371
Property	13.6500	13.4426	0.9749	12.4677
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2466
Supplemental Rate Add-on				\$8.1747
Totals	192.7113	192.5039	13.9612	203.9640

***Medicaid Trend Adjustment :**



0 263541-00 - 2012/01
210.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Metrowest Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5900 West Gate Drive Orlando FL 32835 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/21/1994 Acquired Date: 10/1/1995 Entered Medicaid 10/21/1994 Med # Active Date: 10/1/2003 Previous Med # 212041	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,490 Medicare: 6,762 Medicaid: 27,335 Medicaid Utilization 71.01845% Occupancy: 87.87671% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.86677% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 151 Conditional: 30 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,519	2,212,670	1,403,891	603,830	0	5,597,910
1a	Audit Adjustments						
2	Cost Per Diem	50.3940	80.9464	51.3587	22.0900		204.7891
3	Cost Per Diem Inflated	52.6322	83.2217	53.6398			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.6322	83.2217	53.6398	22.0900		211.5837
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7248		52.6240			
7	Provider Target Rate	46.7691		53.8258			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7691	83.2217	53.6398	13.6500		197.2806
12/13	Medicaid Adjustment Rate		1.6417	1.0581			
14	Prospective Per Diem 11	46.7691	84.8634	54.6979	13.6500		199.9804
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263541-00 - 2012/01
210.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Metrowest Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/21/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,974,992.00	Total Amount	Per Diem
RS to Start Calcs: 1995/07	Type: Fixed [2]	80% Capital(1): 4,178,278	9.2969
Indexed Asset Value 5,222,848	< 60% of Base: False	20% ROE(2): 1,044,570	0.7314
FRVS Base Asset: 4,070,662	Interest Rate: 8.0700 %	Insurance Cost(3): 41,370	1.0748
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 77,421	2.0115
ROE Factor 0.027600	Amortization Rate: 6.2500 %	Home Office(3): 13,131	0.3412
	Interest Only: False	Replacement(3&4): 22,691	0.0000
	Yearly Payment: 366,483	Total FRVS PD: 13.4558	

(1) 80% Capital (\$4,178,278) amortized at 6.2500% for 20 years Principal & Interest of \$366,483 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2969

(2) 20% ROE (\$1,044,570) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7314

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 33,820
Comparison Date: 1/1/1994	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7691	46.7691	3.3919	43.3772
Patient Care				
Direct Care	84.8634	84.8634	6.1547	78.7087
Indirect Care	54.6979	54.6979	3.9669	50.7310
Property	13.6500	13.4558	0.9759	12.4799
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4343
Supplemental Rate Add-on				\$8.1747
Totals	199.9804	199.7862	14.4894	210.9058

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263559-00 - 2012/01
193.32

Moultrie Creek Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 Mariner Health Way St. Augustine FL 32086 County: St Johns [55] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/9/1986 Acquired Date: 12/9/1986 Entered Medicaid 12/9/1986 Med # Active Date: 10/1/2003 Previous Med # 212300	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,876 Medicare: 10,428 Medicaid: 23,573	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.29239% Occupancy: 95.60730% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.53185% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,009,978	1,822,233	1,012,637	1,206,938	0	5,051,786
1a	Audit Adjustments						
2	Cost Per Diem	42.8447	77.3017	42.9575	51.2000		214.3039
3	Cost Per Diem Inflated	44.7476	79.4746	44.8655			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7476	79.4746	44.8655	51.2000		220.2877
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2222		48.0583			
7	Provider Target Rate	47.2778		49.1559			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7476	79.4746	44.8655	13.6500		182.7377
12/13	Medicaid Adjustment Rate		0.5626	0.3176			
14	Prospective Per Diem 11	44.7476	80.0372	45.1831	13.6500		183.6179
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263559-00 - 2012/01
193.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Moultrie Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,102,200.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed [2]	80% Capital(1):	4,264,520	9.4888
Indexed Asset Value	5,330,650	< 60% of Base:	False	20% ROE(2):	1,066,130	0.7465
FRVS Base Asset:	1,629,898	Interest Rate:	8.0700 %	Insurance Cost(3):	56,891	1.3586
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	24,987	0.5967
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	14,286	0.3412
		Interest Only:	False	Replacement(3&4):	49,274	0.0000
		Yearly Payment:	374,047	Total FRVS PD:		12.5318

(1) 80% Capital (\$4,264,520) amortized at 6.2500% for 20 years Principal & Interest of \$374,047 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4888

(2) 20% ROE (\$1,066,130) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7465

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,724,220

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7476	44.7476	3.2453	41.5023
Patient Care				
Direct Care	80.0372	80.0372	5.8046	74.2326
Indirect Care	45.1831	45.1831	3.2769	41.9062
Property	13.6500	12.5318	0.9089	11.6229
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8832
Supplemental Rate Add-on				\$8.1747
Totals	183.6179	182.4997	13.2357	193.3219

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263567-00 - 2012/01

201.11

Orange City Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2810 Enterprise Road DeBary FL 32713 County: Volusia [64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/31/1991 Acquired Date: 5/31/1991 Entered Medicaid 6/26/1991 Med # Active Date: 10/1/2003 Previous Med # 211371	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,685 Medicare: 10,430 Medicaid: 23,521	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.42557% Occupancy: 95.17123% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.98665% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	986,667	1,942,816	1,145,253	1,016,578	0	5,091,314
1a	Audit Adjustments						
2	Cost Per Diem	41.9483	82.5992	48.6907	43.2200		216.4582
3	Cost Per Diem Inflated	43.8114	84.9210	50.8533			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8114	84.9210	50.8533	43.2200		222.8057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.9608		47.1735			
7	Provider Target Rate	44.9648		48.2509			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8114	84.9210	48.2509	13.6500		190.6333
12/13	Medicaid Adjustment Rate		0.6139	0.3488			
14	Prospective Per Diem 11	43.8114	85.5349	48.5997	13.6500		191.5960
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263567-00 - 2012/01
201.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Orange City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/26/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/01 Indexed Asset Value 5,201,366 FRVS Base Asset: 3,642,240 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,937,265.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,161,093	9.2586
	< 60% of Base:	False	20% ROE(2):	1,040,273	0.7283
	Interest Rate:	8.0700 %	Insurance Cost(3):	51,229	1.2290
	Chase Rate:	3.2500 %	Taxes Cost(3):	59,162	1.4193
	Amortization Rate:	6.2500 %	Home Office(3):	14,221	0.3412
	Interest Only:	False	Replacement(3&4):	128,367	0.0000
Yearly Payment:	364,975	Total FRVS PD:	12.9764		

(1) 80% Capital (\$4,161,093) amortized at 6.2500% for 20 years Principal & Interest of \$364,975 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2586

(2) 20% ROE (\$1,040,273) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7283

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8114	43.8114	3.1774	40.6340
Patient Care				
Direct Care	85.5349	85.5349	6.2034	79.3315
Indirect Care	48.5997	48.5997	3.5247	45.0750
Property	13.6500	12.9764	0.9411	12.0353
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8581
Supplemental Rate Add-on				\$8.1747
Totals	191.5960	190.9224	13.8466	201.1086

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263575-00 - 2012/01

197.98

Bayshore Pointe Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
3117 West Gandy Blvd. Tampa FL 33611 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 12/1/2003 Previous Med # 218022	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 56.03711% Occupancy: 91.36401% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.22672% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 39,017 Medicare: 13,414 Medicaid: 21,864	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.27500780		
			Cost: 1.04441483		
			Target: 1.01598689		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.02810903		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,017,016	1,785,126	968,754	594,264	0	4,365,160
1a	Audit Adjustments						
2	Cost Per Diem	46.5156	81.6468	44.3082	27.1800		199.6506
3	Cost Per Diem Inflated	48.5816	83.9418	46.2761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5816	83.9418	46.2761	27.1800		205.9795
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0899		50.3796			
7	Provider Target Rate	43.0512		51.5302			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0512	83.9418	46.2761	13.6500		186.9191
12/13	Medicaid Adjustment Rate		0.5701	0.3143			
14	Prospective Per Diem 11	43.0512	84.5119	46.5904	13.6500		187.8035
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263575-00 - 2012/01
197.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bayshore Pointe Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,925,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	3,772,960	10.0373
Indexed Asset Value	4,716,200	< 60% of Base:	False	20% ROE(2):	943,240	0.6773
FRVS Base Asset:	683,039	Interest Rate:	8.2500 %	Insurance Cost(3):	43,712	1.1203
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	130,811	3.3527
ROE Factor	0.027600	Amortization Rate:	8.2500 %	Home Office(3):	13,311	0.3412
		Interest Only:	False	Replacement(3&4):	61,541	0.0000
		Yearly Payment:	385,777	Total FRVS PD:		15.5288

- (1) 80% Capital (\$3,772,960) amortized at 8.2500% for 20 years Principal & Interest of \$385,777 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$10.0373
- (2) 20% ROE (\$943,240) times the ROE factor (0.027600) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.6773
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 75	Effective PBS Limitation	2,137,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0512	43.0512	3.1223	39.9289
Patient Care				
Direct Care	84.5119	84.5119	6.1292	78.3827
Indirect Care	46.5904	46.5904	3.3789	43.2115
Property	13.6500	15.5288	1.1262	14.4026
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.8787
Supplemental Rate Add-on				\$8.1747
Totals	187.8035	189.6823	13.7566	197.9791

***Medicaid Trend Adjustment :**



0 263583-00 - 2012/01

201.21

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Royal Oaks Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2225 Knox McRae Drive Titusville FL 32780 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/9/1993 Acquired Date: 4/9/1993 Entered Medicaid 4/9/1993 Med # Active Date: 10/1/2003 Previous Med # 210609	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,129 Medicare: 9,450 Medicaid: 18,684 Medicaid Utilization 46.55984% Occupancy: 91.61872% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.54517% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 167 Conditional: 14 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	811,436	1,534,136	900,080	1,018,465	0	4,264,117
1a	Audit Adjustments						
2	Cost Per Diem	43.4295	82.1096	48.1738	54.5100		228.2229
3	Cost Per Diem Inflated	45.3584	84.4176	50.3134			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.3584	84.4176	50.3134	54.5100		234.5994
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4831		48.3432			
7	Provider Target Rate	43.4533		49.4473			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4533	84.4176	49.4473	13.6500		190.9682
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.4533	84.4176	49.4473	13.6500		190.9682
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263583-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

201.21

Royal Oaks Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/9/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/01 Indexed Asset Value 5,062,562 FRVS Base Asset: 3,861,960 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,912,325.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,050,050	9.0116
	< 60% of Base:	False	20% ROE(2):	1,012,512	0.7089
	Interest Rate:	8.0700 %	Insurance Cost(3):	62,052	1.5463
	Chase Rate:	3.2500 %	Taxes Cost(3):	71,105	1.7719
	Amortization Rate:	6.2500 %	Home Office(3):	13,690	0.3411
	Interest Only:	False	Replacement(3&4):	21,855	0.0000
Yearly Payment:	355,236	Total FRVS PD:		13.3798	

(1) 80% Capital (\$4,050,050) amortized at 6.2500% for 20 years Principal & Interest of \$355,236 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.0116

(2) 20% ROE (\$1,012,512) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7089

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4533	43.4533	3.1514	40.3019
Patient Care				
Direct Care	84.4176	84.4176	6.1223	78.2953
Indirect Care	49.4473	49.4473	3.5861	45.8612
Property	13.6500	13.3798	0.9704	12.4094
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1694
Supplemental Rate Add-on				\$8.1747
Totals	190.9682	190.6980	13.8302	201.2119

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263591-00 - 2012/01

202.44

Tuskawilla Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1024 Willa Springs Drive Winter Springs FL 32708 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 11/7/1994 Acquired Date: 11/7/1994 Entered Medicaid 11/7/1994 Med # Active Date: 10/1/2003 Previous Med # 211966	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 98 Maximum: 35,770 Max Annualized: 35,770 Total Patient: 32,834 Medicare: 12,610 Medicaid: 16,445	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 50.08528% Occupancy: 91.79201% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.76182% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,942	1,397,065	794,490	909,409	0	3,801,906
1a	Audit Adjustments						
2	Cost Per Diem	42.6234	84.9538	48.3119	55.3000		231.1891
3	Cost Per Diem Inflated	44.5165	87.3418	50.4577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5165	87.3418	50.4577	55.3000		237.6160
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5165	87.3418	50.4577	13.6500		195.9660
12/13	Medicaid Adjustment Rate		0.0084	0.0048			
14	Prospective Per Diem 11	44.5165	87.3502	50.4625	13.6500		195.9792
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263591-00 - 2012/01
202.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Tuskawilla Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/7/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 3,838,288 FRVS Base Asset: 3,043,800 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,981,982.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,070,630	8.3661
	< 60% of Base:	False	20% ROE(2):	767,658	0.6581
	Interest Rate:	8.0700 %	Insurance Cost(3):	56,379	1.7171
	Chase Rate:	3.2500 %	Taxes Cost(3):	65,611	1.9983
	Amortization Rate:	6.2500 %	Home Office(3):	11,201	0.3411
	Interest Only:	False	Replacement(3&4):	7,312	0.0000
Yearly Payment:	269,329	Total FRVS PD:		13.0807	

(1) 80% Capital (\$3,070,630) amortized at 6.2500% for 20 years Principal & Interest of \$269,329 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$8.3661

(2) 20% ROE (\$767,658) times the ROE factor (0.027600) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = \$0.6581

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5165	44.5165	3.2285	41.2880
Patient Care				
Direct Care	87.3502	87.3502	6.3350	81.0152
Indirect Care	50.4625	50.4625	3.6598	46.8027
Property	13.6500	13.0807	0.9487	12.1320
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.0273
Supplemental Rate Add-on				\$8.1747
Totals	195.9792	195.4099	14.1720	202.4399

***Medicaid Trend Adjustment :**



0 263605-00 - 2012/01
221.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hunter's Creek Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
14155 Town Loop Blvd. Orlando FL 32837 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/26/1998 Acquired Date: 5/26/1998 Entered Medicaid 5/26/1998 Med # Active Date: 10/1/2003 Previous Med # 213691	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 39,886 Medicare: 12,007 Medicaid: 24,756 Medicaid Utilization 62.06689% Occupancy: 94.20406% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.77745% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,646	2,237,994	1,577,832	1,350,440	0	6,288,912
1a	Audit Adjustments						
2	Cost Per Diem	45.3484	90.4021	63.7353	54.5500		254.0358
3	Cost Per Diem Inflated	47.3625	92.9432	66.5661			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3625	92.9432	66.5661	54.5500		261.4218
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5527		71.0412			
7	Provider Target Rate	46.5931		72.6637			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5931	92.9432	56.9334	13.6500		210.1197
12/13	Medicaid Adjustment Rate		1.2617	0.7729			
14	Prospective Per Diem 11	46.5931	94.2049	57.7063	13.6500		212.1543
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263605-00 - 2012/01
221.56

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hunter's Creek Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/26/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,052,231.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Fixed [2]	80% Capital(1):	4,251,164	9.7852
Indexed Asset Value	5,313,955	< 60% of Base:	False	20% ROE(2):	1,062,791	0.7698
FRVS Base Asset:	4,343,620	Interest Rate:	8.0700 %	Insurance Cost(3):	66,085	1.6568
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	122,575	3.0731
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	13,607	0.3411
		Interest Only:	False	Replacement(3&4):	20,689	0.0000
		Yearly Payment:	372,876	Total FRVS PD:		15.6260

(1) 80% Capital (\$4,251,164) amortized at 6.2500% for 20 years Principal & Interest of \$372,876 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.7852

(2) 20% ROE (\$1,062,791) times the ROE factor (0.027600) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7698

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	4,343,620

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5931	46.5931	3.3791	43.2140
Patient Care				
Direct Care	94.2049	94.2049	6.8321	87.3728
Indirect Care	57.7063	57.7063	4.1851	53.5212
Property	13.6500	15.6260	1.1333	14.4927
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7832
Supplemental Rate Add-on				\$8.1747
Totals	212.1543	214.1303	15.5296	221.5586

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263613-00 - 2012/01

193.88

Boulevard Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2839 South Seacrest Boulevard Boynton Beach FL 33435 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1975 Acquired Date: 1/1/1975 Entered Medicaid 1/1/1975 Med # Active Date: 10/1/2003 Previous Med # 259951	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 167 Maximum: 60,955 Max Annualized: 60,955 Total Patient: 56,306 Medicare: 8,723 Medicaid: 29,429	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.26619% Occupancy: 92.37306% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.48828% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,224,187	2,297,519	1,302,663	981,457	0	5,805,826
1a	Audit Adjustments						
2	Cost Per Diem	41.5980	78.0699	44.2646	33.3500		197.2825
3	Cost Per Diem Inflated	43.4456	80.2644	46.2306			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4456	80.2644	46.2306	33.3500		203.2906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7892		55.5725			
7	Provider Target Rate	49.9035		56.8417			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4456	80.2644	46.2306	13.6500		183.5906
12/13	Medicaid Adjustment Rate		0.2046	0.1179			
14	Prospective Per Diem 11	43.4456	80.4690	46.3485	13.6500		183.9131
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263613-00 - 2012/01
193.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Boulevard Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/29/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,011,868.00		Total Amount	Per Diem
RS to Start Calcs:	1975/01	Type:	Fixed [2]	80% Capital(1):	4,200,034	6.7152
Indexed Asset Value	5,250,042	< 60% of Base:	False	20% ROE(2):	1,050,008	0.5283
FRVS Base Asset:	1,533,066	Interest Rate:	8.0700 %	Insurance Cost(3):	51,534	0.9152
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	123,663	2.1963
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	19,209	0.3412
		Interest Only:	False	Replacement(3&4):	59,141	0.0000
		Yearly Payment:	368,391	Total FRVS PD:		10.6962

(1) 80% Capital (\$4,200,034) amortized at 6.2500% for 20 years Principal & Interest of \$368,391 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$6.7152

(2) 20% ROE (\$1,050,008) times the ROE factor (0.027600) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.5283

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4456	43.4456	3.1509	40.2947
Patient Care				
Direct Care	80.4690	80.4690	5.8359	74.6331
Indirect Care	46.3485	46.3485	3.3614	42.9871
Property	13.6500	10.6962	0.7757	9.9205
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8734
Supplemental Rate Add-on				\$8.1747
Totals	183.9131	180.9593	13.1239	193.8835

***Medicaid Trend Adjustment :**



0 263621-00 - 2012/01

205.70

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Palm City Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2505 SW Martin Highway Palm City FL 34990 County: Martin [43] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/19/1993 Acquired Date: 10/19/1993 Entered Medicaid 10/19/1993 Med # Active Date: 10/1/2003 Previous Med # 211265	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,306 Medicare: 11,496 Medicaid: 21,926 Medicaid Utilization 51.82716% Occupancy: 96.58904% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.75925% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	959,285	1,877,313	1,024,832	1,150,896	0	5,012,326
1a	Audit Adjustments						
2	Cost Per Diem	43.7510	85.6204	46.7405	52.4900		228.6019
3	Cost Per Diem Inflated	45.6942	88.0271	48.8165			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.6942	88.0271	48.8165	52.4900		235.0278
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4647		51.7716			
7	Provider Target Rate	46.5030		52.9540			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.6942	88.0271	48.8165	13.6500		196.1878
12/13	Medicaid Adjustment Rate		0.1809	0.1003			
14	Prospective Per Diem 11	45.6942	88.2080	48.9168	13.6500		196.4690
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263621-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.70

Palm City Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/19/1993 Year of Phase-In/ Full: RS to Start Calcs: 1993/07 Indexed Asset Value 4,991,827 FRVS Base Asset: 3,930,360 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 3,785,633.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Fixed [2]		80% Capital(1): 3,993,462	8.8856			
	< 60% of Base: False		20% ROE(2): 998,365	0.6990			
	Interest Rate: 8.0700 %		Insurance Cost(3): 56,993	1.3472			
	Chase Rate: 3.2500 %		Taxes Cost(3): 96,237	2.2748			
	Amortization Rate: 6.2500 %		Home Office(3): 14,433	0.3412			
Interest Only: False		Replacement(3&4): 21,849	0.0000				
Yearly Payment: 350,272		Total FRVS PD:	13.5478				

(1) 80% Capital (\$3,993,462) amortized at 6.2500% for 20 years Principal & Interest of \$350,272 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.8856

(2) 20% ROE (\$998,365) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6990

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 32,753
Comparison Date: 1/1/1993	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,930,360

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.6942	45.6942	3.3139	42.3803
Patient Care				
Direct Care	88.2080	88.2080	6.3972	81.8108
Indirect Care	48.9168	48.9168	3.5477	45.3691
Property	13.6500	13.5478	0.9825	12.5653
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.4028
Supplemental Rate Add-on				\$8.1747
Totals	196.4690	196.3668	14.2413	205.7030

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263834-00 - 2012/01

191.44

Bay Pointe Nursing Pavillion

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4201 31st Street South St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1984 Acquired Date: 11/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 7/1/2003 Previous Med # 251216	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 40,080 Max Annualized: 43,800 Total Patient: 36,282 Medicare: 4,366 Medicaid: 26,609	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 73.33940% Occupancy: 90.52395% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.17645% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	914,663	1,936,105	1,350,983	560,918	0	4,762,669
1a	Audit Adjustments						
2	Cost Per Diem	34.3742	72.7613	50.7717	21.0800		178.9872
3	Cost Per Diem Inflated	35.8512	74.7535	52.9532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.8512	74.7535	52.9532	21.0800		184.6379
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.8512	74.7535	48.2597	13.6500		172.5144
12/13	Medicaid Adjustment Rate		1.9628	1.2671			
14	Prospective Per Diem 11	35.8512	76.7163	49.5268	13.6500		175.7443
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263834-00 - 2012/01
191.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bay Pointe Nursing Pavillion

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,058,768	10.9186
Indexed Asset Value	5,073,460	< 60% of Base:	False	20% ROE(2):	1,014,692	0.6932
FRVS Base Asset:	3,072,207	Interest Rate:	11.9600 %	Insurance Cost(3):	83,146	2.2917
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	55,843	1.5391
ROE Factor	0.026930	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	104,717	0.0000
		Yearly Payment:	430,413	Total FRVS PD:		15.4426

(1) 80% Capital (\$4,058,768) amortized at 8.7500% for 20 years Principal & Interest of \$430,413 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.9186

(2) 20% ROE (\$1,014,692) times the ROE factor (0.026930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6932

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.8512	35.8512	2.6001	33.2511
Patient Care				
Direct Care	76.7163	76.7163	5.5638	71.1525
Indirect Care	49.5268	49.5268	3.5919	45.9349
Property	13.6500	15.4426	1.1200	14.3226
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6049
Supplemental Rate Add-on				\$8.1747
Totals	175.7443	177.5369	12.8758	191.4407

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263842-00 - 2012/01

185.67

Boca Raton Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
755 Meadows Road Boca Raton FL 33486 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1978 Acquired Date: 9/1/1978 Entered Medicaid 9/1/1978 Med # Active Date: 7/1/2003 Previous Med # 202177	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 40,080 Max Annualized: 43,800 Total Patient: 33,014 Medicare: 3,681 Medicaid: 21,792	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.00836% Occupancy: 82.37026% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.98239% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	760,413	1,595,911	983,531	580,539	0	3,920,394
1a	Audit Adjustments						
2	Cost Per Diem	34.8941	73.2338	45.1327	26.6400		179.9006
3	Cost Per Diem Inflated	36.3934	75.2390	47.0719			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.3934	75.2390	47.0719	26.6400		185.3443
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.3934	75.2390	47.0719	13.6500		172.3543
12/13	Medicaid Adjustment Rate		1.3550	0.8477			
14	Prospective Per Diem 11	36.3934	76.5940	47.9196	13.6500		174.5570
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263842-00 - 2012/01
185.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Boca Raton Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,700,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/07	Type:	Variable [3]	80% Capital(1):	1,978,981	5.3237
Indexed Asset Value	2,473,726	< 60% of Base:	False	20% ROE(2):	494,745	0.3380
FRVS Base Asset:	1,240,709	Interest Rate:	11.9600 %	Insurance Cost(3):	82,916	2.5115
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	66,943	2.0277
ROE Factor	0.026930	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	128,394	0.0000
		Yearly Payment:	209,862	Total FRVS PD:		10.2009

(1) 80% Capital (\$1,978,981) amortized at 8.7500% for 20 years Principal & Interest of \$209,862 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.3237

(2) 20% ROE (\$494,745) times the ROE factor (0.026930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3380

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.3934	36.3934	2.6394	33.7540
Patient Care				
Direct Care	76.5940	76.5940	5.5549	71.0391
Indirect Care	47.9196	47.9196	3.4753	44.4443
Property	13.6500	10.2009	0.7398	9.4611
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7918
Supplemental Rate Add-on				\$8.1747
Totals	174.5570	171.1079	12.4094	185.6650

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263851-00 - 2012/01

209.38

Deerfield Beach Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 East Sample Road Pompano Beach FL 33064 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/1/1978 Acquired Date: 10/26/1988 Entered Medicaid 10/26/1988 Med # Active Date: 7/1/2003 Previous Med # 211770	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 194 Maximum: 70,810 Max Annualized: 70,810 Total Patient: 45,789 Medicare: 6,149 Medicaid: 28,663	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.59800% Occupancy: 64.66460% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 80.84611% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,015	2,165,584	1,614,119	959,064	0	5,873,782
1a	Audit Adjustments						
2	Cost Per Diem	39.5986	75.5533	56.3137	33.4600		204.9256
3	Cost Per Diem Inflated	41.3574	77.6770	58.8149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3574	77.6770	58.8149	33.4600		211.3093
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7361		56.3840			
7	Provider Target Rate	48.8263		57.6717			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3574	77.6770	57.6717	13.6500		190.3561
12/13	Medicaid Adjustment Rate		1.1009	0.8174			
14	Prospective Per Diem 11	41.3574	78.7779	58.4891	13.6500		192.2744
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263851-00 - 2012/01
209.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Deerfield Beach Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/26/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/07	Type: Variable [3]	80% Capital(1): 6,008,697	9.9985
Indexed Asset Value: 7,510,871	< 60% of Base: False	20% ROE(2): 1,502,174	0.6506
FRVS Base Asset: 2,135,400	Interest Rate: 9.7100 %	Insurance Cost(3): 151,522	3.3091
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %	Taxes Cost(3): 211,081	4.6099
ROE Factor: 0.027600	Amortization Rate: 8.7500 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 164,198	0.0000
	Yearly Payment: 637,194	Total FRVS PD:	18.5681

(1) 80% Capital (\$6,008,697) amortized at 8.7500% for 20 years Principal & Interest of \$637,194 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$9.9985

(2) 20% ROE (\$1,502,174) times the ROE factor (0.027600) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = \$0.6506

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	17,795
Comparison Date: 1/1/1978	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	2,135,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3574	41.3574	2.9994	38.3580
Patient Care				
Direct Care	78.7779	78.7779	5.7133	73.0646
Indirect Care	58.4891	58.4891	4.2419	54.2472
Property	13.6500	18.5681	1.3466	17.2215
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3098
Supplemental Rate Add-on				\$8.1747
Totals	192.2744	197.1925	14.3012	209.3758

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263869-00 - 2012/01

191.11

Rehabilitation and Health Care Center of Cape Co

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2629 Del Prado Blvd Cape Coral FL 33904 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1979 Acquired Date: 1/1/1979 Entered Medicaid 3/1/1979 Med # Active Date: 7/1/2003 Previous Med # 219231	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 40,080 Max Annualized: 43,800 Total Patient: 38,453 Medicare: 9,854 Medicaid: 22,731	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 59.11372% Occupancy: 95.94062% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.94857% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,924	1,850,397	1,129,601	483,261	0	4,214,183
1a	Audit Adjustments						
2	Cost Per Diem	33.0352	81.4041	49.6943	21.2600		185.3936
3	Cost Per Diem Inflated	34.4546	83.6330	51.8295			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.4546	83.6330	51.8295	21.2600		191.1771
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.4546	83.6330	50.1876	13.6500		181.9252
12/13	Medicaid Adjustment Rate		0.8575	0.5146			
14	Prospective Per Diem 11	34.4546	84.4905	50.7022	13.6500		183.2973
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263869-00 - 2012/01
191.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rehabilitation and Health Care Center of Cape Co

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 3,000,000.00			Total Amount	Per Diem
RS to Start Calcs: 1979/01	Type: Variable [3]		80% Capital(1): 2,163,139	5.8192	
Indexed Asset Value 2,703,924	< 60% of Base: False		20% ROE(2): 540,785	0.3694	
FRVS Base Asset: 1,715,226	Interest Rate: 11.9600 %		Insurance Cost(3): 90,009	2.3408	
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %		Taxes Cost(3): 80,717	2.0991	
ROE Factor 0.026930	Amortization Rate: 8.7500 %		Home Office(3): 0	0.0000	
	Interest Only: False		Replacement(3&4): 213,390	0.0000	
	Yearly Payment: 229,391		Total FRVS PD:	10.6285	

- (1) 80% Capital (\$2,163,139) amortized at 8.7500% for 20 years Principal & Interest of \$229,391 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8192
- (2) 20% ROE (\$540,785) times the ROE factor (0.026930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3694
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.4546	34.4546	2.4988	31.9558
Patient Care				
Direct Care	84.4905	84.4905	6.1276	78.3629
Indirect Care	50.7022	50.7022	3.6771	47.0251
Property	13.6500	10.6285	0.7708	9.8577
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7301
Supplemental Rate Add-on				\$8.1747
Totals	183.2973	180.2758	13.0743	191.1063

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263877-00 - 2012/01

184.00

Carrollwood Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
15002 Hutchinson Road Tampa FL 33625 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1987 Acquired Date: 1/1/1987 Entered Medicaid 1/1/1987 Med # Active Date: 7/1/2003 Previous Med # 209236	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 40,080 Max Annualized: 43,800 Total Patient: 38,773 Medicare: 7,870 Medicaid: 24,336	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,078	1,799,662	1,112,496	514,706	0	4,180,942
1a	Audit Adjustments						
2	Cost Per Diem	30.9861	73.9506	45.7140	21.1500		171.8007
3	Cost Per Diem Inflated	32.3175	75.9754	47.6782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.3175	75.9754	47.6782	21.1500		177.1211
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.3175	75.9754	47.6782	13.6500		169.6211
12/13	Medicaid Adjustment Rate		1.0911	0.6847			
14	Prospective Per Diem 11	32.3175	77.0665	48.3629	13.6500		171.3969
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263877-00 - 2012/01
184.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

Carrollwood Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 5,100,000.00			
RS to Start Calcs: 1987/01		Type: Variable [3]	80% Capital(1):	4,228,589	11.3755
Indexed Asset Value 5,285,736		< 60% of Base: False	20% ROE(2):	1,057,147	0.7222
FRVS Base Asset: 3,057,712		Interest Rate: 11.9600 %	Insurance Cost(3):	85,467	2.2043
Occup Adj Factor: 0.9000		Chase Rate: 6.7500 %	Taxes Cost(3):	43,581	1.1240
ROE Factor 0.026930		Amortization Rate: 8.7500 %	Home Office(3):	0	0.0000
		Interest Only: False	Replacement(3&4):	130,701	0.0000
		Yearly Payment: 448,422	Total FRVS PD:		15.4260

(1) 80% Capital (\$4,228,589) amortized at 8.7500% for 20 years Principal & Interest of \$448,422 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3755

(2) 20% ROE (\$1,057,147) times the ROE factor (0.026930) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7222

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.3175	32.3175	2.3438	29.9737
Patient Care				
Direct Care	77.0665	77.0665	5.5892	71.4773
Indirect Care	48.3629	48.3629	3.5075	44.8554
Property	13.6500	15.4260	0.9900	12.6600
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8571
Supplemental Rate Add-on				\$8.1747
Totals	171.3969	173.1729	12.4305	183.9982

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263885-00 - 2012/01

197.47

Casa Mora Rehabilitation and Extended Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1902 59th St West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1978 Acquired Date: 1/1/1978 Entered Medicaid 6/1/1979 Med # Active Date: 7/1/2003 Previous Med # 211745	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 61,895 Medicare: 8,248 Medicaid: 47,242	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.32604% Occupancy: 70.65639% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 88.33728% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,554,592	3,990,782	2,156,877	1,305,769	0	9,008,020
1a	Audit Adjustments						
2	Cost Per Diem	32.9070	84.4753	45.6559	27.6400		190.6782
3	Cost Per Diem Inflated	34.3686	86.8498	47.6837			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.3686	86.8498	47.6837	27.6400		196.5421
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.3686	86.8498	47.6837	13.6500		182.5521
12/13	Medicaid Adjustment Rate		2.5722	1.4122			
14	Prospective Per Diem 11	34.3686	89.4220	49.0959	13.6500		186.5365
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263885-00 - 2012/01
197.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Casa Mora Rehabilitation and Extended Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1978/01	Type:	Variable [3]	80% Capital(1):	4,739,968	6.3756
Indexed Asset Value	5,924,960	< 60% of Base:	False	20% ROE(2):	1,184,992	0.4148
FRVS Base Asset:	3,474,070	Interest Rate:	11.9600 %	Insurance Cost(3):	185,514	2.9972
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	102,860	1.6618
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	101,478	0.0000
		Yearly Payment:	502,651	Total FRVS PD:		11.4494

(1) 80% Capital (\$4,739,968) amortized at 8.7500% for 20 years Principal & Interest of \$502,651 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.3756

(2) 20% ROE (\$1,184,992) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.4148

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.3686	34.3686	2.4926	31.8760
Patient Care				
Direct Care	89.4220	89.4220	6.4853	82.9367
Indirect Care	49.0959	49.0959	3.5606	45.5353
Property	13.6500	11.4494	0.8304	10.6190
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3316
Supplemental Rate Add-on				\$8.1747
Totals	186.5365	184.3359	13.3689	197.4733

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263893-00 - 2012/01

184.95

Evergreen Woods

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7045 Evergreen Woods Trail Springhill FL 34608 County: Hernando [27] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 7/1/2003 Previous Med # 207837	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,503 Medicare: 11,755 Medicaid: 22,804	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 54.94543% Occupancy: 94.75571% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.46715% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,390	1,708,029	1,287,249	493,251	0	4,219,919
1a	Audit Adjustments						
2	Cost Per Diem	32.0729	74.9004	56.4484	21.6300		185.0517
3	Cost Per Diem Inflated	33.4974	77.0058	58.9555			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.4974	77.0058	58.9555	21.6300		191.0887
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7992		45.2972			
7	Provider Target Rate	40.7082		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.4974	77.0058	46.3317	13.6500		170.4849
12/13	Medicaid Adjustment Rate		0.4284	0.2578			
14	Prospective Per Diem 11	33.4974	77.4342	46.5895	13.6500		171.1711
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263893-00 - 2012/01
184.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Evergreen Woods

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,300,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Variable [3]	80% Capital(1):	4,252,645	11.4402
Indexed Asset Value	5,315,806	< 60% of Base:	False	20% ROE(2):	1,063,161	0.7444
FRVS Base Asset:	1,541,932	Interest Rate:	11.9600 %	Insurance Cost(3):	90,976	2.1920
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	97,750	2.3553
ROE Factor	0.027600	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	103,353	0.0000
		Yearly Payment:	450,973	Total FRVS PD:		16.7319

(1) 80% Capital (\$4,252,645) amortized at 8.7500% for 20 years Principal & Interest of \$450,973 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.4402

(2) 20% ROE (\$1,063,161) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7444

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.4974	33.4974	2.4294	31.0680
Patient Care				
Direct Care	77.4342	77.4342	5.6159	71.8183
Indirect Care	46.5895	46.5895	3.3789	43.2106
Property	13.6500	16.7319	1.2135	15.5184
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1596
Supplemental Rate Add-on				\$8.1747
Totals	171.1711	174.2530	12.6377	184.9496

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263907-00 - 2012/01

187.65

Highland Pines Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1111 South Highland Ave Clearwater FL 33756 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1971 Acquired Date: 1/1/1971 Entered Medicaid 1/1/1971 Med # Active Date: 7/1/2003 Previous Med # 211737	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,068 Medicare: 4,822 Medicaid: 30,433	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.89751% Occupancy: 89.19635% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.51663% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.27500780
		Cost: 1.04441483	Target: 1.01598689
		DC FY Index: 1.17400000	DC Sem Index: 1.20700000
		DC Inflation: 1.02810903	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,708	2,457,100	1,368,637	864,602	0	5,581,047
1a	Audit Adjustments						
2	Cost Per Diem	29.2678	80.7380	44.9721	28.4100		183.3879
3	Cost Per Diem Inflated	30.5677	83.0075	46.9695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	30.5677	83.0075	46.9695	28.4100		188.9547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	30.5677	83.0075	46.9695	13.6500		174.1947
12/13	Medicaid Adjustment Rate		2.6052	1.4741			
14	Prospective Per Diem 11	30.5677	85.6127	48.4436	13.6500		178.2740
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263907-00 - 2012/01
187.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Highland Pines Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,400,000.00			Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]		80% Capital(1): 1,513,134		4.0705
Indexed Asset Value 1,891,417	< 60% of Base: False		20% ROE(2): 378,283		0.2649
FRVS Base Asset: 1,236,839	Interest Rate: 11.9600 %		Insurance Cost(3): 118,999		3.0459
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %		Taxes Cost(3): 59,184		1.5149
ROE Factor 0.027600	Amortization Rate: 8.7500 %		Home Office(3): 0		0.0000
	Interest Only: False		Replacement(3&4): 273,854		0.0000
	Yearly Payment: 160,461		Total FRVS PD:		8.8962

(1) 80% Capital (\$1,513,134) amortized at 8.7500% for 20 years Principal & Interest of \$160,461 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.0705

(2) 20% ROE (\$378,283) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.2649

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	30.5677	30.5677	2.2169	28.3508
Patient Care				
Direct Care	85.6127	85.6127	6.2090	79.4037
Indirect Care	48.4436	48.4436	3.5133	44.9303
Property	13.6500	8.8962	0.6452	8.2510
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.5395
Supplemental Rate Add-on				\$8.1747
Totals	178.2740	173.5202	12.5844	187.6500

*Medicaid Trend Adjustment :



0 263915-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.90

Rehabilitation Center of Palm Beaches

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 Northpoint Parkway West Palm Beach FL 33407 County: Palm Beach [50] Region: South [2] Area: 9 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 7/1/2003 Previous Med # 228419	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 33,066 Max Annualized: 36,135 Total Patient: 31,448 Medicare: 4,799 Medicaid: 20,413	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.91033% Occupancy: 95.10676% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.90604% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	825,249	1,465,839	956,574	467,662	0	3,715,324
1a	Audit Adjustments						
2	Cost Per Diem	40.4276	71.8091	46.8610	22.9100		182.0077
3	Cost Per Diem Inflated	42.1647	73.7753	48.8745			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1647	73.7753	48.8745	22.9100		187.7245
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.1647	73.7753	48.8745	13.6500		178.4645
12/13	Medicaid Adjustment Rate		1.2375	0.8198			
14	Prospective Per Diem 11	42.1647	75.0128	49.6943	13.6500		180.5218
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263915-00 - 2012/01
196.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rehabilitation Center of Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 4,264,937 FRVS Base Asset: 1,055,594 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,300,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,411,950	11.1256
	< 60% of Base:	False	20% ROE(2):	852,987	0.7063
	Interest Rate:	11.9600 %	Insurance Cost(3):	70,046	2.2274
	Chase Rate:	6.7500 %	Taxes Cost(3):	101,475	3.2268
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	149,335	0.0000
Yearly Payment:	361,821	Total FRVS PD:	17.2861		

(1) 80% Capital (\$3,411,950) amortized at 8.7500% for 20 years Principal & Interest of \$361,821 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$11.1256

(2) 20% ROE (\$852,987) times the ROE factor (0.026930) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.7063

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1647	42.1647	3.0580	39.1067
Patient Care				
Direct Care	75.0128	75.0128	5.4402	69.5726
Indirect Care	49.6943	49.6943	3.6040	46.0903
Property	13.6500	17.2861	1.2537	16.0324
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9225
Supplemental Rate Add-on				\$8.1747
Totals	180.5218	184.1579	13.3559	196.8992

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263923-00 - 2012/01

202.25

Pompano Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
51 West Sample Road Pompano Beach FL 33064 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 11/1/1990 Entered Medicaid 11/1/1990 Med # Active Date: 7/1/2003 Previous Med # 211800	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 127 Maximum: 42,418 Max Annualized: 46,355 Total Patient: 35,719 Medicare: 5,945 Medicaid: 26,981	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 75.53683% Occupancy: 84.20718% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.27898% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,022,659	2,105,465	1,449,212	667,240	0	5,244,576
1a	Audit Adjustments						
2	Cost Per Diem	37.9029	78.0351	53.7123	24.7300		194.3803
3	Cost Per Diem Inflated	39.5315	80.1717	56.0202			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.5315	80.1717	56.0202	24.7300		200.4534
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.5315	80.1717	50.1876	13.6500		183.5408
12/13	Medicaid Adjustment Rate		2.3032	1.4418			
14	Prospective Per Diem 11	39.5315	82.4749	51.6294	13.6500		187.2858
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263923-00 - 2012/01
202.25

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pompano Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	4,133,304	10.5063
Indexed Asset Value	5,166,630	< 60% of Base:	False	20% ROE(2):	1,033,326	0.6670
FRVS Base Asset:	3,642,614	Interest Rate:	11.9600 %	Insurance Cost(3):	87,704	2.4554
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	106,534	2.9826
ROE Factor	0.026930	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	197,604	0.0000
		Yearly Payment:	438,317	Total FRVS PD:		16.6113

(1) 80% Capital (\$4,133,304) amortized at 8.7500% for 20 years Principal & Interest of \$438,317 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$10.5063

(2) 20% ROE (\$1,033,326) times the ROE factor (0.026930) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = \$0.6670

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 127	Effective PBS Limitation	3,642,614

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.5315	39.5315	2.8670	36.6645
Patient Care				
Direct Care	82.4749	82.4749	5.9814	76.4935
Indirect Care	51.6294	51.6294	3.7444	47.8850
Property	13.6500	16.6113	1.2047	15.4066
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6298
Supplemental Rate Add-on				\$8.1747
Totals	187.2858	190.2471	13.7975	202.2541

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263931-00 - 2012/01

179.07

Healthcare and Rehabilitation Center of Sanford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
950 Mellonville Avenue Sanford FL 32771 County: Seminole [59] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1972 Acquired Date: 3/1/1972 Entered Medicaid 1/1/1970 Med # Active Date: 7/1/2003 Previous Med # 226866	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 114 Maximum: 38,076 Max Annualized: 41,610 Total Patient: 36,506 Medicare: 6,647 Medicaid: 26,084	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 71.45127% Occupancy: 95.87667% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.86861% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089	Semester Index: 1.27500780
		Cost: 1.04296747	Target: 1.01598689
		DC FY Index: 1.17483274	DC Sem Index: 1.20700000
		DC Inflation: 1.02738029	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,439	1,995,144	1,129,511	552,981	0	4,467,075
1a	Audit Adjustments						
2	Cost Per Diem	30.2653	76.4892	43.3028	21.2000		171.2573
3	Cost Per Diem Inflated	31.5657	78.5835	45.1634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	31.5657	78.5835	45.1634	21.2000		176.5126
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	31.5657	78.5835	45.1634	13.6500		168.9626
12/13	Medicaid Adjustment Rate		1.8964	1.0899			
14	Prospective Per Diem 11	31.5657	80.4799	46.2533	13.6500		171.9489
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263931-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

179.07

Healthcare and Rehabilitation Center of Sanford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1972/01 Indexed Asset Value 1,774,756 FRVS Base Asset: 952,106 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,200,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	1,419,805	4.0205
	< 60% of Base:	False	20% ROE(2):	354,951	0.2552
	Interest Rate:	11.9600 %	Insurance Cost(3):	78,734	2.1567
	Chase Rate:	6.7500 %	Taxes Cost(3):	31,785	0.8707
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	136,455	0.0000
Yearly Payment:	150,564	Total FRVS PD:		7.3031	

(1) 80% Capital (\$1,419,805) amortized at 8.7500% for 20 years Principal & Interest of \$150,564 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$4.0205

(2) 20% ROE (\$354,951) times the ROE factor (0.026930) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = \$0.2552

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 114	Effective PBS Limitation	3,249,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	31.5657	31.5657	2.2893	29.2764
Patient Care				
Direct Care	80.4799	80.4799	5.8367	74.6432
Indirect Care	46.2533	46.2533	3.3545	42.8988
Property	13.6500	7.3031	0.5297	6.7734
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2990
Supplemental Rate Add-on				\$8.1747
Totals	171.9489	165.6020	12.0102	179.0655

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263940-00 - 2012/01

184.32

Rehabilitation and Healthcare of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4411 North Habana Ave. Tampa FL 33614 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1971 Entered Medicaid 1/1/1974 Med # Active Date: 7/1/2003 Previous Med # 227102	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 174 Maximum: 58,116 Max Annualized: 63,510 Total Patient: 54,224 Medicare: 12,939 Medicaid: 35,210	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.93435% Occupancy: 93.30305% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.65097% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals	
1	Total Cost	1,234,514	2,653,915	1,773,909	779,549	0	6,441,887	
1a	Audit Adjustments							
2	Cost Per Diem	35.0615	75.3739	50.3808	22.1400		182.9562	
3	Cost Per Diem Inflated	36.5680	77.4377	52.5455				
4	Low Occupancy Adjustment							
5	Occupancy Adjusted/Inflated Per Diem	36.5680	77.4377	52.5455	22.1400		188.6912	
5a	Interim Adjustment							
5b	Interim Adjusted Per Diem							
6	Prior Semester: Provider Target Base	39.0305		47.1821				
7	Provider Target Rate	39.9219		48.2597				
7a	Interim Adjustment							
7b	Interim Adjusted Provider Target Rate							
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500			
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375				
10	Target Rate Class Ceiling	49.3430		56.9334				
10a	New Provider Target Limitation							
10b	Base for line 10a							
11	Lesser of 5,7,8,10, 10a	36.5680	77.4377	48.2597	13.6500		175.9154	
12/13	Medicaid Adjustment Rate		1.3010	0.8108				
14	Prospective Per Diem 11	36.5680	78.7387	49.0705	13.6500		178.0272	
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002						

Provider has submitted Supplemental Schedule.



0 263940-00 - 2012/01
184.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Rehabilitation and Healthcare of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,613,870 FRVS Base Asset: 1,545,483 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,600,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,091,096	3.8795
	< 60% of Base:	False	20% ROE(2):	522,774	0.2463
	Interest Rate:	11.9600 %	Insurance Cost(3):	120,421	2.2208
	Chase Rate:	6.7500 %	Taxes Cost(3):	99,316	1.8316
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	99,401	0.0000
Yearly Payment:	221,751	Total FRVS PD:		8.1782	

(1) 80% Capital (\$2,091,096) amortized at 8.7500% for 20 years Principal & Interest of \$221,751 divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = \$3.8795

(2) 20% ROE (\$522,774) times the ROE factor (0.026930) divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = \$0.2463

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 174	Effective PBS Limitation	4,959,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.5680	36.5680	2.6521	33.9159
Patient Care				
Direct Care	78.7387	78.7387	5.7105	73.0282
Indirect Care	49.0705	49.0705	3.5588	45.5117
Property	13.6500	8.1782	0.5931	7.5851
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1032
Supplemental Rate Add-on				\$8.1747
Totals	178.0272	172.5554	12.5145	184.3188

***Medicaid Trend Adjustment :**



0 263958-00 - 2012/01
196.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Abbeve Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7101 9th St. North St. Petersburg FL 33702 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1977 Acquired Date: 8/1/1977 Entered Medicaid 8/1/1977 Med # Active Date: 7/1/2003 Previous Med # 211711	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 37,481 Medicare: 4,908 Medicaid: 30,365	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 81.01438% Occupancy: 67.55768% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 84.46315% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,070,653	2,479,123	1,494,257	858,419	0	5,902,452
1a	Audit Adjustments						
2	Cost Per Diem	35.2594	81.6441	49.2098	28.2700		194.3833
3	Cost Per Diem Inflated	36.8254	83.9390	51.3954			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.8254	83.9390	51.3954	28.2700		200.4298
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.8254	83.9390	48.2597	13.6500		182.6741
12/13	Medicaid Adjustment Rate		2.9287	1.6838			
14	Prospective Per Diem 11	36.8254	86.8677	49.9435	13.6500		187.2866
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263958-00 - 2012/01
196.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Abbey Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 2,600,000.00			Total Amount	Per Diem
RS to Start Calcs: 1977/07	Type: Variable [3]		80% Capital(1): 2,081,918		4.4216
Indexed Asset Value 2,602,397	< 60% of Base: False		20% ROE(2): 520,479		0.2877
FRVS Base Asset: 1,258,236	Interest Rate: 11.9600 %		Insurance Cost(3): 123,185		3.2866
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %		Taxes Cost(3): 46,813		1.2490
ROE Factor 0.027600	Amortization Rate: 8.7500 %		Home Office(3): 0		0.0000
	Interest Only: False		Replacement(3&4): 73,297		0.0000
	Yearly Payment: 220,778		Total FRVS PD:		9.2449

(1) 80% Capital (\$2,081,918) amortized at 8.7500% for 20 years Principal & Interest of \$220,778 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$4.4216

(2) 20% ROE (\$520,479) times the ROE factor (0.027600) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.2877

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 146	Effective PBS Limitation 4,161,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.8254	36.8254	2.6707	34.1547
Patient Care				
Direct Care	86.8677	86.8677	6.3000	80.5677
Indirect Care	49.9435	49.9435	3.6221	46.3214
Property	13.6500	9.2449	0.6705	8.5744
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3805
Supplemental Rate Add-on				\$8.1747
Totals	187.2866	182.8815	13.2633	196.1734

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263966-00 - 2012/01

193.72

The Oaks at Avon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1010 US 27 N Avon Park FL 33825 County: Highlands [28] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/25/1992 Acquired Date: 1/5/1993 Entered Medicaid 1/5/1993 Med # Active Date: 7/1/2003 Previous Med # 228486	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 61.20480% Occupancy: 89.82350% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.30072% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 34,097 Medicare: 8,833 Medicaid: 20,869	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,220	1,604,611	964,103	595,184	0	3,896,118
1a	Audit Adjustments						
2	Cost Per Diem	35.0865	76.8897	46.1979	28.5200		186.6941
3	Cost Per Diem Inflated	36.6449	79.0510	48.2498			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.6449	79.0510	48.2498	28.5200		192.4657
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0740		47.1821			
7	Provider Target Rate	39.9664		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.6449	79.0510	48.2498	13.6500		177.5957
12/13	Medicaid Adjustment Rate		0.9965	0.6082			
14	Prospective Per Diem 11	36.6449	80.0475	48.8580	13.6500		179.2004
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 263966-00 - 2012/01
193.72

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Oaks at Avon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/5/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,764,618.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Fixed [2]	80% Capital(1):	3,745,946	11.0055
Indexed Asset Value	4,682,432	< 60% of Base:	False	20% ROE(2):	936,486	0.7566
FRVS Base Asset:	2,781,592	Interest Rate:	8.0000 %	Insurance Cost(3):	78,642	2.3064
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	120,503	3.5341
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	236,790	0.0000
		Yearly Payment:	375,991	Total FRVS PD:		17.6026

- (1) 80% Capital (\$3,745,946) amortized at 8.0000% for 20 years Principal & Interest of \$375,991 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$11.0055
- (2) 20% ROE (\$936,486) times the ROE factor (0.027600) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.7566
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	31,609
Comparison Date: 1/1/1992	Current RS PBS:	49,785
Comparison Bed 88	Effective PBS Limitation	2,781,592

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.6449	36.6449	2.6576	33.9873
Patient Care				
Direct Care	80.0475	80.0475	5.8054	74.2421
Indirect Care	48.8580	48.8580	3.5434	45.3146
Property	13.6500	17.6026	1.2766	16.3260
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6710
Supplemental Rate Add-on				\$8.1747
Totals	179.2004	183.1530	13.2830	193.7157

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263974-00 - 2012/01

192.61

Titusville Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1705 Jess Parrish Court Titusville FL 32796 County: Brevard [5] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1971 Acquired Date: 11/1/1971 Entered Medicaid 11/1/1971 Med # Active Date: 7/1/2003 Previous Med # 227692	02/01/2010-12/31/2010 Days In CR 334 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 157 Maximum: 52,438 Max Annualized: 57,305 Total Patient: 40,153 Medicare: 5,619 Medicaid: 30,221	Superior: 0 Standard: 150 Conditional: 31 Total: 181
	Medicaid Utilization 75.26461% Occupancy: 76.57233% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 95.73361% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089	Semester Index: 1.27500780
		Cost: 1.04296747	Target: 1.01598689
		DC FY Index: 1.17483274	DC Sem Index: 1.20700000
		DC Inflation: 1.02738029	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	976,191	2,488,657	1,401,458	774,564	0	5,640,870
1a	Audit Adjustments						
2	Cost Per Diem	32.3017	82.3486	46.3736	25.6300		186.6539
3	Cost Per Diem Inflated	33.6896	84.6033	48.3662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.6896	84.6033	48.3662	25.6300		192.2891
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.6896	84.6033	48.2597	13.6500		180.2026
12/13	Medicaid Adjustment Rate		1.9928	1.1367			
14	Prospective Per Diem 11	33.6896	86.5961	49.3964	13.6500		183.3321
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263974-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.61

Titusville Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 3,201,518 FRVS Base Asset: 1,729,005 Occup Adj Factor: 0.9000 ROE Factor 0.026930	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	4,300,000.00		
	Type:	Variable [3]		
	< 60% of Base:	False		
	Interest Rate:	11.9600 %	80% Capital(1):	2,561,214
	Chase Rate:	6.7500 %	20% ROE(2):	640,304
	Amortization Rate:	8.7500 %	Insurance Cost(3):	108,433
	Interest Only:	False	Taxes Cost(3):	50,609
Yearly Payment:	271,605	Home Office(3):	0	
		Replacement(3&4):	19,729	
		Total FRVS PD:	9.5615	

(1) 80% Capital (\$2,561,214) amortized at 8.7500% for 20 years Principal & Interest of \$271,605 divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = \$5.2663

(2) 20% ROE (\$640,304) times the ROE factor (0.026930) divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = \$0.3343

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 157	Effective PBS Limitation	4,474,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.6896	33.6896	2.4433	31.2463
Patient Care				
Direct Care	86.5961	86.5961	6.2803	80.3158
Indirect Care	49.3964	49.3964	3.5824	45.8140
Property	13.6500	9.5615	0.6934	8.8681
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1903
Supplemental Rate Add-on				\$8.1747
Totals	183.3321	179.2436	12.9994	192.6092

***Medicaid Trend Adjustment :**



0 263982-00 - 2012/01

209.91

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Sarasota Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1524 East Avenue S Sarasota FL 34239 County: Sarasota [58] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1971 Acquired Date: 10/1/1971 Entered Medicaid 10/1/1971 Med # Active Date: 7/1/2003 Previous Med # 214922	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 169 Maximum: 61,685 Max Annualized: 61,685 Total Patient: 36,991 Medicare: 2,380 Medicaid: 32,091 Medicaid Utilization 86.75353% Occupancy: 59.96758% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 74.97372% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,185,833	2,715,589	1,704,725	1,022,740	0	6,628,887
1a	Audit Adjustments						
2	Cost Per Diem	36.9522	84.6215	53.1216	31.8700		206.5653
3	Cost Per Diem Inflated	38.5934	87.0001	55.4810			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.5934	87.0001	55.4810	31.8700		212.9445
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.5934	87.0001	50.1876	13.6500		189.4311
12/13	Medicaid Adjustment Rate		3.5973	2.0751			
14	Prospective Per Diem 11	38.5934	90.5974	52.2627	13.6500		195.1035
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263982-00 - 2012/01
209.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sarasota Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1971/07	Type: Variable [3]	80% Capital(1): 4,629,748	8.8436
Indexed Asset Value 5,787,185	< 60% of Base: False	20% ROE(2): 1,157,437	0.5754
FRVS Base Asset: 3,074,906	Interest Rate: 11.9600 %	Insurance Cost(3): 128,056	3.4618
Occup Adj Factor: 0.9000	Chase Rate: 6.7500 %	Taxes Cost(3): 68,084	1.8406
ROE Factor 0.027600	Amortization Rate: 8.7500 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 72,448	0.0000
	Yearly Payment: 490,963	Total FRVS PD: 14.7214	

(1) 80% Capital (\$4,629,748) amortized at 8.7500% for 20 years Principal & Interest of \$490,963 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$8.8436

(2) 20% ROE (\$1,157,437) times the ROE factor (0.027600) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = \$0.5754

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 169	Effective PBS Limitation 4,816,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.5934	38.5934	2.7990	35.7944
Patient Care				
Direct Care	90.5974	90.5974	6.5705	84.0269
Indirect Care	52.2627	52.2627	3.7903	48.4724
Property	13.6500	14.7214	1.0677	13.6537
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7892
Supplemental Rate Add-on				\$8.1747
Totals	195.1035	196.1749	14.2275	209.9113

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 263991-00 - 2012/01

187.76

Windsor Woods Rehabilitation and Healthcare Ce

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13719 Dallas Drive Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1987 Acquired Date: 4/1/1987 Entered Medicaid 5/11/1987 Med # Active Date: 7/1/2003 Previous Med # 227030	02/01/2010-12/31/2010 Days In CR 334 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 34,402 Max Annualized: 37,595 Total Patient: 31,799 Medicare: 4,335 Medicaid: 17,435	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
	Medicaid Utilization 54.82877% Occupancy: 92.43358% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.56393% Weighted Low Occ Adjustment Factor: 100.00000%		FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,772	1,245,300	802,943	364,566	0	3,018,581
1a	Audit Adjustments						
2	Cost Per Diem	34.7446	71.4253	46.0535	20.9100		173.1334
3	Cost Per Diem Inflated	36.2375	73.3809	48.0323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.2375	73.3809	48.0323	20.9100		178.5607
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.2375	73.3809	48.0323	13.6500		171.3007
12/13	Medicaid Adjustment Rate		0.3986	0.2609			
14	Prospective Per Diem 11	36.2375	73.7795	48.2932	13.6500		171.9602
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 263991-00 - 2012/01
187.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Windsor Woods Rehabilitation and Healthcare Ce

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Variable [3]	80% Capital(1):	3,582,599	11.2284
Indexed Asset Value	4,478,249	< 60% of Base:	False	20% ROE(2):	895,650	0.7129
FRVS Base Asset:	1,720,920	Interest Rate:	11.9600 %	Insurance Cost(3):	80,128	2.5198
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	37,058	1.1654
ROE Factor	0.026930	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	100,061	0.0000
		Yearly Payment:	379,918	Total FRVS PD:		15.6265

(1) 80% Capital (\$3,582,599) amortized at 8.7500% for 20 years Principal & Interest of \$379,918 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$11.2284

(2) 20% ROE (\$895,650) times the ROE factor (0.026930) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.7129

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,682
Comparison Date:	7/1/1986	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,720,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.2375	36.2375	2.6281	33.6094
Patient Care				
Direct Care	73.7795	73.7795	5.3508	68.4287
Indirect Care	48.2932	48.2932	3.5024	44.7908
Property	13.6500	15.6265	1.1333	14.4932
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2667
Supplemental Rate Add-on				\$8.1747
Totals	171.9602	173.9367	12.6146	187.7635

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 264008-00 - 2012/01

189.91

Winkler Court

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 Winkler Ave Fort Myers FL 33916 County: Lee [36] Region: South [2] Area: 8 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/12/1995 Acquired Date: 4/12/1995 Entered Medicaid 4/12/1995 Med # Active Date: 7/1/2003 Previous Med # 211818	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,489 Medicare: 4,695 Medicaid: 32,623	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.77987% Occupancy: 97.00685% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.28161% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,080,517	2,444,161	1,378,752	699,763	0	5,603,193
1a	Audit Adjustments						
2	Cost Per Diem	33.1213	74.9214	42.2632	21.4500		171.7559
3	Cost Per Diem Inflated	34.5924	77.0274	44.1403			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.5924	77.0274	44.1403	21.4500		177.2101
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.5924	77.0274	44.1403	13.6500		169.4101
12/13	Medicaid Adjustment Rate		2.3206	1.3298			
14	Prospective Per Diem 11	34.5924	79.3480	45.4701	13.6500		173.0605
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264008-00 - 2012/01
189.91

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Winkler Court

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/12/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 5,229,427 FRVS Base Asset: 4,098,639 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,300,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,183,542	11.2543
	< 60% of Base:	False	20% ROE(2):	1,045,885	0.7323
	Interest Rate:	11.9600 %	Insurance Cost(3):	92,130	2.1683
	Chase Rate:	6.7500 %	Taxes Cost(3):	89,092	2.0968
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	61,616	0.0000
Yearly Payment:	443,645	Total FRVS PD:	16.2517		

(1) 80% Capital (\$4,183,542) amortized at 8.7500% for 20 years Principal & Interest of \$443,645 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2543

(2) 20% ROE (\$1,045,885) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7323

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.5924	34.5924	2.5088	32.0836
Patient Care				
Direct Care	79.3480	79.3480	5.7547	73.5933
Indirect Care	45.4701	45.4701	3.2977	42.1724
Property	13.6500	16.2517	1.1786	15.0731
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8129
Supplemental Rate Add-on				\$8.1747
Totals	173.0605	175.6622	12.7398	189.9100

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 264482-00 - 2012/01 186.11

Lafayette Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
512 West Main Sreet Mayo FL 32066 County: Lafayette[34] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/16/1997 Acquired Date: 6/16/1997 Entered Medicaid 7/15/1997 Med # Active Date: 5/1/2003 Previous Med # 213179	11/01/2009-10/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,252 Medicare: 2,492 Medicaid: 14,830	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.03096% Occupancy: 87.90867% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.90673% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	602,640	1,042,442	526,533	302,680	0	2,474,295
1a	Audit Adjustments						
2	Cost Per Diem	40.6365	70.2928	35.5046	20.4100		166.8439
3	Cost Per Diem Inflated	42.5765	72.4127	37.1996			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5765	72.4127	37.1996	20.4100		172.5988
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5765	72.4127	37.1996	13.6500		165.8388
12/13	Medicaid Adjustment Rate		2.2021	1.1312			
14	Prospective Per Diem 11	42.5765	74.6148	38.3308	13.6500		169.1721
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264482-00 - 2012/01
186.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lafayette Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/15/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,510,000.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	2,134,644	12.2529
Indexed Asset Value	2,668,305	< 60% of Base:	False	20% ROE(2):	533,661	0.7811
FRVS Base Asset:	0	Interest Rate:	9.6630 %	Insurance Cost(3):	22,482	1.1678
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	37,475	1.9466
ROE Factor	0.028850	Amortization Rate:	9.6630 %	Home Office(3):	6,196	0.3218
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	241,505	Total FRVS PD:		16.4702

(1) 80% Capital (\$2,134,644) amortized at 9.6630% for 20 years Principal & Interest of \$241,505 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$12.2529

(2) 20% ROE (\$533,661) times the ROE factor (0.028850) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7811

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,191,560

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5765	42.5765	3.0878	39.4887
Patient Care				
Direct Care	74.6148	74.6148	5.4114	69.2034
Indirect Care	38.3308	38.3308	2.7799	35.5509
Property	13.6500	16.4702	1.1945	15.2757
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4123
Supplemental Rate Add-on				\$8.1747
Totals	169.1721	171.9923	12.4736	186.1057

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 264491-00 - 2012/01

213.59

Clifford Chester Sims State Veterans Nursing Hom

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4419 Tram Road Springfield FL 32404 County: Bay [3] Region: North [1] Area: 2 Control Government Non-Prof Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/20/2003 Acquired Date: 10/20/2003 Entered Medicaid 11/5/2003 Med # Active Date: 11/5/2003 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,378 Medicare: 1,869 Medicaid: 10,992	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 25.93799% Occupancy: 96.75342% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.96477% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	496,417	1,096,924	570,921	138,060	0	2,302,322
1a	Audit Adjustments						
2	Cost Per Diem	45.1617	99.7929	51.9397	12.5600		209.4543
3	Cost Per Diem Inflated	46.6568	102.1196	53.6591			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6568	102.1196	53.6591	12.5600		214.9955
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2573		49.9507			
7	Provider Target Rate	57.5421		51.0915			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.6568	95.5570	51.0915	12.5600		205.8653
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.6568	95.5570	51.0915	12.5600		205.8653
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264491-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

213.59

Clifford Chester Sims State Veterans Nursing Hom

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/5/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/07 Indexed Asset Value 5,343,831 FRVS Base Asset: 5,104,200 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	4,275,065	4.2722
	< 60% of Base:	True	20% ROE(2):	1,068,766	0.7003
	Interest Rate:	4.0000 %	Insurance Cost(3):	8,581	0.2025
	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	4.0000 %	Home Office(3):	50,731	1.1971
	Interest Only:	True	Replacement(3&4):	27,992	0.0000
Yearly Payment:	168,410	Total FRVS PD:		6.3721	

(1) 80% Capital (\$4,275,065) amortized at 4.0000% for 20 years Interest of \$168,410 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.2722

(2) 20% ROE (\$1,068,766) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7003

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,104,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.6568	46.6568	3.3837	43.2731
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	51.0915	51.0915	3.7054	47.3861
Property	12.5600	6.3721	0.4621	5.9100
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.2172
Supplemental Rate Add-on				\$8.1747
Totals	205.8653	199.6774	14.4814	213.5879

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 264512-00 - 2012/01

208.78

Conway Lakes Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5201 Curry Ford Road Orlando FL 32812 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/13/1991 Acquired Date: 11/13/1991 Entered Medicaid 12/23/1991 Med # Active Date: 12/1/2003 Previous Med # 259969	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,442 Medicare: 14,063 Medicaid: 19,374	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.90564% Occupancy: 92.333333% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.43860% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	986,841	1,545,956	1,074,113	329,939	0	3,936,849
1a	Audit Adjustments						
2	Cost Per Diem	50.9364	79.7954	55.4410	17.0300		203.2028
3	Cost Per Diem Inflated	53.1987	82.0384	57.9034			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1987	82.0384	57.9034	17.0300		210.1705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5410		58.0082			
7	Provider Target Rate	48.6268		59.3330			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6268	82.0384	56.9334	13.6500		201.2486
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6268	82.0384	56.9334	13.6500		201.2486
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264512-00 - 2012/01
208.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Conway Lakes Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/23/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,146,031.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	4,249,698	10.4930
Indexed Asset Value	5,312,122	< 60% of Base:	False	20% ROE(2):	1,062,424	0.7439
FRVS Base Asset:	3,663,600	Interest Rate:	7.5900 %	Insurance Cost(3):	35,761	0.8843
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	52,902	1.3081
ROE Factor	0.027600	Amortization Rate:	7.5900 %	Home Office(3):	15,925	0.3938
		Interest Only:	False	Replacement(3&4):	181,613	0.0000
		Yearly Payment:	413,634	Total FRVS PD:		13.8231

(1) 80% Capital (\$4,249,698) amortized at 7.5900% for 20 years Principal & Interest of \$413,634 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.4930

(2) 20% ROE (\$1,062,424) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7439

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6268	48.6268	3.5266	45.1002
Patient Care				
Direct Care	82.0384	82.0384	5.9498	76.0886
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	13.8231	1.0025	12.8206
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.7955
Supplemental Rate Add-on				\$8.1747
Totals	201.2486	201.4217	14.6079	208.7840

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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0 264521-00 - 2012/01

201.14

Belleair East Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1150 PONCE DE LEON BLV Clearwater FL 33756 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 9/1/1981 Med # Active Date: 12/1/2003 Previous Med # 259977	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,993 Medicare: 12,086 Medicaid: 22,661	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 55.28017% Occupancy: 93.59133% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.01139% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.27500780
		Cost: 1.04441483	Target: 1.01598689
		DC FY Index: 1.17400000	DC Sem Index: 1.20700000
		DC Inflation: 1.02810903	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,016,160	1,884,255	1,279,661	472,935	0	4,653,011
1a	Audit Adjustments						
2	Cost Per Diem	44.8418	83.1497	56.4697	20.8700		205.3312
3	Cost Per Diem Inflated	46.8334	85.4870	58.9778			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8334	85.4870	58.9778	20.8700		212.1682
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7679		47.5485			
7	Provider Target Rate	43.7447		48.6344			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.7447	85.4870	48.6344	13.6500		191.5161
12/13	Medicaid Adjustment Rate		0.5078	0.2889			
14	Prospective Per Diem 11	43.7447	85.9948	48.9233	13.6500		192.3128
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264521-00 - 2012/01
201.14

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Belleair East Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 4,294,367 FRVS Base Asset: 2,648,565 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,852,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	3,435,494	10.0923
	< 60% of Base:	False	20% ROE(2):	858,873	0.6013
	Interest Rate:	10.0000 %	Insurance Cost(3):	40,898	0.9977
	Chase Rate:	8.0000 %	Taxes Cost(3):	51,000	1.2441
	Amortization Rate:	10.0000 %	Home Office(3):	15,540	0.3791
	Interest Only:	False	Replacement(3&4):	305,375	0.0000
Yearly Payment:	397,839	Total FRVS PD:	13.3145		

(1) 80% Capital (\$3,435,494) amortized at 10.0000% for 20 years Principal & Interest of \$397,839 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0923

(2) 20% ROE (\$858,873) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6013

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.7447	43.7447	3.1725	40.5722
Patient Care				
Direct Care	85.9948	85.9948	6.2367	79.7581
Indirect Care	48.9233	48.9233	3.5481	45.3752
Property	13.6500	13.3145	0.9656	12.3489
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.9143
Supplemental Rate Add-on				\$8.1747
Totals	192.3128	191.9773	13.9229	201.1434

***Medicaid Trend Adjustment :**



0 264539-00 - 2012/01
204.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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 Rate Semester 01/01/2012 through 06/30/2012

East Bay Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4470 East Bay Drive Clearwater FL 33764 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/3/1990 Acquired Date: 5/3/1990 Entered Medicaid 7/26/1990 Med # Active Date: 12/1/2003 Previous Med # 259985	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,743 Medicare: 10,607 Medicaid: 23,337	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.27855% Occupancy: 93.02055% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.29778% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,100,365	1,854,650	1,263,072	400,696	0	4,618,783
1a	Audit Adjustments						
2	Cost Per Diem	47.1511	79.4725	54.1232	17.1700		197.9168
3	Cost Per Diem Inflated	49.2453	81.7064	56.5271			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.2453	81.7064	56.5271	17.1700		204.6488
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5436		49.0161			
7	Provider Target Rate	47.6066		50.1356			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.6066	81.7064	50.1356	13.6500		193.0986
12/13	Medicaid Adjustment Rate		0.6690	0.4105			
14	Prospective Per Diem 11	47.6066	82.3754	50.5461	13.6500		194.1781
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264539-00 - 2012/01
204.77

Florida Agency For Health Care Administration
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East Bay Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/26/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 4,600,000.00			Total Amount	Per Diem
RS to Start Calcs: 1990/01	Type: Variable [3]		80% Capital(1): 4,376,773	11.3107	
Indexed Asset Value 5,470,966	< 60% of Base: False		20% ROE(2): 1,094,193	0.7661	
FRVS Base Asset: 3,602,760	Interest Rate: 8.2000 %		Insurance Cost(3): 29,886	0.7335	
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %		Taxes Cost(3): 57,005	1.3991	
ROE Factor 0.027600	Amortization Rate: 8.2000 %		Home Office(3): 14,734	0.3616	
	Interest Only: False		Replacement(3&4): 370,966	0.0000	
	Yearly Payment: 445,869		Total FRVS PD:	14.5710	

(1) 80% Capital (\$4,376,773) amortized at 8.2000% for 20 years Principal & Interest of \$445,869 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.3107

(2) 20% ROE (\$1,094,193) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7661

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 30,023
Comparison Date: 7/1/1989	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.6066	47.6066	3.4526	44.1540
Patient Care				
Direct Care	82.3754	82.3754	5.9742	76.4012
Indirect Care	50.5461	50.5461	3.6658	46.8803
Property	13.6500	14.5710	1.0568	13.5142
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6438
Supplemental Rate Add-on				\$8.1747
Totals	194.1781	195.0991	14.1494	204.7682

***Medicaid Trend Adjustment :**



0 264547-00 - 2012/01
208.98

Florida Agency For Health Care Administration
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MELBOURNE TERRACE RESTORATIVE CAR

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
251 Florida Ave Melbourne FL 32901 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/9/1989 Acquired Date: 2/9/1989 Entered Medicaid 2/9/1989 Med # Active Date: 12/1/2003 Previous Med # 258458	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,272 Medicare: 12,716 Medicaid: 22,527	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 54.58180% Occupancy: 94.22831% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.80777% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,910	1,875,925	1,259,612	367,641	0	4,639,088
1a	Audit Adjustments						
2	Cost Per Diem	50.4244	83.2745	55.9157	16.3200		205.9346
3	Cost Per Diem Inflated	52.6640	85.6153	58.3992			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.6640	85.6153	58.3992	16.3200		212.9985
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4987		48.2047			
7	Provider Target Rate	47.5607		49.3056			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.5607	85.6153	49.3056	13.6500		196.1316
12/13	Medicaid Adjustment Rate		0.4413	0.2541			
14	Prospective Per Diem 11	47.5607	86.0566	49.5597	13.6500		196.8270
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264547-00 - 2012/01

Florida Agency For Health Care Administration
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208.98

MELBOURNE TERRACE RESTORATIVE CAR

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/9/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,782,837.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Fixed [2]	80% Capital(1):	4,687,554	14.3617
Indexed Asset Value	5,859,443	< 60% of Base:	False	20% ROE(2):	1,171,889	0.8205
FRVS Base Asset:	3,557,520	Interest Rate:	10.6200 %	Insurance Cost(3):	24,455	0.5925
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	56,950	1.3799
ROE Factor	0.027600	Amortization Rate:	10.6200 %	Home Office(3):	16,457	0.3987
		Interest Only:	False	Replacement(3&4):	75,933	0.0000
		Yearly Payment:	566,137	Total FRVS PD:		17.5533

(1) 80% Capital (\$4,687,554) amortized at 10.6200% for 20 years Principal & Interest of \$566,137 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.3617

(2) 20% ROE (\$1,171,889) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8205

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,646
Comparison Date:	7/1/1988	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,557,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.5607	47.5607	3.4493	44.1114
Patient Care				
Direct Care	86.0566	86.0566	6.2412	79.8154
Indirect Care	49.5597	49.5597	3.5943	45.9654
Property	13.6500	17.5533	1.2730	16.2803
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6336
Supplemental Rate Add-on				\$8.1747
Totals	196.8270	200.7303	14.5578	208.9808

***Medicaid Trend Adjustment :**



0 264563-00 - 2012/01
197.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Centre Point Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2255 Centerville Road Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/25/1987 Acquired Date: 6/25/1987 Entered Medicaid 6/25/1987 Med # Active Date: 12/1/2003 Previous Med # 260070	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,287 Medicare: 18,019 Medicaid: 16,421	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 40.76005% Occupancy: 91.97945% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.99617% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	746,978	1,295,003	1,001,934	313,970	0	3,357,885
1a	Audit Adjustments						
2	Cost Per Diem	45.4892	78.8626	61.0154	19.1200		204.4872
3	Cost Per Diem Inflated	47.5096	81.0794	63.7254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5096	81.0794	63.7254	19.1200		211.4344
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9778		50.4328			
7	Provider Target Rate	52.1421		51.5846			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	81.0794	51.5846	13.6500		193.0286
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	81.0794	51.5846	13.6500		193.0286
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 264563-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

197.49

Centre Point Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/25/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,900,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Variable [3]	80% Capital(1):	4,574,594	8.6884
Indexed Asset Value	5,718,243	< 60% of Base:	False	20% ROE(2):	1,143,649	0.8007
FRVS Base Asset:	2,524,016	Interest Rate:	4.3375 %	Insurance Cost(3):	29,809	0.7399
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	61,414	1.5244
ROE Factor	0.027600	Amortization Rate:	4.3375 %	Home Office(3):	15,412	0.3826
		Interest Only:	False	Replacement(3&4):	569,946	0.0000
		Yearly Payment:	342,497	Total FRVS PD:		12.1360

(1) 80% Capital (\$4,574,594) amortized at 4.3375% for 20 years Principal & Interest of \$342,497 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.6884

(2) 20% ROE (\$1,143,649) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8007

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 88	Effective PBS Limitation	2,524,016

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	81.0794	81.0794	5.8802	75.1992
Indirect Care	51.5846	51.5846	3.7411	47.8435
Property	13.6500	12.1360	0.8802	11.2558
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.6903
Supplemental Rate Add-on				\$8.1747
Totals	193.0286	191.5146	13.8894	197.4902

***Medicaid Trend Adjustment :**



0 264571-00 - 2012/01
204.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Spring Lake Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1540 Sixth Street, NW Winter Haven FL 33881 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/4/1991 Acquired Date: 5/17/1991 Entered Medicaid 5/17/1991 Med # Active Date: 12/1/2003 Previous Med # 260088	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,008 Medicare: 18,776 Medicaid: 17,826	Superior: 0 Standard: 167 Conditional: 14 Total: 181
	Medicaid Utilization 43.46957% Occupancy: 93.62557% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.05421% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	863,263	1,491,985	1,015,735	320,690	0	3,691,673
1a	Audit Adjustments						
2	Cost Per Diem	48.4272	83.6971	56.9805	17.9900		207.0948
3	Cost Per Diem Inflated	50.5781	86.0497	59.5113			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5781	86.0497	59.5113	17.9900		214.1291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0535		48.4641			
7	Provider Target Rate	51.1966		49.5709			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	86.0497	49.5709	13.6500		198.4124
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	86.0497	49.5709	13.6500		198.4124
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 264571-00 - 2012/01
204.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Spring Lake Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/17/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,599,947.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Variable [3]	80% Capital(1):	4,332,554	10.6976
Indexed Asset Value	5,415,692	< 60% of Base:	False	20% ROE(2):	1,083,138	0.7584
FRVS Base Asset:	3,642,240	Interest Rate:	7.5900 %	Insurance Cost(3):	44,624	1.0882
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	77,377	1.8869
ROE Factor	0.027600	Amortization Rate:	7.5900 %	Home Office(3):	17,200	0.4194
		Interest Only:	False	Replacement(3&4):	121,096	0.0000
		Yearly Payment:	421,699	Total FRVS PD:		14.8505

(1) 80% Capital (\$4,332,554) amortized at 7.5900% for 20 years Principal & Interest of \$421,699 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.6976

(2) 20% ROE (\$1,083,138) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7584

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	86.0497	86.0497	6.2407	79.8090
Indirect Care	49.5709	49.5709	3.5951	45.9758
Property	13.6500	14.8505	1.0770	13.7735
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.4662
Supplemental Rate Add-on				\$8.1747
Totals	198.4124	199.6129	14.4768	204.7770

***Medicaid Trend Adjustment :**



0 265381-00 - 2012/01
213.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Estero

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3850 Williams Road Estero FL 33929 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/23/2003 Acquired Date: 9/23/2003 Entered Medicaid 10/23/2003 Med # Active Date: 10/23/2003 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 52,234 Medicare: 16,534 Medicaid: 27,250	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.16909% Occupancy: 92.32700% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.43069% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,303	2,558,001	1,413,209	752,645	0	5,828,158
1a	Audit Adjustments						
2	Cost Per Diem	40.5249	93.8716	51.8609	27.6200		213.8774
3	Cost Per Diem Inflated	41.8665	96.0602	53.5777			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8665	96.0602	53.5777	27.6200		219.1244
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5311		54.2114			
7	Provider Target Rate	49.6395		55.4495			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.8665	96.0602	53.5777	13.6500		205.1544
12/13	Medicaid Adjustment Rate		0.2344	0.1307			
14	Prospective Per Diem 11	41.8665	96.2946	53.7084	13.6500		205.5195
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 265381-00 - 2012/01
213.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Estero

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/23/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/07 Indexed Asset Value 7,462,534 FRVS Base Asset: 6,592,925 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	11,100,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,970,027	9.2855
	< 60% of Base:	False	20% ROE(2):	1,492,507	0.7571
	Interest Rate:	5.0000 %	Insurance Cost(3):	21,814	0.4176
	Chase Rate:	3.2500 %	Taxes Cost(3):	114,781	2.1974
	Amortization Rate:	5.0000 %	Home Office(3):	51,590	0.9877
	Interest Only:	False	Replacement(3&4):	817,110	0.0000
Yearly Payment:	472,794	Total FRVS PD:		13.6453	

(1) 80% Capital (\$5,970,027) amortized at 5.0000% for 20 years Principal & Interest of \$472,794 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$9.2855

(2) 20% ROE (\$1,492,507) times the ROE factor (0.025830) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.7571

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	49,785
Comparison Bed 155	Effective PBS Limitation	6,592,925

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8665	41.8665	3.0363	38.8302
Patient Care				
Direct Care	96.2946	96.2946	6.9837	89.3109
Indirect Care	53.7084	53.7084	3.8952	49.8132
Property	13.6500	13.6453	0.9896	12.6557
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4552
Supplemental Rate Add-on				\$8.1747
Totals	205.5195	205.5148	14.9048	213.2399

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 265560-00 - 2012/01

183.85

Valencia Hills Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1350 Sleepy Hill Road Lakeland FL 33810 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1982 Acquired Date: 1/1/1982 Entered Medicaid 1/1/1985 Med # Active Date: 9/4/2003 Previous Med # 269026	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 300 Maximum: 109,500 Max Annualized: 109,500 Total Patient: 89,733 Medicare: 9,992 Medicaid: 57,900	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 64.52476% Occupancy: 81.94795% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.45440% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,981,122	4,847,203	2,742,367	917,715	0	10,488,407
1a	Audit Adjustments						
2	Cost Per Diem	34.2163	83.7168	47.3639	15.8500		181.1470
3	Cost Per Diem Inflated	35.7360	86.0700	49.4676			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.7360	86.0700	49.4676	15.8500		187.1236
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0304		49.9618			
7	Provider Target Rate	39.9218		51.1028			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.7360	86.0700	49.4676	13.6500		184.9236
12/13	Medicaid Adjustment Rate		1.4064	0.8083			
14	Prospective Per Diem 11	35.7360	87.4764	50.2759	13.6500		187.1383
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 265560-00 - 2012/01
183.85

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Valencia Hills Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 5,625,000.00			Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Fixed [2]		80% Capital(1): 8,069,426		9.4041
Indexed Asset Value 10,086,783	< 60% of Base: False		20% ROE(2): 2,017,357		0.5650
FRVS Base Asset: 5,789,828	Interest Rate: 9.8800 %		Insurance Cost(3): 94,863		1.0572
Occup Adj Factor: 0.9000	Chase Rate: 7.7500 %		Taxes Cost(3): 72,406		0.8069
ROE Factor 0.027600	Amortization Rate: 9.8800 %		Home Office(3): 14,313		0.1595
	Interest Only: False		Replacement(3&4): 98,285		0.0000
	Yearly Payment: 926,775		Total FRVS PD:		11.9927

(1) 80% Capital (\$8,069,426) amortized at 9.8800% for 20 years Principal & Interest of \$926,775 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$9.4041

(2) 20% ROE (\$2,017,357) times the ROE factor (0.027600) divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = \$0.5650

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 300	Effective PBS Limitation 8,550,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.7360	35.7360	2.5917	33.1443
Patient Care				
Direct Care	87.4764	87.4764	6.3442	81.1322
Indirect Care	50.2759	50.2759	3.6462	46.6297
Property	13.6500	11.9927	0.8698	11.1229
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6435
Supplemental Rate Add-on				\$8.1747
Totals	187.1383	185.4810	13.4519	183.8473

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 265721-00 - 2012/01
162.22

Summer Brook Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5377 Moncrief Road Jacksonville FL 32209 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 11/19/2003 Previous Med # 200786	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,896 Medicare: 2,972 Medicaid: 36,286	Superior: 0 Standard: 160 Conditional: 21 Total: 181
	Medicaid Utilization 86.60970% Occupancy: 95.65297% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.58894% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,517,501	2,049,716	1,021,556	285,571	0	4,874,344
1a	Audit Adjustments						
2	Cost Per Diem	41.8206	56.4878	28.1529	7.8700		134.3313
3	Cost Per Diem Inflated	44.1889	58.4490	29.7472			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1889	58.4490	29.7472	7.8700		140.2551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0252		45.2972			
7	Provider Target Rate	46.0535		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1889	58.4490	29.7472	7.8700		140.2551
12/13	Medicaid Adjustment Rate		2.1280	1.0830			
14	Prospective Per Diem 11	44.1889	60.5770	30.8302	7.8700		143.4661
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 265721-00 - 2012/01
162.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Summer Brook Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/1985	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,232,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	2,701,139	5.8910
Indexed Asset Value	3,376,424	< 60% of Base:	False	20% ROE(2):	675,285	0.5406
FRVS Base Asset:	1,522,570	Interest Rate:	6.0000 %	Insurance Cost(3):	32,400	0.7733
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	35,858	0.8559
ROE Factor	0.031560	Amortization Rate:	6.0000 %	Home Office(3):	52,175	1.2453
		Interest Only:	False	Replacement(3&4):	13,432	0.0000
		Yearly Payment:	232,222	Total FRVS PD:		9.3061

(1) 80% Capital (\$2,701,139) amortized at 6.0000% for 20 years Principal & Interest of \$232,222 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8910

(2) 20% ROE (\$675,285) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5406

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1889	44.1889	3.2048	40.9841
Patient Care				
Direct Care	60.5770	60.5770	4.3933	56.1837
Indirect Care	30.8302	30.8302	2.2359	28.5943
Property	7.8700	9.3061	0.6749	8.6312
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6497
Supplemental Rate Add-on				\$8.1747
Totals	143.4661	144.9022	10.5089	162.2177

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 265730-00 - 2012/01 184.88

Hialeah Convalescent Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
190 W. 28th Street Hialeah FL 33010 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 9/1/2003 Previous Med # 207713	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 276 Maximum: 100,740 Max Annualized: 100,740 Total Patient: 89,436 Medicare: 17,030 Medicaid: 64,555	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.18011% Occupancy: 88.77903% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.99489% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,253,243	5,245,061	2,847,333	899,251	0	11,244,888
1a	Audit Adjustments						
2	Cost Per Diem	34.9042	81.2495	44.1071	13.9300		174.1908
3	Cost Per Diem Inflated	36.3031	83.3558	45.8749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	36.3031	83.3558	45.8749	13.9300		179.4638
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		50.4198			
7	Provider Target Rate	41.9989		51.5713			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	36.3031	83.3558	45.8749	13.6500		179.1838
12/13	Medicaid Adjustment Rate		2.0799	1.1447			
14	Prospective Per Diem 11	36.3031	85.4357	47.0196	13.6500		182.4084
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 265730-00 - 2012/01
184.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hialeah Convalescent Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,132,355.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	9,338,034	15.0969
Indexed Asset Value	11,672,542	< 60% of Base:	False	20% ROE(2):	2,334,508	0.6893
FRVS Base Asset:	6,410,022	Interest Rate:	13.6960 %	Insurance Cost(3):	143,604	1.6057
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	71,216	0.7963
ROE Factor	0.026770	Amortization Rate:	13.6960 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	65,755	0.0000
		Yearly Payment:	1,368,773	Total FRVS PD:		18.1882

- (1) 80% Capital (\$9,338,034) amortized at 13.6960% for 20 years Principal & Interest of \$1,368,773 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$15.0969
- (2) 20% ROE (\$2,334,508) times the ROE factor (0.026770) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = \$0.6893
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 276	Effective PBS Limitation	7,866,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	36.3031	36.3031	2.6329	33.6702
Patient Care				
Direct Care	85.4357	85.4357	6.1962	79.2395
Indirect Care	47.0196	47.0196	3.4101	43.6095
Property	13.6500	18.1882	1.3191	16.8691
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.3193
Supplemental Rate Add-on				\$8.1747
Totals	182.4084	186.9466	13.5583	184.8823

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 266108-00 - 2012/01
208.50

Life Care Center of Ocala

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2800 SW 41st Street Ocala FL 34474 County: Marion [42] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1998 Acquired Date: 10/1/1998 Entered Medicaid 10/1/1998 Med # Active Date: 2/1/2004 Previous Med # 253154	02/01/2010-01/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,375 Medicare: 22,279 Medicaid: 13,330	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 33.85397% Occupancy: 89.89726% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.39294% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	614,158	1,161,492	753,308	348,979	0	2,877,937
1a	Audit Adjustments						
2	Cost Per Diem	46.0734	87.1337	56.5122	26.1800		215.8993
3	Cost Per Diem Inflated	48.0531	89.5194	58.9404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.0531	89.5194	58.9404	26.1800		222.6929
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0054		52.4326			
7	Provider Target Rate	47.0561		53.6301			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	89.5194	53.6301	13.6500		203.5141
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	89.5194	53.6301	13.6500		203.5141
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266108-00 - 2012/01
208.50

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Ocala

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/07 Indexed Asset Value 5,695,662 FRVS Base Asset: 4,545,840 Occup Adj Factor: 0.9000 ROE Factor 0.027080	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,929,850.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,556,530	12.0373
	< 60% of Base:	False	20% ROE(2):	1,139,132	0.7825
	Interest Rate:	8.5000 %	Insurance Cost(3):	34,214	0.8689
	Chase Rate:	8.5000 %	Taxes Cost(3):	54,843	1.3928
	Amortization Rate:	8.5000 %	Home Office(3):	45,212	1.1482
	Interest Only:	False	Replacement(3&4):	136,293	0.0000
Yearly Payment:	474,512	Total FRVS PD:		16.2297	

(1) 80% Capital (\$4,556,530) amortized at 8.5000% for 20 years Principal & Interest of \$474,512 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0373

(2) 20% ROE (\$1,139,132) times the ROE factor (0.027080) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7825

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	89.5194	89.5194	6.4923	83.0271
Indirect Care	53.6301	53.6301	3.8895	49.7406
Property	13.6500	16.2297	1.1770	15.0527
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$9.1830
Supplemental Rate Add-on				\$8.1747
Totals	203.5141	206.0938	14.9467	208.5048

***Medicaid Trend Adjustment :**



0 266124-00 - 2012/01
218.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oasis Health and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1201 12th Avenue South Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 9/1/2003 Previous Med # 209279	04/01/2010-03/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,532 Medicare: 3,134 Medicaid: 25,766 Medicaid Utilization 79.20202% Occupancy: 74.27397% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 92.86011% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,400,067	2,099,223	1,550,374	569,686	0	5,619,350
1a	Audit Adjustments						
2	Cost Per Diem	54.3378	81.4726	60.1713	22.1100		218.0917
3	Cost Per Diem Inflated	56.5156	83.5847	62.5829			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.5156	83.5847	62.5829	22.1100		224.7932
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8079		49.0670			
7	Provider Target Rate	56.0596		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	83.5847	50.1876	13.6500		198.3798
12/13	Medicaid Adjustment Rate		2.7459	1.6488			
14	Prospective Per Diem 11	50.9575	86.3306	51.8364	13.6500		202.7745
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266124-00 - 2012/01
218.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Oasis Health and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	10/1/2002	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Variable [3]	80% Capital(1):	4,258,773	10.8439
Indexed Asset Value	5,323,466	< 60% of Base:	False	20% ROE(2):	1,064,693	0.7230
FRVS Base Asset:	3,092,950	Interest Rate:	8.0000 %	Insurance Cost(3):	85,336	2.6231
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	102,304	3.1447
ROE Factor	0.026770	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	101,893	0.0000
		Yearly Payment:	427,465	Total FRVS PD:		17.3347

(1) 80% Capital (\$4,258,773) amortized at 8.0000% for 20 years Principal & Interest of \$427,465 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8439

(2) 20% ROE (\$1,064,693) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7230

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,448,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	86.3306	86.3306	6.2611	80.0695
Indirect Care	51.8364	51.8364	3.7594	48.0770
Property	13.6500	17.3347	1.2572	16.0775
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1125
Supplemental Rate Add-on				\$8.1747
Totals	202.7745	206.4592	14.9734	218.7730

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 266281-00 - 2012/01

170.03

Southpoint Terrace

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4325 Southpoint Boulevard Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/2004 Acquired Date: 1/8/2004 Entered Medicaid 2/20/2004 Med # Active Date: 2/20/2004 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,021 Medicare: 9,397 Medicaid: 24,645	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 57.28598% Occupancy: 98.22146% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.80017% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	775,825	1,714,119	846,211	814,517	0	4,150,672
1a	Audit Adjustments						
2	Cost Per Diem	31.4800	69.5524	34.3360	33.0500		168.4184
3	Cost Per Diem Inflated	32.8782	71.5075	35.8610			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	32.8782	71.5075	35.8610	33.0500		173.2967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	32.8782	71.5075	35.8610	13.6500		153.8967
12/13	Medicaid Adjustment Rate		0.5861	0.2939			
14	Prospective Per Diem 11	32.8782	72.0936	36.1549	13.6500		154.7767
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266281-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

170.03

Southpoint Terrace

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/20/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	Variable [3]	80% Capital(1):	4,375,692	10.5280
Indexed Asset Value	5,469,615	< 60% of Base:	False	20% ROE(2):	1,093,923	0.7659
FRVS Base Asset:	5,163,720	Interest Rate:	8.1900 %	Insurance Cost(3):	49,110	1.1415
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	125,030	2.9063
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	9,612	0.2234
		Interest Only:	False	Replacement(3&4):	49,376	0.0000
		Yearly Payment:	415,013	Total FRVS PD:		15.5651

(1) 80% Capital (\$4,375,692) amortized at 7.2500% for 20 years Principal & Interest of \$415,013 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5280

(2) 20% ROE (\$1,093,923) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7659

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	32.8782	32.8782	2.3845	30.4937
Patient Care				
Direct Care	72.0936	72.0936	5.2285	66.8651
Indirect Care	36.1549	36.1549	2.6221	33.5328
Property	13.6500	15.5651	1.1288	14.4363
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5302
Supplemental Rate Add-on				\$8.1747
Totals	154.7767	156.6918	11.3639	170.0328

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 266612-00 - 2012/01

153.03

Whispering Oaks

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1514 Chelsea St Tampa FL 33610 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/1/1982 Acquired Date: 6/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 5/7/2003 Previous Med # 211125	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 240 Maximum: 87,600 Max Annualized: 87,600 Total Patient: 77,027 Medicare: 4,484 Medicaid: 66,923	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 86.88252% Occupancy: 87.93036% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.93384% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,790,912	4,826,862	2,346,665	831,184	0	9,795,623
1a	Audit Adjustments						
2	Cost Per Diem	26.7608	72.1256	35.0651	12.4200		146.3715
3	Cost Per Diem Inflated	27.9494	74.1530	36.6225			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	27.9494	74.1530	36.6225	12.4200		151.1449
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	27.9494	74.1530	36.6225	12.4200		151.1449
12/13	Medicaid Adjustment Rate		3.0768	1.5196			
14	Prospective Per Diem 11	27.9494	77.2298	38.1421	12.4200		155.7413
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 266612-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

153.03

Whispering Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,880,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/01	Type:	Fixed [2]	80% Capital(1):	5,465,396	6.5749
Indexed Asset Value	6,831,745	< 60% of Base:	False	20% ROE(2):	1,366,349	0.4783
FRVS Base Asset:	3,774,478	Interest Rate:	7.9632 %	Insurance Cost(3):	125,650	1.6312
Occup Adj Factor:	0.9000	Chase Rate:	4.2500 %	Taxes Cost(3):	1,076	0.0140
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	89,136	0.0000
		Yearly Payment:	518,366	Total FRVS PD:		8.6984

(1) 80% Capital (\$5,465,396) amortized at 7.2500% for 20 years Principal & Interest of \$518,366 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$6.5749

(2) 20% ROE (\$1,366,349) times the ROE factor (0.027600) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = \$0.4783

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 240	Effective PBS Limitation	6,840,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	27.9494	27.9494	2.0270	25.9224
Patient Care				
Direct Care	77.2298	77.2298	5.6010	71.6288
Indirect Care	38.1421	38.1421	2.7662	35.3759
Property	12.4200	8.6984	0.6308	8.0676
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.8613
Supplemental Rate Add-on				\$8.1747
Totals	155.7413	152.0197	11.0250	153.0307

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 267724-00 - 2012/01

212.19

The Springs At Boca Ciega Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1255 Pasadena Avenue S. St. Petersburg FL 33707 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1974 Acquired Date: 7/1/1987 Entered Medicaid 7/1/1987 Med # Active Date: 1/1/2004 Previous Med # 213217	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 36,301 Medicare: 14,289 Medicaid: 12,954	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 35.68497% Occupancy: 91.24293% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.07535% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	583,779	1,217,532	856,362	251,437	0	2,909,110
1a	Audit Adjustments						
2	Cost Per Diem	45.0655	93.9889	66.1079	19.4100		224.5723
3	Cost Per Diem Inflated	47.0671	96.6308	69.0441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0671	96.6308	69.0441	19.4100		232.1520
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6254		57.6798			
7	Provider Target Rate	44.6217		58.9971			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.6217	96.4295	56.9334	13.6500		211.6346
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.6217	96.4295	56.9334	13.6500		211.6346
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 267724-00 - 2012/01
212.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Springs At Boca Ciega Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	None [1]	80% Capital(1):	2,028,982	4.7733
Indexed Asset Value	2,536,227	< 60% of Base:	True	20% ROE(2):	507,245	0.3910
FRVS Base Asset:	1,963,200	Interest Rate:	8.5000 %	Insurance Cost(3):	56,959	1.5691
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	45,614	1.2565
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	6,055	0.1668
		Interest Only:	True	Replacement(3&4):	47,224	0.0000
		Yearly Payment:	170,914	Total FRVS PD:		8.1567

- (1) 80% Capital (\$2,028,982) amortized at 8.5000% for 20 years Interest of \$170,914 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$4.7733
- (2) 20% ROE (\$507,245) times the ROE factor (0.027600) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.3910
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	13,088
Comparison Date: 1/1/1974	Current RS PBS:	49,785
Comparison Bed 150	Effective PBS Limitation	1,963,200

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.6217	44.6217	3.2362	41.3855
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	8.1567	0.5916	7.5651
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.8248
Supplemental Rate Add-on				\$8.1747
Totals	211.6346	206.1413	14.9503	212.1905

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 267902-00 - 2012/01

182.77

The Nursing Center At Mercy

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3671 South Miami Avenue Miami FL 33133 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/6/1994 Acquired Date: 12/4/1994 Entered Medicaid 12/4/1994 Med # Active Date: 3/1/2003 Previous Med # 211494	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,878 Medicare: 27,822 Medicaid: 6,111	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 14.25206% Occupancy: 97.89498% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.39199% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	220,091	406,595	350,599	243,646	0	1,220,931
1a	Audit Adjustments						
2	Cost Per Diem	36.0155	66.5349	57.3718	39.8701		199.7923
3	Cost Per Diem Inflated	37.6151	68.4051	59.9200			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.6151	68.4051	59.9200	39.8701		205.8103
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4922		64.2785			
7	Provider Target Rate	45.5083		65.7465			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.6151	68.4051	58.7454	13.6500		178.4156
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	37.6151	68.4051	58.7454	13.6500		178.4156
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 267902-00 - 2012/01
182.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Nursing Center At Mercy

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/4/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,640,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/07	Type:	Variable [3]	80% Capital(1):	3,913,894	9.4169
Indexed Asset Value	4,892,367	< 60% of Base:	False	20% ROE(2):	978,473	0.6851
FRVS Base Asset:	4,058,400	Interest Rate:	8.1900 %	Insurance Cost(3):	76,219	1.7776
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	148,642	3.4666
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	5,401	0.1260
		Interest Only:	False	Replacement(3&4):	36,090	0.0000
		Yearly Payment:	371,214	Total FRVS PD:		15.4722

(1) 80% Capital (\$3,913,894) amortized at 7.2500% for 20 years Principal & Interest of \$371,214 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4169

(2) 20% ROE (\$978,473) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6851

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,820
Comparison Date: 1/1/1994	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,058,400

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.6151	37.6151	2.7280	34.8871
Patient Care				
Direct Care	68.4051	68.4051	4.9610	63.4441
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	15.4722	1.1221	14.3501
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$7.4265
Supplemental Rate Add-on				\$8.1747
Totals	178.4156	180.2378	13.0716	182.7674

*Medicaid Trend Adjustment :



0 268003-00 - 2012/01
190.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lanier Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
12740 Lanier Road Jacksonville FL 32226 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1984 Acquired Date: 7/1/1984 Entered Medicaid 8/15/1984 Med # Active Date: 9/1/2003 Previous Med # 228893	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,883 Medicare: 5,607 Medicaid: 31,952	Superior: 0 Standard: 156 Conditional: 25 Total: 181
	Medicaid Utilization 78.15473% Occupancy: 93.34018% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.69741% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,165,793	2,359,457	1,549,805	445,091	0	5,520,146
1a	Audit Adjustments						
2	Cost Per Diem	36.4858	73.8438	48.5042	13.9300		172.7638
3	Cost Per Diem Inflated	37.5792	75.4484	49.9577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.5792	75.4484	49.9577	13.9300		176.9153
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.5792	75.4484	46.3317	13.6500		173.0093
12/13	Medicaid Adjustment Rate		2.0597	1.2648			
14	Prospective Per Diem 11	37.5792	77.5081	47.5965	13.6500		176.3338
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 268003-00 - 2012/01
190.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lanier Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	560,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,820,746	11.2240
Indexed Asset Value	4,775,933	< 60% of Base:	False	20% ROE(2):	955,187	0.6259
FRVS Base Asset:	623,247	Interest Rate:	10.0000 %	Insurance Cost(3):	47,841	1.1702
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	51,112	1.2502
ROE Factor	0.025830	Amortization Rate:	10.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	13,207	0.0000
		Yearly Payment:	442,452	Total FRVS PD:		14.2703

- (1) 80% Capital (\$3,820,746) amortized at 10.0000% for 20 years Principal & Interest of \$442,452 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.2240
- (2) 20% ROE (\$955,187) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6259
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 55	Effective PBS Limitation	1,567,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.5792	37.5792	2.7254	34.8538
Patient Care				
Direct Care	77.5081	77.5081	5.6212	71.8869
Indirect Care	47.5965	47.5965	3.4519	44.1446
Property	13.6500	14.2703	1.0349	13.2354
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2493
Supplemental Rate Add-on				\$8.1747
Totals	176.3338	176.9541	12.8334	190.5447

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 268062-00 - 2012/01

223.65

Susanna Wesley Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5300 West 16th Ave Hialeah FL 33012 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1985 Acquired Date: 4/1/1985 Entered Medicaid 4/1/1985 Med # Active Date: 7/1/2003 Previous Med # 228478	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,988 Medicare: 12,599 Medicaid: 23,401	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.02103% Occupancy: 89.01370% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.28827% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,188,473	2,097,851	1,384,130	291,576	0	4,962,030
1a	Audit Adjustments						
2	Cost Per Diem	50.7873	89.6479	59.1483	12.4600		212.0435
3	Cost Per Diem Inflated	53.0430	92.1678	61.7754			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.0430	92.1678	61.7754	12.4600		219.4462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9865		53.8836			
7	Provider Target Rate	62.3793		55.1142			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	92.1678	55.1142	12.4600		210.6995
12/13	Medicaid Adjustment Rate		1.0391	0.6213			
14	Prospective Per Diem 11	50.9575	93.2069	55.7355	12.4600		212.3599
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268062-00 - 2012/01
223.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Susanna Wesley Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/30/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,995,000.00		Total Amount	Per Diem
RS to Start Calcs:	1985/01	Type:	Fixed [2]	80% Capital(1):	4,517,097	13.7284
Indexed Asset Value	5,646,371	< 60% of Base:	False	20% ROE(2):	1,129,274	0.7907
FRVS Base Asset:	3,420,000	Interest Rate:	10.5000 %	Insurance Cost(3):	96,461	2.4741
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	44,805	0.0000
		Yearly Payment:	541,174	Total FRVS PD:		16.9932

- (1) 80% Capital (\$4,517,097) amortized at 10.5000% for 20 years Principal & Interest of \$541,174 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7284
- (2) 20% ROE (\$1,129,274) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7907
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	93.2069	93.2069	6.7598	86.4471
Indirect Care	55.7355	55.7355	4.0422	51.6933
Property	12.4600	16.9932	1.2324	15.7608
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.3154
Supplemental Rate Add-on				\$8.1747
Totals	212.3599	216.8931	15.7301	223.6531

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 268186-00 - 2012/01 199.19

Life Care Center of Palm Bay

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
175 Villanueva Road Palm Bay FL 32907 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/2003 Acquired Date: 7/1/2003 Entered Medicaid 5/28/2004 Med # Active Date: 5/28/2004 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 141 Maximum: 51,465 Max Annualized: 51,465 Total Patient: 48,664 Medicare: 15,896 Medicaid: 20,264	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 41.64064% Occupancy: 94.55746% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.21929% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,872	1,604,643	1,004,423	516,935	0	3,982,873
1a	Audit Adjustments						
2	Cost Per Diem	42.2854	79.1869	49.5669	25.5100		196.5492
3	Cost Per Diem Inflated	44.1635	81.4128	51.7684			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1635	81.4128	51.7684	25.5100		202.8547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7012		51.5673			
7	Provider Target Rate	53.9048		52.7450			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1635	81.4128	51.7684	13.6500		190.9947
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.1635	81.4128	51.7684	13.6500		190.9947
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268186-00 - 2012/01
199.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Palm Bay

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/28/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	2003/07	Type:	Variable [3]	80% Capital(1):	5,554,395	8.7201
Indexed Asset Value	6,942,994	< 60% of Base:	False	20% ROE(2):	1,388,599	0.8274
FRVS Base Asset:	0	Interest Rate:	4.0000 %	Insurance Cost(3):	17,305	0.3556
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	116,273	2.3893
ROE Factor	0.027600	Amortization Rate:	4.0000 %	Home Office(3):	46,511	0.9558
		Interest Only:	False	Replacement(3&4):	53,126	0.0000
		Yearly Payment:	403,903	Total FRVS PD:		13.2482

(1) 80% Capital (\$5,554,395) amortized at 4.0000% for 20 years Principal & Interest of \$403,903 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$8.7201

(2) 20% ROE (\$1,388,599) times the ROE factor (0.027600) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = \$0.8274

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	42,535
Comparison Date: 1/1/2003	Current RS PBS:	49,785
Comparison Bed 141	Effective PBS Limitation	5,997,435

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1635	44.1635	3.2029	40.9606
Patient Care				
Direct Care	81.4128	81.4128	5.9044	75.5084
Indirect Care	51.7684	51.7684	3.7545	48.0139
Property	13.6500	13.2482	0.9608	12.2874
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.2414
Supplemental Rate Add-on				\$8.1747
Totals	190.9947	190.5929	13.8226	199.1864

***Medicaid Trend Adjustment :**



0 268585-00 - 2012/01
208.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

HarborChase of Naples

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7801 AIRPORT PULLING RC Naples FL 34109 County: Collier[11] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/16/1998 Acquired Date: 9/12/1997 Entered Medicaid 6/16/1998 Med # Active Date: 1/1/2004 Previous Med # 214078	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 40 Maximum: 14,600 Max Annualized: 14,600 Total Patient: 13,397 Medicare: 7,986 Medicaid: 3,501	Superior: 0 Standard: 151 Conditional: 30 Total: 181
	Medicaid Utilization 26.13272% Occupancy: 91.76027% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.72214% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	173,514	309,472	201,324	128,767	0	813,077
1a	Audit Adjustments						
2	Cost Per Diem	49.5613	88.3953	57.5047	36.7801		232.2414
3	Cost Per Diem Inflated	51.7626	90.8800	60.0588			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.7626	90.8800	60.0588	36.7801		239.4815
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		59.9316			
7	Provider Target Rate	52.3502		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.7626	90.8800	60.0588	13.6500		216.3514
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.7626	90.8800	60.0588	13.6500		216.3514
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268585-00 - 2012/01
208.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

HarborChase of Naples

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/16/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	13,681,685.00		Total Amount	Per Diem
RS to Start Calcs:	1997/07	Type:	Variable [3]	80% Capital(1):	1,468,717	10.6013
Indexed Asset Value	1,835,896	< 60% of Base:	False	20% ROE(2):	367,179	0.7712
FRVS Base Asset:	0	Interest Rate:	11.8800 %	Insurance Cost(3):	14,724	1.0991
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	17,972	1.3415
ROE Factor	0.027600	Amortization Rate:	7.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	11,777	0.0000
		Yearly Payment:	139,301	Total FRVS PD:		13.8131

(1) 80% Capital (\$1,468,717) amortized at 7.2500% for 20 years Principal & Interest of \$139,301 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$10.6013

(2) 20% ROE (\$367,179) times the ROE factor (0.027600) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = \$0.7712

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 40	Effective PBS Limitation	1,497,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.7626	51.7626	3.7540	48.0086
Patient Care				
Direct Care	90.8800	90.8800	6.5910	84.2890
Indirect Care	60.0588	60.0588	4.3557	55.7031
Property	13.6500	13.8131	1.0018	12.8113
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	216.3514	216.5145	15.7025	208.9867

***Medicaid Trend Adjustment :**



0 268755-00 - 2012/01
223.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Abbieian Russell Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
700 South 29th Street Ft. Pierce FL 34947 County: St Lucie[56] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1976 Acquired Date: 10/1/1976 Entered Medicaid 10/1/1976 Med # Active Date: 5/1/2004 Previous Med # 204609	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 79 Maximum: 28,835 Max Annualized: 28,835 Total Patient: 22,992 Medicare: 3,460 Medicaid: 15,752	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.51079% Occupancy: 79.73643% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.68948% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,038,027	1,350,428	800,424	220,213	0	3,409,092
1a	Audit Adjustments						
2	Cost Per Diem	65.8981	85.7306	50.8141	13.9800		216.4228
3	Cost Per Diem Inflated	68.8250	88.1404	53.0710			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	68.8250	88.1404	53.0710	13.9800		224.0164
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.0334		59.9316			
7	Provider Target Rate	65.4958		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	88.1404	53.0710	13.6500		213.9263
12/13	Medicaid Adjustment Rate		1.8355	1.1052			
14	Prospective Per Diem 11	59.0649	89.9759	54.1762	13.6500		216.8670
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 268755-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

223.46

Abbieian Russell Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 3,102,854 FRVS Base Asset: 1,587,352 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	425,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,482,283	4.0052
	< 60% of Base:	True	20% ROE(2):	620,571	0.6600
	Interest Rate:	8.0000 %	Insurance Cost(3):	29,205	1.2702
	Chase Rate:	4.2500 %	Taxes Cost(3):	66,847	2.9074
	Amortization Rate:	4.2500 %	Home Office(3):	15,891	0.6912
	Interest Only:	True	Replacement(3&4):	26,706	0.0000
Yearly Payment:	103,941	Total FRVS PD:		9.5340	

- (1) 80% Capital (\$2,482,283) amortized at 4.2500% for 20 years Interest of \$103,941 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$4.0052
- (2) 20% ROE (\$620,571) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = \$0.6600
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 78	Effective PBS Limitation	2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	89.9759	89.9759	6.5254	83.4505
Indirect Care	54.1762	54.1762	3.9291	50.2471
Property	13.6500	9.5340	0.6914	8.8426
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.9672
Supplemental Rate Add-on				\$8.1747
Totals	216.8670	212.7510	15.4295	223.4634

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 268763-00 - 2012/01

187.65

Good Samaritan Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10676 Marvin Jones Boulevar Live Oak FL 32060 County: Suwannee [61] Region: North [1] Area: 3 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 10/1/1985 Entered Medicaid 1/1/1970 Med # Active Date: 11/1/2003 Previous Med # 202771	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 161 Maximum: 58,765 Max Annualized: 58,765 Total Patient: 57,796 Medicare: 2,746 Medicaid: 44,050	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.21635% Occupancy: 98.35106% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.96219% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,141	3,452,811	1,746,609	531,243	0	7,228,804
1a	Audit Adjustments						
2	Cost Per Diem	34.0100	78.3839	39.6506	12.0600		164.1045
3	Cost Per Diem Inflated	35.1359	80.2114	40.9632			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.1359	80.2114	40.9632	12.0600		168.3705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.5450		48.9154			
7	Provider Target Rate	41.4710		50.0326			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.1359	80.2114	40.9632	12.0600		168.3705
12/13	Medicaid Adjustment Rate		2.3657	1.2081			
14	Prospective Per Diem 11	35.1359	82.5771	42.1713	12.0600		171.9443
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268763-00 - 2012/01
187.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Good Samaritan Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1985/07 Indexed Asset Value 6,501,873 FRVS Base Asset: 2,464,423 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,715,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,201,498	9.1499
	< 60% of Base:	False	20% ROE(2):	1,300,375	0.6351
	Interest Rate:	7.0000 %	Insurance Cost(3):	25,113	0.4345
	Chase Rate:	10.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	7.0000 %	Home Office(3):	97,523	1.6874
	Interest Only:	False	Replacement(3&4):	25,724	0.0000
Yearly Payment:	483,926	Total FRVS PD:		11.9069	

- (1) 80% Capital (\$5,201,498) amortized at 7.0000% for 20 years Principal & Interest of \$483,926 divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = \$9.1499
- (2) 20% ROE (\$1,300,375) times the ROE factor (0.025830) divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = \$0.6351
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.1359	35.1359	2.5482	32.5877
Patient Care				
Direct Care	82.5771	82.5771	5.9888	76.5883
Indirect Care	42.1713	42.1713	3.0584	39.1129
Property	12.0600	11.9069	0.8635	11.0434
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$20.1451
Supplemental Rate Add-on				\$8.1747
Totals	171.9443	171.7912	12.4589	187.6521

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 268780-00 - 2012/01 217.99

The Springs at Lake Pointe Woods

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3280 Lake Pointe Drive Sarasota FL 34238 County: Sarasota [58] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/6/1986 Acquired Date: 11/6/1986 Entered Medicaid 11/1/1989 Med # Active Date: 1/1/2004 Previous Med # 213225	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 40,261 Medicare: 8,801 Medicaid: 21,110	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.43288% Occupancy: 92.69253% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.88769% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	850,101	2,069,107	1,253,893	547,593	17,440	4,738,134
1a	Audit Adjustments						
2	Cost Per Diem	40.2701	98.0155	59.3981	25.9400	0.8261	224.4498
3	Cost Per Diem Inflated	42.0587	100.7706	62.0363			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.0587	100.7706	62.0363	25.9400	0.8261	231.6317
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3289		56.0353			
7	Provider Target Rate	45.3413		57.3151			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.0587	97.3020	57.3151	13.6500	0.8261	211.1519
12/13	Medicaid Adjustment Rate		0.2663	0.1569			
14	Prospective Per Diem 11	42.0587	97.5683	57.4720	13.6500	0.8261	211.5751
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 268780-00 - 2012/01
217.99

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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The Springs at Lake Pointe Woods

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	None [1]	80% Capital(1):	3,375,531	7.2738
Indexed Asset Value	4,219,414	< 60% of Base:	True	20% ROE(2):	843,883	0.5958
FRVS Base Asset:	1,523,061	Interest Rate:	8.5000 %	Insurance Cost(3):	66,206	1.6444
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	65,700	1.6319
ROE Factor	0.027600	Amortization Rate:	8.5000 %	Home Office(3):	6,478	0.1609
		Interest Only:	True	Replacement(3&4):	46,261	0.0000
		Yearly Payment:	284,343	Total FRVS PD:		11.3068

- (1) 80% Capital (\$3,375,531) amortized at 8.5000% for 20 years Interest of \$284,343 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$7.2738
- (2) 20% ROE (\$843,883) times the ROE factor (0.027600) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.5958
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	49,785
Comparison Bed 53	Effective PBS Limitation	1,523,061

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.0587	42.0587	3.0503	39.0084
Patient Care				
Direct Care	97.5683	97.5683	7.0761	90.4922
Indirect Care	57.4720	57.4720	4.1681	53.3039
Property	13.6500	11.3068	0.8200	10.4868
ROE	0.8261	0.3853	0.0279	0.3574
ROE Adjustment	-0.3853	-0.3853	-0.0279	-0.3574
Quality Assess-Medicaid Share				\$16.5266
Supplemental Rate Add-on				\$8.1747
Totals	211.1898	208.4058	15.1145	217.9926

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
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0 269000-00 - 2012/01 194.17

Majestic Oaks Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
901 Veterans Memorial Parkw Orange City Fl 32763 County: Volusia[64] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/21/2003 Acquired Date: 1/21/2003 Entered Medicaid 1/21/2003 Med # Active Date: 1/21/2003 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 50,288 Medicare: 7,328 Medicaid: 16,858	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 33.52291% Occupancy: 91.85023% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.83461% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	885,467	1,598,821	746,208	224,549	0	3,455,045
1a	Audit Adjustments						
2	Cost Per Diem	52.5250	94.8405	44.2643	13.3200		204.9498
3	Cost Per Diem Inflated	54.8579	97.5064	46.2303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.8579	97.5064	46.2303	13.3200		211.9146
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7796		45.2972			
7	Provider Target Rate	52.9622		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	95.5570	46.2303	13.3200		201.8219
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	95.5570	46.2303	13.3200		201.8219
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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194.17

Majestic Oaks Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/21/2003 Year of Phase-In/ Full: RS to Start Calcs: 2003/01 Indexed Asset Value 6,591,184 FRVS Base Asset: 6,296,700 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	7,059,913.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,272,947	9.1322
	< 60% of Base:	False	20% ROE(2):	1,318,237	0.7384
	Interest Rate:	5.9085 %	Insurance Cost(3):	70,793	1.4078
	Chase Rate:	4.2500 %	Taxes Cost(3):	38,107	0.7578
	Amortization Rate:	5.9085 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	209,312	0.0000
Yearly Payment:	449,991	Total FRVS PD:	12.0362		

(1) 80% Capital (\$5,272,947) amortized at 5.9085% for 20 years Principal & Interest of \$449,991 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$9.1322

(2) 20% ROE (\$1,318,237) times the ROE factor (0.027600) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.7384

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	41,978
Comparison Date: 7/1/2002	Current RS PBS:	49,785
Comparison Bed 150	Effective PBS Limitation	6,296,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	46.2303	46.2303	3.3528	42.8775
Property	13.3200	12.0362	0.8729	11.1633
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	201.8219	200.5381	14.5438	194.1690

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
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184.34

Harmony Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9820 N. Kendall Drive Miami Fl 33176 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1970 Acquired Date: 12/11/1998 Entered Medicaid 11/13/2000 Med # Active Date: 9/1/2003 Previous Med # 226386	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 203 Maximum: 74,095 Max Annualized: 74,095 Total Patient: 73,571 Medicare: 18,083 Medicaid: 38,245	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 51.98380% Occupancy: 99.29280% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 124.13958% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,264,995	2,705,704	1,916,788	863,572	0	6,751,059
1a	Audit Adjustments						
2	Cost Per Diem	33.0761	70.7466	50.1187	22.5800		176.5214
3	Cost Per Diem Inflated	34.5452	72.7352	52.3447			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.5452	72.7352	52.3447	22.5800		182.2051
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		53.4355			
7	Provider Target Rate	41.9989		54.6559			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.5452	72.7352	52.3447	13.6500		173.2751
12/13	Medicaid Adjustment Rate		0.1623	0.1168			
14	Prospective Per Diem 11	34.5452	72.8975	52.4615	13.6500		173.5542
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



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184.34

Florida Agency For Health Care Administration
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Harmony Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/13/2000 Year of Phase-In/ Full: RS to Start Calcs: 1998/07 Indexed Asset Value 8,630,240 FRVS Base Asset: 8,630,240 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,000,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	6,904,192	8.9010
	< 60% of Base:	False	20% ROE(2):	1,726,048	0.7144
	Interest Rate:	6.0000 %	Insurance Cost(3):	75,538	1.0267
	Chase Rate:	4.0000 %	Taxes Cost(3):	155,621	2.1152
	Amortization Rate:	6.0000 %	Home Office(3):	5,852	0.0795
	Interest Only:	False	Replacement(3&4):	142,652	0.0000
Yearly Payment:	593,565	Total FRVS PD:		12.8368	

(1) 80% Capital (\$6,904,192) amortized at 6.0000% for 20 years Principal & Interest of \$593,565 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = \$8.9010

(2) 20% ROE (\$1,726,048) times the ROE factor (0.027600) divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = \$0.7144

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	49,785
Comparison Bed 203	Effective PBS Limitation	7,690,046

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.5452	34.5452	2.5054	32.0398
Patient Care				
Direct Care	72.8975	72.8975	5.2868	67.6107
Indirect Care	52.4615	52.4615	3.8047	48.6568
Property	13.6500	12.8368	0.9310	11.9058
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9515
Supplemental Rate Add-on				\$8.1747
Totals	173.5542	172.7410	12.5279	184.3393

***Medicaid Trend Adjustment :**



0 269492-00 - 2012/01
214.52

Florida Agency For Health Care Administration
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Douglas Jacobson State Veterans Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
21281 Grayston Terrance Port Charlotte FL 33954 County: Charlotte [8] Region: South [2] Area: 8 Control Government Non-Prof Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/2004 Acquired Date: 4/1/2004 Entered Medicaid 6/7/2004 Med # Active Date: 6/7/2004 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 43,016 Medicare: 2,875 Medicaid: 16,535	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 38.43919% Occupancy: 98.21004% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.78589% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	737,551	1,683,600	823,011	149,807	0	3,393,969
1a	Audit Adjustments						
2	Cost Per Diem	44.6054	101.8204	49.7739	9.0600		205.2597
3	Cost Per Diem Inflated	46.0820	104.1943	51.4216			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0820	104.1943	51.4216	9.0600		210.7579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.4339		61.4413			
7	Provider Target Rate	74.0882		62.8445			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.0820	97.3020	51.4216	9.0600		203.8656
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.0820	97.3020	51.4216	9.0600		203.8656
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 269492-00 - 2012/01
214.52

Florida Agency For Health Care Administration
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Douglas Jacobson State Veterans Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/7/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	2004/01	Type:	None [1]	80% Capital(1):	4,412,014	4.4091
Indexed Asset Value	5,515,018	< 60% of Base:	True	20% ROE(2):	1,103,004	0.7227
FRVS Base Asset:	5,163,720	Interest Rate:	4.0000 %	Insurance Cost(3):	8,581	0.1995
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	4.0000 %	Home Office(3):	45,906	1.0672
		Interest Only:	True	Replacement(3&4):	71,142	0.0000
		Yearly Payment:	173,805	Total FRVS PD:		6.3985

- (1) 80% Capital (\$4,412,014) amortized at 4.0000% for 20 years Interest of \$173,805 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.4091
- (2) 20% ROE (\$1,103,004) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7227
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,031
Comparison Date: 7/1/2003	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,163,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0820	46.0820	3.3421	42.7399
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	51.4216	51.4216	3.7293	47.6923
Property	9.0600	6.3985	0.4640	5.9345
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.7364
Supplemental Rate Add-on				\$8.1747
Totals	203.8656	201.2041	14.5921	214.5231

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
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0 269697-00 - 2012/01

198.86

Regents Park of Sunrise

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9711 West Oakland Park Blvd Sunrise FL 33351 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/6/1989 Acquired Date: 11/6/1989 Entered Medicaid 11/6/1989 Med # Active Date: 6/1/2004 Previous Med # 210960	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,636 Medicare: 9,202 Medicaid: 22,148	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.84791% Occupancy: 85.92694% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.42909% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	803,695	1,672,535	1,100,734	733,542	0	4,310,506
1a	Audit Adjustments						
2	Cost Per Diem	36.2875	75.5163	49.6990	33.1200		194.6228
3	Cost Per Diem Inflated	37.8992	77.6390	51.9064			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.8992	77.6390	51.9064	33.1200		200.5646
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9858		57.5648			
7	Provider Target Rate	50.1046		58.8795			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8992	77.6390	51.9064	13.6500		181.0946
12/13	Medicaid Adjustment Rate		0.7728	0.5167			
14	Prospective Per Diem 11	37.8992	78.4118	52.4231	13.6500		182.3841
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 269697-00 - 2012/01
198.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Regents Park of Sunrise

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/6/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,109,126 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount: 4,762,500.00 Type: Variable [3] < 60% of Base: False Interest Rate: 9.5000 % Chase Rate: 8.5000 % Amortization Rate: 9.5000 % Interest Only: False Yearly Payment: 457,188	Total Amount	Per Diem		
	80% Capital(1):	4,087,301	11.5979		
	20% ROE(2):	1,021,825	0.7154		
	Insurance Cost(3):	83,260	2.2122		
	Taxes Cost(3):	192,218	5.1073		
	Home Office(3):	0	0.0000		
	Replacement(3&4):	52,070	0.0000		
	Total FRVS PD:			19.6328	

(1) 80% Capital (\$4,087,301) amortized at 9.5000% for 20 years Principal & Interest of \$457,188 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.5979

(2) 20% ROE (\$1,021,825) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7154

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8992	37.8992	2.7486	35.1506
Patient Care				
Direct Care	78.4118	78.4118	5.6868	72.7250
Indirect Care	52.4231	52.4231	3.8019	48.6212
Property	13.6500	19.6328	1.4239	18.2089
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9788
Supplemental Rate Add-on				\$8.1747
Totals	182.3841	188.3669	13.6612	198.8592

***Medicaid Trend Adjustment :**



0 269719-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

193.36

Regents Park of Winter Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
558 Semoran Boulevard Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/23/1988 Acquired Date: 11/23/1988 Entered Medicaid 11/23/1988 Med # Active Date: 6/1/2004 Previous Med # 211044	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,185 Medicare: 9,393 Medicaid: 21,630	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.82605% Occupancy: 91.74657% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.70501% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676	Semester Index: 1.27500780
		Cost: 1.04441483	Target: 1.01598689
		DC FY Index: 1.17400000	DC Sem Index: 1.20700000
		DC Inflation: 1.02810903	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,821	1,699,560	989,515	861,090	0	4,282,986
1a	Audit Adjustments						
2	Cost Per Diem	33.8798	78.5742	45.7473	39.8100		198.0113
3	Cost Per Diem Inflated	35.3846	80.7828	47.7792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.3846	80.7828	47.7792	39.8100		203.7566
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3761		50.8010			
7	Provider Target Rate	43.3439		51.9612			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.3846	80.7828	47.7792	13.6500		177.5966
12/13	Medicaid Adjustment Rate		0.3477	0.2057			
14	Prospective Per Diem 11	35.3846	81.1305	47.9849	13.6500		178.1500
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 269719-00 - 2012/01
193.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Regents Park of Winter Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	11/23/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,688,955.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	3,970,495	10.1098
Indexed Asset Value	4,963,119	< 60% of Base:	False	20% ROE(2):	992,624	0.6950
FRVS Base Asset:	3,559,440	Interest Rate:	8.0000 %	Insurance Cost(3):	87,296	2.1724
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	189,493	4.7155
ROE Factor	0.027600	Amortization Rate:	8.0000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	18,655	0.0000
		Yearly Payment:	398,530	Total FRVS PD:		17.6927

(1) 80% Capital (\$3,970,495) amortized at 8.0000% for 20 years Principal & Interest of \$398,530 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.1098

(2) 20% ROE (\$992,624) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6950

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.3846	35.3846	2.5662	32.8184
Patient Care				
Direct Care	81.1305	81.1305	5.8839	75.2466
Indirect Care	47.9849	47.9849	3.4801	44.5048
Property	13.6500	17.6927	1.2831	16.4096
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2063
Supplemental Rate Add-on				\$8.1747
Totals	178.1500	182.1927	13.2133	193.3604

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 269727-00 - 2012/01
188.33

Regents Park of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
8700 AC Skinner Parkway Jacksonville FL 32256 County: Duval [16] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/1/1986 Acquired Date: 2/1/1986 Entered Medicaid 2/1/1986 Med # Active Date: 6/1/2004 Previous Med # 211028	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 65.59860% Occupancy: 88.63927% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.82015% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,824 Medicare: 5,113 Medicaid: 25,468	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.22078676		
			Semester Index: 1.27500780		
			Cost: 1.04441483		
			Target: 1.01598689		
			DC FY Index: 1.17400000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.02810903		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	832,595	1,924,301	1,051,108	927,799	0	4,735,803
1a	Audit Adjustments						
2	Cost Per Diem	32.6918	75.5576	41.2717	36.4300		185.9511
3	Cost Per Diem Inflated	34.1438	77.6815	43.1048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.1438	77.6815	43.1048	36.4300		191.3601
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2634		50.1057			
7	Provider Target Rate	44.2515		51.2500			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.1438	77.6815	43.1048	13.6500		168.5801
12/13	Medicaid Adjustment Rate		1.3632	0.7564			
14	Prospective Per Diem 11	34.1438	79.0447	43.8612	13.6500		170.6997
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 269727-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

188.33

Regents Park of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/31/1994 Year of Phase-In/ Full: RS to Start Calcs: 1986/01 Indexed Asset Value 4,772,725 FRVS Base Asset: 3,049,500 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,990,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,818,180	9.9036
	< 60% of Base:	False	20% ROE(2):	954,545	0.6683
	Interest Rate:	8.2500 %	Insurance Cost(3):	60,951	1.5699
	Chase Rate:	12.0000 %	Taxes Cost(3):	203,798	5.2493
	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	65,937	0.0000
Yearly Payment:	390,401	Total FRVS PD:		17.3911	

(1) 80% Capital (\$3,818,180) amortized at 8.2500% for 20 years Principal & Interest of \$390,401 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9036

(2) 20% ROE (\$954,545) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6683

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.1438	34.1438	2.4763	31.6675
Patient Care				
Direct Care	79.0447	79.0447	5.7327	73.3120
Indirect Care	43.8612	43.8612	3.1810	40.6802
Property	13.6500	17.3911	1.2613	16.1298
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3646
Supplemental Rate Add-on				\$8.1747
Totals	170.6997	174.4408	12.6513	188.3288

***Medicaid Trend Adjustment :**



0 281743-00 - 2012/01
168.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Jacaranda Manor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4250 66th Street North St. Petersburg FL 33709 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1970 Acquired Date: 5/1/1970 Entered Medicaid 5/1/1970 Med # Active Date: 10/15/2004 Previous Med # 211729	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 299 Maximum: 109,135 Max Annualized: 109,135 Total Patient: 102,298 Medicare: 9,207 Medicaid: 91,296 Medicaid Utilization 89.24515% Occupancy: 93.73528% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.19137% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,528,154	7,195,540	3,138,838	581,556	0	14,444,088
1a	Audit Adjustments						
2	Cost Per Diem	38.6452	78.8155	34.3809	6.3700		158.2116
3	Cost Per Diem Inflated	40.3616	81.0309	35.9079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.3616	81.0309	35.9079	6.3700		163.6704
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9219	81.0309	35.9079	6.3700		163.2307
12/13	Medicaid Adjustment Rate		3.5776	1.5854			
14	Prospective Per Diem 11	39.9219	84.6085	37.4933	6.3700		168.3937
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 281743-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

168.69

Jacaranda Manor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 5,943,223 FRVS Base Asset: 2,853,393 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,179,545.00			
	Type:	Variable [3]	80% Capital(1):	4,754,578	5.5098
	< 60% of Base:	False	20% ROE(2):	1,188,645	0.3340
	Interest Rate:	11.2200 %	Insurance Cost(3):	20,134	0.1968
	Chase Rate:	7.7500 %	Taxes Cost(3):	78,402	0.7664
	Amortization Rate:	9.7500 %	Home Office(3):	21,294	0.2082
	Interest Only:	False	Replacement(3&4):	140,948	0.0000
Yearly Payment:	541,176	Total FRVS PD:		7.0152	

(1) 80% Capital (\$4,754,578) amortized at 9.7500% for 20 years Principal & Interest of \$541,176 divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = \$5.5098

(2) 20% ROE (\$1,188,645) times the ROE factor (0.027600) divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = \$0.3340

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 299	Effective PBS Limitation	8,521,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9219	39.9219	2.8953	37.0266
Patient Care				
Direct Care	84.6085	84.6085	6.1362	78.4723
Indirect Care	37.4933	37.4933	2.7192	34.7741
Property	6.3700	7.0152	0.5088	6.5064
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.7310
Supplemental Rate Add-on				\$8.1747
Totals	168.3937	169.0389	12.2595	168.6851

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 281913-00 - 2012/01

191.22

Community Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2202 West Oak Avenue Plant City FL 33563 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1976 Acquired Date: 7/1/1976 Entered Medicaid 8/1/1976 Med # Active Date: 10/15/2004 Previous Med # 211796	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,005 Medicare: 4,983 Medicaid: 31,131	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.11261% Occupancy: 95.90183% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.90007% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,304	2,527,887	1,356,968	394,118	0	5,267,277
1a	Audit Adjustments						
2	Cost Per Diem	31.7466	81.2016	43.5890	12.6600		169.1972
3	Cost Per Diem Inflated	33.5444	84.0209	46.0574			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.5444	84.0209	46.0574	12.6600		176.2827
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0305		47.1821			
7	Provider Target Rate	39.9219		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.5444	84.0209	46.0574	12.6600		176.2827
12/13	Medicaid Adjustment Rate		2.2792	1.2494			
14	Prospective Per Diem 11	33.5444	86.3001	47.3068	12.6600		179.8113
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 281913-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

191.22

Community Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1976/07 Indexed Asset Value 3,134,549 FRVS Base Asset: 1,653,368 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,432,920.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	2,507,639	6.7459
	< 60% of Base:	False	20% ROE(2):	626,910	0.5019
	Interest Rate:	11.7683 %	Insurance Cost(3):	99,780	2.3754
	Chase Rate:	6.7500 %	Taxes Cost(3):	20,555	0.4893
	Amortization Rate:	8.7500 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	42,418	0.0000
Yearly Payment:	265,923	Total FRVS PD:	10.1125		

(1) 80% Capital (\$2,507,639) amortized at 8.7500% for 20 years Principal & Interest of \$265,923 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.7459

(2) 20% ROE (\$626,910) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5019

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.5444	33.5444	2.4328	31.1116
Patient Care				
Direct Care	86.3001	86.3001	6.2588	80.0413
Indirect Care	47.3068	47.3068	3.4309	43.8759
Property	12.6600	10.1125	0.7334	9.3791
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.6410
Supplemental Rate Add-on				\$8.1747
Totals	179.8113	177.2638	12.8559	191.2236

***Medicaid Trend Adjustment :**



0 282359-00 - 2012/01
223.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

West Gables Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2525 SW 75th Avenue Miami FL 33155 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/6/1988 Acquired Date: 10/6/1988 Entered Medicaid 10/6/1988 Med # Active Date: 10/1/2001 Previous Med # 211095	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,813 Medicare: 25,313 Medicaid: 14,108	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 33.74070% Occupancy: 95.46347% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.35202% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	856,034	1,329,125	1,149,865	258,317	0	3,593,341
1a	Audit Adjustments						
2	Cost Per Diem	60.6772	94.2107	81.5045	18.3100		254.7024
3	Cost Per Diem Inflated	63.3722	96.8589	85.1245			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	63.3722	96.8589	85.1245	18.3100		263.6656
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.2831		72.0958			
7	Provider Target Rate	60.6370		73.7424			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	96.8589	58.7454	13.6500		220.2118
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	96.8589	58.7454	13.6500		220.2118
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282359-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

223.59

West Gables Health Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/6/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,815,778 FRVS Base Asset: 5,339,160 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,566,419.00			
	Type:	Variable [3]			
	< 60% of Base:	False			
	Interest Rate:	9.1700 %	80% Capital(1):	4,652,622	12.8983
	Chase Rate:	10.0000 %	20% ROE(2):	1,163,156	0.8144
	Amortization Rate:	9.1700 %	Insurance Cost(3):	30,376	0.7265
	Interest Only:	False	Taxes Cost(3):	92,780	2.2189
Yearly Payment:	508,451	Home Office(3):	1,582	0.0378	
		Replacement(3&4):	8,470	0.0000	
		Total FRVS PD:	16.6959		

(1) 80% Capital (\$4,652,622) amortized at 9.1700% for 20 years Principal & Interest of \$508,451 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8983

(2) 20% ROE (\$1,163,156) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8144

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,339,160

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	96.8589	96.8589	7.0246	89.8343
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	16.6959	1.2109	15.4850
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.3461
Supplemental Rate Add-on				\$8.1747
Totals	220.2118	223.2577	16.1917	223.5868

***Medicaid Trend Adjustment :**



0 282464-00 - 2012/01
197.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ridgecrest Nursing & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 North Stone Street Deland FL 32720 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 11/3/2004 Previous Med # 212075	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 160 Maximum: 58,400 Max Annualized: 58,400 Total Patient: 55,171 Medicare: 9,008 Medicaid: 34,672	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 62.84461% Occupancy: 94.47089% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.11106% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,472,997	2,597,134	1,545,393	751,689	60,572	6,427,785
1a	Audit Adjustments						
2	Cost Per Diem	42.4838	74.9058	44.5718	21.6800	1.7470	185.3884
3	Cost Per Diem Inflated	44.3707	77.0113	46.5514			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3707	77.0113	46.5514	21.6800	1.7470	191.3604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5953		71.4423			
7	Provider Target Rate	59.9335		73.0739			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3707	77.0113	46.5514	13.6500	1.7470	183.3304
12/13	Medicaid Adjustment Rate		1.1128	0.6727			
14	Prospective Per Diem 11	44.3707	78.1241	47.2241	13.6500	1.7470	185.1159
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282464-00 - 2012/01
197.13

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ridgecrest Nursing & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/2004	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,900,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Fixed [2]	80% Capital(1): 5,647,550	10.5217
Indexed Asset Value: 7,059,438	< 60% of Base: False	20% ROE(2): 1,411,888	0.7414
FRVS Base Asset: 2,815,680	Interest Rate: 7.6700 %	Insurance Cost(3): 83,784	1.5186
Occup Adj Factor: 0.9000	Chase Rate: 4.7500 %	Taxes Cost(3): 73,457	1.3314
ROE Factor: 0.027600	Amortization Rate: 7.6700 %	Home Office(3): 44,867	0.8132
	Interest Only: False	Replacement(3&4): 82,698	0.0000
	Yearly Payment: 553,022	Total FRVS PD:	14.9263

(1) 80% Capital (\$5,647,550) amortized at 7.6700% for 20 years Principal & Interest of \$553,022 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$10.5217

(2) 20% ROE (\$1,411,888) times the ROE factor (0.027600) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = \$0.7414

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 134	Effective PBS Limitation	3,819,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3707	44.3707	3.2179	41.1528
Patient Care				
Direct Care	78.1241	78.1241	5.6659	72.4582
Indirect Care	47.2241	47.2241	3.4249	43.7992
Property	13.6500	14.9263	1.0825	13.8438
ROE	1.7470	1.7027	0.1235	1.5792
ROE Adjustment	-1.7027	-1.7027	-0.1235	-1.5792
Quality Assess-Medicaid Share				\$17.6968
Supplemental Rate Add-on				\$8.1747
Totals	183.4132	184.6452	13.3912	197.1255

*Medicaid Trend Adjustment :



0 282529-00 - 2012/01
227.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Coral Reef Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9869 S.W. 152nd Street Miami FL 33157 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/7/1995 Acquired Date: 3/1/1996 Entered Medicaid 3/1/1996 Med # Active Date: 1/12/2004 Previous Med # 213021	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 64,920 Max Annualized: 65,700 Total Patient: 59,580 Medicare: 11,748 Medicaid: 34,952	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.66398% Occupancy: 91.77449% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.73992% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,734,815	3,429,102	1,779,685	906,305	0	7,849,907
1a	Audit Adjustments						
2	Cost Per Diem	49.6342	98.1089	50.9180	25.9300		224.5911
3	Cost Per Diem Inflated	51.8387	100.8666	53.1795			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.8387	100.8666	53.1795	25.9300		231.8148
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3755		58.6602			
7	Provider Target Rate	52.5488		59.9999			
7a	Interim Adjustment				1.6577		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	15.3077		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	97.3020	53.1795	15.3077		216.7467
12/13	Medicaid Adjustment Rate		0.9484	0.5183			
14	Prospective Per Diem 11	50.9575	98.2504	53.6978	15.3077		218.2134
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282529-00 - 2012/01
227.35

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Coral Reef Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	9,441,690.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Variable [3]	80% Capital(1):	6,913,365	10.3495
Indexed Asset Value	8,641,706	< 60% of Base:	False	20% ROE(2):	1,728,341	0.8542
FRVS Base Asset:	4,188,480	Interest Rate:	10.1419 %	Insurance Cost(3):	118,820	1.9943
Occup Adj Factor:	0.8500	Chase Rate:	3.6551 %	Taxes Cost(3):	113,404	1.9034
ROE Factor	0.027600	Amortization Rate:	5.6551 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	143,784	0.0000
		Yearly Payment:	577,967	Total FRVS PD:		15.1014

(1) 80% Capital (\$6,913,365) amortized at 5.6551% for 20 years Principal & Interest of \$577,967 divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$10.3495

(2) 20% ROE (\$1,728,341) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$0.8542

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	34,904
Comparison Date:	1/1/1995	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	98.2504	98.2504	7.1255	91.1249
Indirect Care	53.6978	53.6978	3.8944	49.8034
Property	15.3077	15.1014	1.0952	14.0062
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9796
Supplemental Rate Add-on				\$8.1747
Totals	218.2134	218.0071	15.8108	227.3506

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 282537-00 - 2012/01

230.30

Palm Terrace of St. Petersburg

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
521 69th Avenue North St. Petersburg Fl 33702 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/27/1995 Acquired Date: 4/27/1995 Entered Medicaid 6/1/1997 Med # Active Date: 10/29/2004 Previous Med # 227862	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 96 Maximum: 35,040 Max Annualized: 35,040 Total Patient: 29,815 Medicare: 2,120 Medicaid: 24,597	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 82.49874% Occupancy: 85.08847% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 106.38080% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178	Semester Index: 1.27500780
		Cost: 1.03310453	Target: 1.01598689
		DC FY Index: 1.17950000	DC Sem Index: 1.20700000
		DC Inflation: 1.02331496	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,071,326	2,349,373	1,294,581	891,395	0	5,606,675
1a	Audit Adjustments						
2	Cost Per Diem	43.5551	95.5146	52.6317	36.2400		227.9414
3	Cost Per Diem Inflated	44.9970	97.7415	54.3740			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9970	97.7415	54.3740	36.2400		233.3525
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1426		57.8834			
7	Provider Target Rate	48.2193		59.2054			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.9970	97.7415	54.3740	13.6500		210.7625
12/13	Medicaid Adjustment Rate		3.5735	1.9880			
14	Prospective Per Diem 11	44.9970	101.3150	56.3620	13.6500		216.3240
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282537-00 - 2012/01
230.30

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palm Terrace of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,800,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable [3]	80% Capital(1):	3,517,973	10.1786
Indexed Asset Value	4,397,466	< 60% of Base:	False	20% ROE(2):	879,493	0.7204
FRVS Base Asset:	4,397,466	Interest Rate:	7.1000 %	Insurance Cost(3):	44,853	1.5044
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	39,133	1.3125
ROE Factor	0.025830	Amortization Rate:	6.7500 %	Home Office(3):	57,188	1.9181
		Interest Only:	False	Replacement(3&4):	73,216	0.0000
		Yearly Payment:	320,993	Total FRVS PD:		15.6340

(1) 80% Capital (\$3,517,973) amortized at 6.7500% for 20 years Principal & Interest of \$320,993 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$10.1786

(2) 20% ROE (\$879,493) times the ROE factor (0.025830) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = \$0.7204

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 96	Effective PBS Limitation	3,298,656

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.9970	44.9970	3.2634	41.7336
Patient Care				
Direct Care	101.3150	101.3150	7.3478	93.9672
Indirect Care	56.3620	56.3620	4.0876	52.2744
Property	13.6500	15.6340	1.1338	14.5002
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.6461
Supplemental Rate Add-on				\$8.1747
Totals	216.3240	218.3080	15.8326	230.2962

***Medicaid Trend Adjustment :**



0 282553-00 - 2012/01

168.37

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

The Terrace at Daytona Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1704 Huntington Village Cir Daytona Beach FL 32114	08/01/2009-07/31/2010	Number of Beds: 108	Superior: 0
County: Volusia[64]	Days In CR 365	Maximum: 39,420	Standard: 181
Region: North [1] Area: 4	First Used: 2011/07	Max Annualized: 39,420	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 38,381	Total: 181
Current Class North Large [2]	Unaudited [3]	Medicare: 8,923	Inflation
Class at 1/94: North Large [2]	Initial CR? False	Medicaid: 22,315	FY Index: 1.20943572
Operating Ex > 18 months [1]	Medicaid Utilization 58.14075%	Medicaid: 22,315	Semester Index: 1.27500780
Open Date: 6/29/1998	Occupancy: 97.36428%		Cost: 1.05421709
Acquired Date: 6/29/1998	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 6/29/1998	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.16783181
Med # Active Date: 3/1/2004	Low Occupancy Adjustment Factor: 121.72849%		DC Sem Index: 1.20700000
Previous Med # 213764	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03353924
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	758,035	1,524,286	737,317	620,580	0	3,640,218
1a	Audit Adjustments						
2	Cost Per Diem	33.9698	68.3077	33.0413	27.8100		163.1288
3	Cost Per Diem Inflated	35.8115	70.5987	34.8327			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	35.8115	70.5987	34.8327	27.8100		169.0529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0501		49.4946			
7	Provider Target Rate	46.0790		50.6250			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	35.8115	70.5987	34.8327	13.6500		154.8929
12/13	Medicaid Adjustment Rate		0.6466	0.3190			
14	Prospective Per Diem 11	35.8115	71.2453	35.1517	13.6500		155.8585
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282553-00 - 2012/01
168.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Terrace at Daytona Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/29/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,748,560.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	3,954,238	8.1047
Indexed Asset Value	4,942,797	< 60% of Base:	False	20% ROE(2):	988,559	0.8649
FRVS Base Asset:	2,246,700	Interest Rate:	3.9998 %	Insurance Cost(3):	49,929	1.3009
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	93,126	2.4264
ROE Factor	0.031040	Amortization Rate:	3.9998 %	Home Office(3):	12,083	0.3148
		Interest Only:	False	Replacement(3&4):	25,576	0.0000
		Yearly Payment:	287,537	Total FRVS PD:		13.0117

(1) 80% Capital (\$3,954,238) amortized at 3.9998% for 20 years Principal & Interest of \$287,537 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$8.1047

(2) 20% ROE (\$988,559) times the ROE factor (0.031040) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$0.8649

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,246,700

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	35.8115	35.8115	2.5972	33.2143
Patient Care				
Direct Care	71.2453	71.2453	5.1670	66.0783
Indirect Care	35.1517	35.1517	2.5493	32.6024
Property	13.6500	13.0117	0.9437	12.0680
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2329
Supplemental Rate Add-on				\$8.1747
Totals	155.8585	155.2202	11.2572	168.3706

***Medicaid Trend Adjustment :**



0 282618-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.12

Palm Terrace of Clewiston

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
301 South Gloria Street Clewiston FL 33440 County: Hendry [26] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1980 Acquired Date: 12/1/1980 Entered Medicaid 2/1/1981 Med # Active Date: 10/29/2004 Previous Med # 221601	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 43,999 Medicare: 5,671 Medicaid: 32,028	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.79256% Occupancy: 77.77110% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.23235% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,203,995	2,738,445	1,858,622	1,319,874	0	7,120,936
1a	Audit Adjustments						
2	Cost Per Diem	37.5920	85.5016	58.0312	41.2100		222.3348
3	Cost Per Diem Inflated	39.7208	88.4702	61.3175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.7208	88.4702	61.3175	41.2100		230.7185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8118		66.0880			
7	Provider Target Rate	56.0636		67.5973			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.7208	88.4702	58.7454	13.6500		200.5864
12/13	Medicaid Adjustment Rate		2.2685	1.5063			
14	Prospective Per Diem 11	39.7208	90.7387	60.2517	13.6500		204.3612
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palm Terrace of Clewiston

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1980/07 Indexed Asset Value 5,058,469 FRVS Base Asset: 1,564,246 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,750,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,046,775	10.0528
	< 60% of Base:	False	20% ROE(2):	1,011,694	0.6271
	Interest Rate:	11.3200 %	Insurance Cost(3):	66,086	1.5020
	Chase Rate:	8.5000 %	Taxes Cost(3):	34,913	0.7935
	Amortization Rate:	11.3200 %	Home Office(3):	28,877	0.6563
	Interest Only:	False	Replacement(3&4):	11,726	0.0000
Yearly Payment:	511,862	Total FRVS PD:	13.6317		

(1) 80% Capital (\$4,046,775) amortized at 11.3200% for 20 years Principal & Interest of \$511,862 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$10.0528

(2) 20% ROE (\$1,011,694) times the ROE factor (0.031560) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.6271

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.7208	39.7208	2.8807	36.8401
Patient Care				
Direct Care	90.7387	90.7387	6.5808	84.1579
Indirect Care	60.2517	60.2517	4.3697	55.8820
Property	13.6500	13.6317	0.9886	12.6431
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4240
Supplemental Rate Add-on				\$8.1747
Totals	204.3612	204.3429	14.8198	216.1218

***Medicaid Trend Adjustment :**



0 282626-00 - 2012/01
209.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palm Terrace of Lakeland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1919 Lakeland Hills Blvd Lakeland FL 33805 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/1/1975 Acquired Date: 7/1/1975 Entered Medicaid 9/1/1976 Med # Active Date: 10/29/2004 Previous Med # 227854	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 185 Maximum: 67,525 Max Annualized: 67,525 Total Patient: 61,248 Medicare: 8,806 Medicaid: 34,578	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.45572% Occupancy: 90.70418% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.40178% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,396,441	3,156,795	1,662,395	1,051,517	0	7,267,148
1a	Audit Adjustments						
2	Cost Per Diem	40.3852	91.2949	48.0767	30.4100		210.1668
3	Cost Per Diem Inflated	42.6722	94.4646	50.7993			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.6722	94.4646	50.7993	30.4100		218.3461
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.0397		47.1821			
7	Provider Target Rate	40.9541		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.9541	94.4646	48.2597	13.6500		197.3284
12/13	Medicaid Adjustment Rate		0.6861	0.3505			
14	Prospective Per Diem 11	40.9541	95.1507	48.6102	13.6500		198.3650
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 282626-00 - 2012/01
209.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palm Terrace of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1975/07 Indexed Asset Value 6,802,555 FRVS Base Asset: 2,338,389 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	9,000,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,442,044	8.1707
	< 60% of Base:	False	20% ROE(2):	1,360,511	0.7065
	Interest Rate:	7.1000 %	Insurance Cost(3):	112,257	1.8328
	Chase Rate:	4.7500 %	Taxes Cost(3):	105,227	1.7180
	Amortization Rate:	6.7500 %	Home Office(3):	45,091	0.7362
	Interest Only:	False	Replacement(3&4):	25,227	0.0000
Yearly Payment:	496,552	Total FRVS PD:		13.1642	

(1) 80% Capital (\$5,442,044) amortized at 6.7500% for 20 years Principal & Interest of \$496,552 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$8.1707

(2) 20% ROE (\$1,360,511) times the ROE factor (0.031560) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = \$0.7065

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.9541	40.9541	2.9702	37.9839
Patient Care				
Direct Care	95.1507	95.1507	6.9007	88.2500
Indirect Care	48.6102	48.6102	3.5254	45.0848
Property	13.6500	13.1642	0.9547	12.2095
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1091
Supplemental Rate Add-on				\$8.1747
Totals	198.3650	197.8792	14.3510	209.8120

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 283193-00 - 2012/01

210.55

Life Care Center of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4813 Lenoir Avenue Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/18/2004 Acquired Date: 11/18/2004 Entered Medicaid 1/4/2005 Med # Active Date: 1/4/2005 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,410 Medicare: 24,471 Medicaid: 8,480	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 20.98490% Occupancy: 92.26027% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.34725% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	362,206	813,865	489,443	287,387	0	1,952,901
1a	Audit Adjustments						
2	Cost Per Diem	42.7130	95.9746	57.7173	33.8900		230.2949
3	Cost Per Diem Inflated	44.1270	98.2122	59.6280			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1270	98.2122	59.6280	33.8900		235.8572
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.4669		72.8467			
7	Provider Target Rate	72.0763		74.5104			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1270	95.5570	55.2316	13.6500		208.5656
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.1270	95.5570	55.2316	13.6500		208.5656
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 283193-00 - 2012/01
210.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/4/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,330,000.00		Total Amount	Per Diem
RS to Start Calcs:	2004/07	Type:	Variable [3]	80% Capital(1):	4,446,521	9.1211
Indexed Asset Value	5,558,151	< 60% of Base:	False	20% ROE(2):	1,111,630	0.7284
FRVS Base Asset:	0	Interest Rate:	5.5000 %	Insurance Cost(3):	19,329	0.4783
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	112,219	2.7770
ROE Factor	0.025830	Amortization Rate:	5.2500 %	Home Office(3):	47,919	1.1858
		Interest Only:	False	Replacement(3&4):	42,650	0.0000
		Yearly Payment:	359,552	Total FRVS PD:		14.2906

(1) 80% Capital (\$4,446,521) amortized at 5.2500% for 20 years Principal & Interest of \$359,552 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1211

(2) 20% ROE (\$1,111,630) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7284

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,509
Comparison Date: 1/1/2004	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,221,080

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1270	44.1270	3.2003	40.9267
Patient Care				
Direct Care	95.5570	95.5570	6.9302	88.6268
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	14.2906	1.0364	13.2542
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$8.3422
Supplemental Rate Add-on				\$8.1747
Totals	208.5656	209.2062	15.1725	210.5506

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 284289-00 - 2012/01

176.22

Life Care Center of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2145 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/19/1996 Acquired Date: 9/19/1996 Entered Medicaid 9/19/1996 Med # Active Date: 1/19/2005 Previous Med # 212628	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,669 Medicare: 21,251 Medicaid: 29,983	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.84343% Occupancy: 95.38661% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.25592% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,108,273	2,254,272	1,127,924	581,370	0	5,071,839
1a	Audit Adjustments						
2	Cost Per Diem	36.9634	75.1850	37.6188	19.3900		169.1572
3	Cost Per Diem Inflated	38.0711	76.8187	38.7461			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.0711	76.8187	38.7461	19.3900		173.0259
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2493		45.2972			
7	Provider Target Rate	45.2599		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.0711	76.8187	38.7461	13.6500		167.2859
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	38.0711	76.8187	38.7461	13.6500		167.2859
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 284289-00 - 2012/01
176.22

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/19/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,356,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	6,663,946	8.7432
Indexed Asset Value	8,329,933	< 60% of Base:	False	20% ROE(2):	1,665,987	0.7278
FRVS Base Asset:	6,488,460	Interest Rate:	4.7550 %	Insurance Cost(3):	26,200	0.4181
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	109,608	1.7490
ROE Factor	0.025830	Amortization Rate:	4.7550 %	Home Office(3):	52,694	0.8408
		Interest Only:	False	Replacement(3&4):	226,732	0.0000
		Yearly Payment:	516,986	Total FRVS PD:		12.4789

- (1) 80% Capital (\$6,663,946) amortized at 4.7550% for 20 years Principal & Interest of \$516,986 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.7432
- (2) 20% ROE (\$1,665,987) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7278
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	6,488,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.0711	38.0711	2.7611	35.3100
Patient Care				
Direct Care	76.8187	76.8187	5.5712	71.2475
Indirect Care	38.7461	38.7461	2.8100	35.9361
Property	13.6500	12.4789	0.9050	11.5739
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.9781
Supplemental Rate Add-on				\$8.1747
Totals	167.2859	166.1148	12.0473	176.2203

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 284785-00 - 2012/01 172.77

The Terrace at Flemming Island

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1125 Fleming Plantation Road Orange Park FL 32003 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/19/2005 Acquired Date: 1/19/2005 Entered Medicaid 3/11/2005 Med # Active Date: 3/11/2005 Previous Med #	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 108 Maximum: 39,420 Max Annualized: 39,420 Total Patient: 38,847 Medicare: 8,454 Medicaid: 24,646	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.44377% Occupancy: 98.54642% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 123.20644% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	813,608	1,673,648	844,344	835,006	0	4,166,606
1a	Audit Adjustments						
2	Cost Per Diem	33.0118	67.9075	34.2589	33.8800		169.0582
3	Cost Per Diem Inflated	34.8016	70.1851	36.1163			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.8016	70.1851	36.1163	33.8800		174.9830
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.8016	70.1851	36.1163	13.6500		154.7530
12/13	Medicaid Adjustment Rate		1.0615	0.5462			
14	Prospective Per Diem 11	34.8016	71.2466	36.6625	13.6500		156.3607
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 284785-00 - 2012/01
172.77

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Terrace at Flemming Island

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/11/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,687,000.00		Total Amount	Per Diem
RS to Start Calcs:	2005/01	Type:	Variable [3]	80% Capital(1):	3,964,965	10.5998
Indexed Asset Value	4,956,206	< 60% of Base:	False	20% ROE(2):	991,241	0.8672
FRVS Base Asset:	4,738,392	Interest Rate:	8.1900 %	Insurance Cost(3):	71,802	1.8483
Occup Adj Factor:	0.9000	Chase Rate:	5.2500 %	Taxes Cost(3):	134,000	3.4494
ROE Factor	0.031040	Amortization Rate:	7.2500 %	Home Office(3):	5,907	0.1521
		Interest Only:	False	Replacement(3&4):	11,703	0.0000
		Yearly Payment:	376,058	Total FRVS PD:		16.9168

(1) 80% Capital (\$3,964,965) amortized at 7.2500% for 20 years Principal & Interest of \$376,058 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$10.5998

(2) 20% ROE (\$991,241) times the ROE factor (0.031040) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = \$0.8672

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	43,874
Comparison Date: 7/1/2004	Current RS PBS:	49,785
Comparison Bed 108	Effective PBS Limitation	4,738,392

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.8016	34.8016	2.5240	32.2776
Patient Care				
Direct Care	71.2466	71.2466	5.1671	66.0795
Indirect Care	36.6625	36.6625	2.6589	34.0036
Property	13.6500	16.9168	1.2269	15.6899
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5473
Supplemental Rate Add-on				\$8.1747
Totals	156.3607	159.6275	11.5769	172.7726

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 284793-00 - 2012/01

203.12

Brighton Gardens of Tampa

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
14624 North Dale Mabry High Tampa FL 33618 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/1/1999 Acquired Date: 9/1/1999 Entered Medicaid 11/23/1999 Med # Active Date: 10/1/2003 Previous Med # 219819	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 45 Maximum: 16,425 Max Annualized: 16,425 Total Patient: 15,404 Medicare: 6,816 Medicaid: 3,353	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 21.76707% Occupancy: 93.78387% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.25211% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	170,777	302,232	205,617	41,443	0	720,069
1a	Audit Adjustments						
2	Cost Per Diem	50.9326	90.1378	61.3233	12.3600		214.7537
3	Cost Per Diem Inflated	53.1948	92.6715	64.0470			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.1948	92.6715	64.0470	12.3600		222.2733
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4735		54.8934			
7	Provider Target Rate	62.8775		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	53.1948	92.6715	56.1471	12.3600		214.3734
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	53.1948	92.6715	56.1471	12.3600		214.3734
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 284793-00 - 2012/01
203.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Brighton Gardens of Tampa

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/23/1999 Year of Phase-In/ Full: RS to Start Calcs: 1999/07 Indexed Asset Value 1,871,621 FRVS Base Asset: 1,748,070 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	700,473.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,497,297	3.9901
	< 60% of Base:	True	20% ROE(2):	374,324	0.6989
	Interest Rate:	5.1300 %	Insurance Cost(3):	16,992	1.1031
	Chase Rate:	4.0000 %	Taxes Cost(3):	36,667	2.3804
	Amortization Rate:	4.0000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	58,984	Total FRVS PD:	8.1725		

- (1) 80% Capital (\$1,497,297) amortized at 4.0000% for 20 years Interest of \$58,984 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$3.9901
- (2) 20% ROE (\$374,324) times the ROE factor (0.027600) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = \$0.6989
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	38,846
Comparison Date:	1/1/1999	Current RS PBS:	49,785
Comparison Bed	45	Effective PBS Limitation	1,748,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.1948	53.1948	3.8579	49.3369
Patient Care				
Direct Care	92.6715	92.6715	6.7209	85.9506
Indirect Care	56.1471	56.1471	4.0720	52.0751
Property	12.3600	8.1725	0.5927	7.5798
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	214.3734	210.1859	15.2435	203.1171

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 284823-00 - 2012/01 250.53

Aventura Plaza Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1800 NE 168TH Street N. Miami Beach FL 33162 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1978 Acquired Date: 7/1/1978 Entered Medicaid 7/1/1978 Med # Active Date: 1/1/2002 Previous Med # 205095	09/01/2010-08/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 86 Maximum: 31,390 Max Annualized: 31,390 Total Patient: 29,399 Medicare: 4,303 Medicaid: 22,059	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 75.03316% Occupancy: 93.65721% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.09377% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.24168131 Semester Index: 1.27500780 Cost: 1.02683981 Target: 1.01598689 DC FY Index: 1.18316382 DC Sem Index: 1.20700000 DC Inflation: 1.02014614 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,669,740	2,147,364	1,544,874	350,297	0	5,712,275
1a	Audit Adjustments						
2	Cost Per Diem	75.6943	97.3464	70.0337	15.8800		258.9544
3	Cost Per Diem Inflated	77.7259	99.3076	71.9134			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	77.7259	99.3076	71.9134	15.8800		264.8269
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.1446		65.6292			
7	Provider Target Rate	73.7923		67.1281			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	99.3076	67.1281	13.6500		239.1506
12/13	Medicaid Adjustment Rate		2.7967	1.8905			
14	Prospective Per Diem 11	59.0649	102.1043	69.0186	13.6500		243.8378
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 284823-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

250.53

Aventura Plaza Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1978/07 Indexed Asset Value 2,853,622 FRVS Base Asset: 590,346 Occup Adj Factor: 0.9000 ROE Factor 0.025630	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,282,898	10.0466
	< 60% of Base:	True	20% ROE(2):	570,724	0.5178
	Interest Rate:	12.5000 %	Insurance Cost(3):	17,175	0.5842
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	14,711	0.5004
	Interest Only:	True	Replacement(3&4):	257,333	0.0000
Yearly Payment:	283,827	Total FRVS PD:	11.6490		

(1) 80% Capital (\$2,282,898) amortized at 12.5000% for 20 years Interest of \$283,827 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$10.0466

(2) 20% ROE (\$570,724) times the ROE factor (0.025630) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = \$0.5178

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 50	Effective PBS Limitation	1,425,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	102.1043	102.1043	7.4050	94.6993
Indirect Care	69.0186	69.0186	5.0055	64.0131
Property	13.6500	11.6490	0.8448	10.8042
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0544
Supplemental Rate Add-on				\$8.1747
Totals	243.8378	241.8368	17.5389	250.5270

***Medicaid Trend Adjustment :**



0 307998-00 - 2012/01
202.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cypress Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4600 Middleton Park, Circle E Jacksonville FL 32224 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/30/1991 Acquired Date: 8/30/1991 Entered Medicaid 10/14/1991 Med # Active Date: 4/6/2005 Previous Med # 203939	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,444 Medicare: 15,537 Medicaid: 17,946	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 45.49741% Occupancy: 90.05479% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.58988% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	952,119	1,574,146	1,038,947	498,899	0	4,064,111
1a	Audit Adjustments						
2	Cost Per Diem	53.0547	87.7157	57.8930	27.8000		226.4634
3	Cost Per Diem Inflated	55.4111	90.1813	60.4643			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.4111	90.1813	60.4643	27.8000		233.8567
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5129		73.1799			
7	Provider Target Rate	48.5980		74.8512			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	90.1813	55.2316	13.6500		205.7775
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	90.1813	55.2316	13.6500		205.7775
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 307998-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.93

Cypress Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/14/1991 Year of Phase-In/ Full: RS to Start Calcs: 1991/07 Indexed Asset Value 5,896,087 FRVS Base Asset: 1,831,800 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,103,119.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,716,870	10.8072
	< 60% of Base:	False	20% ROE(2):	1,179,217	0.8256
	Interest Rate:	6.6200 %	Insurance Cost(3):	34,663	0.8788
	Chase Rate:	5.7500 %	Taxes Cost(3):	72,588	1.8403
	Amortization Rate:	6.6200 %	Home Office(3):	138,160	3.5027
	Interest Only:	False	Replacement(3&4):	1,804,618	0.0000
Yearly Payment:	426,021	Total FRVS PD:		17.8546	

(1) 80% Capital (\$4,716,870) amortized at 6.6200% for 20 years Principal & Interest of \$426,021 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8072

(2) 20% ROE (\$1,179,217) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8256

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,530
Comparison Date:	1/1/1991	Current RS PBS:	49,785
Comparison Bed	60	Effective PBS Limitation	1,831,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	90.1813	90.1813	6.5403	83.6410
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	17.8546	1.2949	16.5597
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	205.7775	209.9821	15.2287	202.9281

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 308111-00 - 2012/01 193.49

Bava Pointe Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
587 S.E. ERMINE AVE Lake City FL 32025 County: Columbia [12] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/7/1994 Acquired Date: 1/7/1994 Entered Medicaid 1/25/1994 Med # Active Date: 4/30/2005 Previous Med # 210919	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 29,789 Medicare: 10,597 Medicaid: 16,067	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.93602% Occupancy: 90.68189% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.37390% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	627,862	1,273,764	668,656	522,981	0	3,093,263
1a	Audit Adjustments						
2	Cost Per Diem	39.0777	79.2783	41.6167	32.5500		192.5227
3	Cost Per Diem Inflated	41.0085	81.7505	43.6729			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0085	81.7505	43.6729	32.5500		198.9819
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6328		49.8552			
7	Provider Target Rate	49.7435		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0085	81.7505	43.6729	13.6500		180.0819
12/13	Medicaid Adjustment Rate		0.3620	0.1934			
14	Prospective Per Diem 11	41.0085	82.1125	43.8663	13.6500		180.6373
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 308111-00 - 2012/01
193.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bava Pointe Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/25/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,603,187.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Fixed [2]	80% Capital(1):	3,418,913	13.0114
Indexed Asset Value	4,273,641	< 60% of Base:	False	20% ROE(2):	854,728	0.8552
FRVS Base Asset:	1,995,300	Interest Rate:	11.8267 %	Insurance Cost(3):	14,578	0.4894
Occup Adj Factor:	0.9000	Chase Rate:	6.5841 %	Taxes Cost(3):	98,851	3.3184
ROE Factor	0.029580	Amortization Rate:	9.5841 %	Home Office(3):	13,365	0.4487
		Interest Only:	False	Replacement(3&4):	53,417	0.0000
		Yearly Payment:	384,682	Total FRVS PD:		18.1231

(1) 80% Capital (\$3,418,913) amortized at 9.5841% for 20 years Principal & Interest of \$384,682 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.0114

(2) 20% ROE (\$854,728) times the ROE factor (0.029580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.8552

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	33,255
Comparison Date: 7/1/1993	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,995,300

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0085	41.0085	2.9741	38.0344
Patient Care				
Direct Care	82.1125	82.1125	5.9551	76.1574
Indirect Care	43.8663	43.8663	3.1814	40.6849
Property	13.6500	18.1231	1.3144	16.8087
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$13.6262
Supplemental Rate Add-on				\$8.1747
Totals	180.6373	185.1104	13.4250	193.4863

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 308242-00 - 2012/01 226.54

Hebrew Home of South Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
320 Collins Ave. Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2002 Previous Med # 200492	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 104 Maximum: 37,960 Max Annualized: 37,960 Total Patient: 33,149 Medicare: 5,788 Medicaid: 25,763	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 77.71878% Occupancy: 87.32613% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.17841% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,459,446	2,409,438	1,705,273	241,657	0	5,815,814
1a	Audit Adjustments						
2	Cost Per Diem	56.6489	93.5232	66.1908	9.3800		225.7429
3	Cost Per Diem Inflated	59.5839	96.5497	69.6201			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.5839	96.5497	69.6201	9.3800		235.1337
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8287		58.0397			
7	Provider Target Rate	47.8982		59.3652			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.8982	96.5497	58.7454	9.3800		212.5733
12/13	Medicaid Adjustment Rate		3.0108	1.8319			
14	Prospective Per Diem 11	47.8982	99.5605	60.5773	9.3800		217.4160
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 308242-00 - 2012/01
226.54

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hebrew Home of South Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,533,244 FRVS Base Asset: 1,372,286 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	525,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,026,595	7.3750
	< 60% of Base:	True	20% ROE(2):	506,649	0.4511
	Interest Rate:	5.2500 %	Insurance Cost(3):	7,356	0.2219
	Chase Rate:	12.5000 %	Taxes Cost(3):	0	0.0000
	Amortization Rate:	12.5000 %	Home Office(3):	17,538	0.5291
	Interest Only:	True	Replacement(3&4):	334,440	0.0000
Yearly Payment:	251,961	Total FRVS PD:		8.5771	

(1) 80% Capital (\$2,026,595) amortized at 12.5000% for 20 years Interest of \$251,961 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$7.3750

(2) 20% ROE (\$506,649) times the ROE factor (0.030420) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4511

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.8982	47.8982	3.4738	44.4244
Patient Care				
Direct Care	99.5605	99.5605	7.2205	92.3400
Indirect Care	60.5773	60.5773	4.3933	56.1840
Property	9.3800	8.5771	0.6220	7.9551
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4571
Supplemental Rate Add-on				\$8.1747
Totals	217.4160	216.6131	15.7096	226.5353

***Medicaid Trend Adjustment :**



0 308251-00 - 2012/01
224.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ponce Plaza Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
355 SW 12th Avenue Miami FL 33135 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/24/2000 Acquired Date: 2/24/2000 Entered Medicaid 4/21/2000 Med # Active Date: 1/1/2002 Previous Med # 221805	02/01/2010-01/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 147 Maximum: 53,655 Max Annualized: 53,655 Total Patient: 50,384 Medicare: 15,051 Medicaid: 33,266	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.02493% Occupancy: 93.90364% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.40186% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22248089 Semester Index: 1.27500780 Cost: 1.04296747 Target: 1.01598689 DC FY Index: 1.17483274 DC Sem Index: 1.20700000 DC Inflation: 1.02738029 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,621,272	2,987,590	2,125,421	658,999	0	7,393,282
1a	Audit Adjustments						
2	Cost Per Diem	48.7366	89.8091	63.8917	19.8100		222.2474
3	Cost Per Diem Inflated	50.8307	92.2681	66.6370			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.8307	92.2681	66.6370	19.8100		229.5458
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4834		60.3085			
7	Provider Target Rate	45.4993		61.6859			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4993	92.2681	58.7454	13.6500		210.1628
12/13	Medicaid Adjustment Rate		1.6634	1.0591			
14	Prospective Per Diem 11	45.4993	93.9315	59.8045	13.6500		212.8853
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 308251-00 - 2012/01
224.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ponce Plaza Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/21/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,846,571.00		Total Amount	Per Diem
RS to Start Calcs:	2000/01	Type:	Fixed [2]	80% Capital(1):	5,538,461	14.1440
Indexed Asset Value	6,923,076	< 60% of Base:	False	20% ROE(2):	1,384,615	0.7765
FRVS Base Asset:	4,718,880	Interest Rate:	11.0000 %	Insurance Cost(3):	10,307	0.2046
Occup Adj Factor:	0.9000	Chase Rate:	7.9336 %	Taxes Cost(3):	122,137	2.4241
ROE Factor	0.027080	Amortization Rate:	10.9336 %	Home Office(3):	22,846	0.4534
		Interest Only:	False	Replacement(3&4):	213,322	0.0000
		Yearly Payment:	683,008	Total FRVS PD:		18.0026

- (1) 80% Capital (\$5,538,461) amortized at 10.9336% for 20 years Principal & Interest of \$683,008 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$14.1440
- (2) 20% ROE (\$1,384,615) times the ROE factor (0.027080) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = \$0.7765
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	39,324
Comparison Date: 7/1/1999	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,718,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4993	45.4993	3.2998	42.1995
Patient Care				
Direct Care	93.9315	93.9315	6.8123	87.1192
Indirect Care	59.8045	59.8045	4.3373	55.4672
Property	13.6500	18.0026	1.3056	16.6970
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.8319
Supplemental Rate Add-on				\$8.1747
Totals	212.8853	217.2379	15.7550	224.4895

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 308501-00 - 2012/01 224.37

Sunset Lake Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
832 Sunset Lake Blvd Venice FL 34292 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/10/1992 Acquired Date: 2/10/1992 Entered Medicaid 3/17/1992 Med # Active Date: 5/31/2005 Previous Med # 212130	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,351 Medicare: 15,566 Medicaid: 16,422	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.69788% Occupancy: 92.12557% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.17885% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,835	1,521,470	1,052,025	504,977	20,619	3,869,926
1a	Audit Adjustments						
2	Cost Per Diem	46.9392	92.6483	64.0619	30.7500	1.2556	235.6550
3	Cost Per Diem Inflated	49.0240	95.2526	66.9072			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.0240	95.2526	66.9072	30.7500	1.2556	243.1894
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5285		59.2188			
7	Provider Target Rate	57.8195		60.5713			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.0240	95.2526	58.7454	13.6500	1.2556	217.9276
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.0240	95.2526	58.7454	13.6500	1.2556	217.9276
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 308501-00 - 2012/01
224.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sunset Lake Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/17/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	4,174,539	11.1653
Indexed Asset Value	5,218,174	< 60% of Base:	False	20% ROE(2):	1,043,635	0.7307
FRVS Base Asset:	3,718,320	Interest Rate:	8.6700 %	Insurance Cost(3):	73,192	1.8139
Occup Adj Factor:	0.9000	Chase Rate:	6.0000 %	Taxes Cost(3):	51,927	1.2869
ROE Factor	0.027600	Amortization Rate:	8.6700 %	Home Office(3):	43,558	1.0795
		Interest Only:	False	Replacement(3&4):	90,471	0.0000
		Yearly Payment:	440,136	Total FRVS PD:		16.0763

(1) 80% Capital (\$4,174,539) amortized at 8.6700% for 20 years Principal & Interest of \$440,136 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.1653

(2) 20% ROE (\$1,043,635) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7307

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.0240	49.0240	3.5554	45.4686
Patient Care				
Direct Care	95.2526	95.2526	6.9081	88.3445
Indirect Care	58.7454	58.7454	4.2605	54.4849
Property	13.6500	16.0763	1.1659	14.9104
ROE	1.2556	0.9041	0.0656	0.8385
ROE Adjustment	-0.9041	-0.9041	-0.0656	-0.8385
Quality Assess-Medicaid Share				\$12.9911
Supplemental Rate Add-on				\$8.1747
Totals	217.0235	219.0983	15.8899	224.3742

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 309800-00 - 2012/01 224.65

The Allegro at College Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4600 54th Avenue South St. Petersburg Fl 33711 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1986 Acquired Date: 5/5/1995 Entered Medicaid 8/20/1999 Med # Active Date: 7/29/2005 Previous Med # 216470	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 52 Maximum: 18,980 Max Annualized: 18,980 Total Patient: 16,867 Medicare: 5,307 Medicaid: 6,654	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 39.44981% Occupancy: 88.86723% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.10516% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	298,942	637,558	392,893	95,285	0	1,424,678
1a	Audit Adjustments						
2	Cost Per Diem	44.9267	95.8157	59.0461	14.3200		214.1085
3	Cost Per Diem Inflated	46.9221	98.5090	61.6686			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9221	98.5090	61.6686	14.3200		221.4197
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		62.0191			
7	Provider Target Rate	47.6372		63.4355			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.9221	98.5090	61.6686	13.6500		220.7497
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.9221	98.5090	61.6686	13.6500		220.7497
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 309800-00 - 2012/01
224.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Allegro at College Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/20/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	8,816,924.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Variable [3]	80% Capital(1):	1,275,762	6.8092
Indexed Asset Value	1,594,703	< 60% of Base:	False	20% ROE(2):	318,941	0.5153
FRVS Base Asset:	0	Interest Rate:	6.7400 %	Insurance Cost(3):	33,484	1.9852
Occup Adj Factor:	0.9000	Chase Rate:	6.2500 %	Taxes Cost(3):	23,019	1.3647
ROE Factor	0.027600	Amortization Rate:	6.7400 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	24,193	0.0000
		Yearly Payment:	116,314	Total FRVS PD:		10.6744

(1) 80% Capital (\$1,275,762) amortized at 6.7400% for 20 years Principal & Interest of \$116,314 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$6.8092

(2) 20% ROE (\$318,941) times the ROE factor (0.027600) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = \$0.5153

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 42	Effective PBS Limitation	1,443,162

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9221	46.9221	3.4030	43.5191
Patient Care				
Direct Care	98.5090	98.5090	7.1443	91.3647
Indirect Care	61.6686	61.6686	4.4725	57.1961
Property	13.6500	10.6744	0.7742	9.9002
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4954
Supplemental Rate Add-on				\$8.1747
Totals	220.7497	217.7741	15.7940	224.6502

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 310409-00 - 2012/01
206.69

Watercrest Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16650 West Dixie Hwy North Miami Beach FL 33160 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 11/1/1984 Med # Active Date: 9/1/2005 Previous Med # 219576	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 150 Maximum: 54,750 Max Annualized: 54,750 Total Patient: 44,706 Medicare: 4,806 Medicaid: 37,446	Superior: 0 Standard: 102 Conditional: 79 Total: 181
			Medicaid Utilization 83.76057% Occupancy: 81.65479% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.08789% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,503,598	3,034,942	1,898,214	922,295	0	7,359,049
1a	Audit Adjustments						
2	Cost Per Diem	40.1538	81.0485	50.6920	24.6300		196.5243
3	Cost Per Diem Inflated	41.7631	83.1496	52.7237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7631	83.1496	52.7237	24.6300		202.2664
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		49.0670			
7	Provider Target Rate	41.9989		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.7631	83.1496	50.1876	13.6500		188.7503
12/13	Medicaid Adjustment Rate		1.7797	1.0742			
14	Prospective Per Diem 11	41.7631	84.9293	51.2618	13.6500		191.6042
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 310409-00 - 2012/01
206.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Watercrest Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Variable [3]	80% Capital(1): 5,720,466	12.5342
Indexed Asset Value 7,150,583	< 60% of Base: False	20% ROE(2): 1,430,117	0.7770
FRVS Base Asset: 4,275,000	Interest Rate: 9.0000 %	Insurance Cost(3): 65,445	1.4639
Occup Adj Factor: 0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 42,989	0.9616
ROE Factor 0.026770	Amortization Rate: 9.0000 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 143,920	0.0000
	Yearly Payment: 617,622	Total FRVS PD: 15.7367	

(1) 80% Capital (\$5,720,466) amortized at 9.0000% for 20 years Principal & Interest of \$617,622 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$12.5342

(2) 20% ROE (\$1,430,117) times the ROE factor (0.026770) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = \$0.7770

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 150	Effective PBS Limitation 4,275,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.7631	41.7631	3.0288	38.7343
Patient Care				
Direct Care	84.9293	84.9293	6.1594	78.7699
Indirect Care	51.2618	51.2618	3.7177	47.5441
Property	13.6500	15.7367	1.1413	14.5954
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8763
Supplemental Rate Add-on				\$8.1747
Totals	191.6042	193.6909	14.0472	206.6947

***Medicaid Trend Adjustment :**



0 310581-00 - 2012/01
195.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

ATLANTIC HEALTHCARE CENTER

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3663 15th Avenue Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 6/30/2005 Previous Med # 211524	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 34,830 Medicare: 10,493 Medicaid: 19,737	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 56.66667% Occupancy: 86.74969% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.45772% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	817,190	1,540,698	987,455	92,764	0	3,438,107
1a	Audit Adjustments						
2	Cost Per Diem	41.4040	78.0614	50.0307	4.7000		174.1961
3	Cost Per Diem Inflated	43.5491	80.5875	52.6228			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.5491	80.5875	52.6228	4.7000		181.4594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		57.7719			
7	Provider Target Rate	41.9989		59.0913			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9989	80.5875	52.6228	4.7000		179.9092
12/13	Medicaid Adjustment Rate		0.6044	0.3947			
14	Prospective Per Diem 11	41.9989	81.1919	53.0175	4.7000		180.9083
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 310581-00 - 2012/01
195.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

ATLANTIC HEALTHCARE CENTER

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/2004	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,199,734.00	Total Amount	Per Diem
RS to Start Calcs: 1981/07	Type: Fixed [2]	80% Capital(1): 2,439,678	6.8242
Indexed Asset Value 3,049,598	< 60% of Base: False	20% ROE(2): 609,920	0.5135
FRVS Base Asset: 1,625,362	Interest Rate: 8.0940 %	Insurance Cost(3): 38,460	1.1042
Occup Adj Factor: 0.9000	Chase Rate: 6.0000 %	Taxes Cost(3): 50,962	1.4632
ROE Factor 0.030420	Amortization Rate: 8.0940 %	Home Office(3): 14,565	0.4182
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 246,593	Total FRVS PD:	10.3233

(1) 80% Capital (\$2,439,678) amortized at 8.0940% for 20 years Principal & Interest of \$246,593 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$6.8242

(2) 20% ROE (\$609,920) times the ROE factor (0.030420) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.5135

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 110	Effective PBS Limitation 3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9989	41.9989	3.0459	38.9530
Patient Care				
Direct Care	81.1919	81.1919	5.8884	75.3035
Indirect Care	53.0175	53.0175	3.8451	49.1724
Property	4.7000	10.3233	0.7487	9.5746
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7783
Supplemental Rate Add-on				\$8.1747
Totals	180.9083	186.5316	13.5281	195.9565

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 310841-00 - 2012/01 204.61

St. Mark Village, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2655 Nebraska Avenue Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1980 Acquired Date: 7/1/1980 Entered Medicaid 8/15/2005 Med # Active Date: 8/15/2005 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,539 Medicare: 3,385 Medicaid: 6,281	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 33.87993% Occupancy: 84.65297% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.83632% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	279,363	672,238	456,400	72,546	0	1,480,547
1a	Audit Adjustments						
2	Cost Per Diem	44.4775	107.0272	72.6636	11.5501		235.7184
3	Cost Per Diem Inflated	46.4530	110.0356	75.8909			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.4530	110.0356	75.8909	11.5501		243.9296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		58.7705			
7	Provider Target Rate	47.6372		60.1127			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4530	98.6128	60.1127	11.5501		216.7286
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.4530	98.6128	60.1127	11.5501		216.7286
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 310841-00 - 2012/01
204.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Mark Village, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/15/2005	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,469,752.00	Total Amount	Per Diem
RS to Start Calcs: 1980/07	Type: Variable [3]	80% Capital(1): 1,061,138	3.7758
Indexed Asset Value 1,326,423	< 60% of Base: False	20% ROE(2): 265,285	0.3715
FRVS Base Asset: 0	Interest Rate: 3.5870 %	Insurance Cost(3): 30,341	1.6366
Occup Adj Factor: 0.9000	Chase Rate: 7.5000 %	Taxes Cost(3): 15,404	0.8309
ROE Factor 0.027600	Amortization Rate: 3.5870 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 74,421	Total FRVS PD: 6.6148	

(1) 80% Capital (\$1,061,138) amortized at 3.5870% for 20 years Principal & Interest of \$74,421 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$3.7758

(2) 20% ROE (\$265,285) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3715

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	21,841
Comparison Date: 1/1/1980	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,310,460

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4530	46.4530	3.3690	43.0840
Patient Care				
Direct Care	98.6128	98.6128	7.1518	91.4610
Indirect Care	60.1127	60.1127	4.3596	55.7531
Property	11.5501	6.6148	0.4797	6.1351
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	216.7286	211.7933	15.3601	204.6079

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 311065-00 - 2012/01
200.16

Eagle Lake Rehab & Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1100 66th Street North St. Petersburg FL 33710 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 8/1/1986 Acquired Date: 8/1/1986 Entered Medicaid 7/1/1987 Med # Active Date: 10/1/2005 Previous Med # 211273	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 17,217 Medicare: 1,948 Medicaid: 13,569	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.81164% Occupancy: 79.94892% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.95515% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	572,927	898,897	686,181	187,117	0	2,345,122
1a	Audit Adjustments						
2	Cost Per Diem	42.2232	66.2464	50.5698	13.7900		172.8294
3	Cost Per Diem Inflated	44.0985	68.1085	52.8158			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0985	68.1085	52.8158	13.7900		178.8128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6234		58.8067			
7	Provider Target Rate	52.8024		60.1498			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.0985	68.1085	52.8158	13.6500		178.6728
12/13	Medicaid Adjustment Rate		2.2076	1.7119			
14	Prospective Per Diem 11	44.0985	70.3161	54.5277	13.6500		182.5923
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 311065-00 - 2012/01
200.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Eagle Lake Rehab & Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/07	Type:	Fixed [2]	80% Capital(1):	2,182,850	12.2905
Indexed Asset Value	2,728,562	< 60% of Base:	False	20% ROE(2):	545,712	0.7771
FRVS Base Asset:	1,695,483	Interest Rate:	9.1500 %	Insurance Cost(3):	47,874	2.7806
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	29,053	1.6875
ROE Factor	0.027600	Amortization Rate:	9.1500 %	Home Office(3):	5,044	0.2930
		Interest Only:	False	Replacement(3&4):	69,778	0.0000
		Yearly Payment:	238,209	Total FRVS PD:		17.8287

(1) 80% Capital (\$2,182,850) amortized at 9.1500% for 20 years Principal & Interest of \$238,209 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$12.2905

(2) 20% ROE (\$545,712) times the ROE factor (0.027600) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.7771

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,737
Comparison Date: 1/1/1986	Current RS PBS:	49,785
Comparison Bed 59	Effective PBS Limitation	1,695,483

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0985	44.0985	3.1982	40.9003
Patient Care				
Direct Care	70.3161	70.3161	5.0996	65.2165
Indirect Care	54.5277	54.5277	3.9546	50.5731
Property	13.6500	17.8287	1.2930	16.5357
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7570
Supplemental Rate Add-on				\$8.1747
Totals	182.5923	186.7710	13.5454	200.1573

***Medicaid Trend Adjustment :**



0 311308-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.29

South Pointe Plaza

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
42 Collins Avenue Miami Beach FL 33139 County: Dade [13] Region: South [2] Area: 11 Control Private Non-Profit [3] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 11/1/1983 Acquired Date: 11/1/1983 Entered Medicaid 11/1/1983 Med # Active Date: 11/3/2005 Previous Med # 261602	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 230 Maximum: 83,950 Max Annualized: 83,950 Total Patient: 66,444 Medicare: 9,652 Medicaid: 53,499	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 80.51743% Occupancy: 79.14711% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 98.95269% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,467,595	4,882,971	2,538,506	1,099,404	0	10,988,476
1a	Audit Adjustments						
2	Cost Per Diem	46.1241	91.2722	47.4496	20.5500		205.3959
3	Cost Per Diem Inflated	47.5063	93.2555	48.8715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5063	93.2555	48.8715	20.5500		210.1833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0285		52.7386			
7	Provider Target Rate	42.9884		53.9431			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9884	93.2555	48.8715	13.6500		198.7654
12/13	Medicaid Adjustment Rate		3.2017	1.6779			
14	Prospective Per Diem 11	42.9884	96.4572	50.5494	13.6500		203.6450
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 311308-00 - 2012/01
199.29

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

South Pointe Plaza

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	12,835,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Variable [3]	80% Capital(1):	6,477,643	7.3351
Indexed Asset Value	8,097,054	< 60% of Base:	False	20% ROE(2):	1,619,411	0.5536
FRVS Base Asset:	4,581,230	Interest Rate:	5.9400 %	Insurance Cost(3):	45,059	0.6782
Occup Adj Factor:	0.9000	Chase Rate:	7.0000 %	Taxes Cost(3):	220,257	3.3149
ROE Factor	0.025830	Amortization Rate:	5.9400 %	Home Office(3):	26,904	0.4049
		Interest Only:	False	Replacement(3&4):	97,335	0.0000
		Yearly Payment:	554,207	Total FRVS PD:		12.2867

(1) 80% Capital (\$6,477,643) amortized at 5.9400% for 20 years Principal & Interest of \$554,207 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$7.3351

(2) 20% ROE (\$1,619,411) times the ROE factor (0.025830) divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = \$0.5536

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 230	Effective PBS Limitation	6,555,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9884	42.9884	3.1177	39.8707
Patient Care				
Direct Care	96.4572	96.4572	6.9955	89.4617
Indirect Care	50.5494	50.5494	3.6661	46.8833
Property	13.6500	12.2867	0.8911	11.3956
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.5044
Supplemental Rate Add-on				\$8.1747
Totals	203.6450	202.2817	14.6704	199.2904

***Medicaid Trend Adjustment :**



0 311685-00 - 2012/01
223.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Punta Gorda

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
450 Shreve Street Punta Gorda FL 33950 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/2/2005 Acquired Date: 7/29/2005 Entered Medicaid 7/29/2005 Med # Active Date: 7/29/2005 Previous Med #	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,106 Medicare: 13,922 Medicaid: 30,871 Medicaid Utilization 58.13091% Occupancy: 80.83105% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 101.05802% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,215,898	2,941,627	1,601,315	570,805	0	6,329,645
1a	Audit Adjustments						
2	Cost Per Diem	39.3864	95.2877	51.8712	18.4900		205.0353
3	Cost Per Diem Inflated	41.0218	97.8273	54.0250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0218	97.8273	54.0250	18.4900		211.3641
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	90.4392		61.4072			
7	Provider Target Rate	92.5047		62.8096			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0218	97.3020	54.0250	13.6500		205.9988
12/13	Medicaid Adjustment Rate		0.8900	0.4942			
14	Prospective Per Diem 11	41.0218	98.1920	54.5192	13.6500		207.3830
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 311685-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

223.61

Life Care Center of Punta Gorda

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/29/2005	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,150,000.00		Total Amount	Per Diem
RS to Start Calcs:	2005/07	Type:	Fixed [2]	80% Capital(1):	6,767,231	16.9505
Indexed Asset Value	8,459,039	< 60% of Base:	False	20% ROE(2):	1,691,808	0.7691
FRVS Base Asset:	7,965,180	Interest Rate:	13.8720 %	Insurance Cost(3):	23,588	0.4442
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	137,666	2.5923
ROE Factor	0.026880	Amortization Rate:	13.8720 %	Home Office(3):	51,133	0.9628
		Interest Only:	False	Replacement(3&4):	155,323	0.0000
		Yearly Payment:	1,002,283	Total FRVS PD:		21.7189

(1) 80% Capital (\$6,767,231) amortized at 13.8720% for 20 years Principal & Interest of \$1,002,283 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$16.9505

(2) 20% ROE (\$1,691,808) times the ROE factor (0.026880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.7691

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,251
Comparison Date: 1/1/2005	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	7,965,180

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0218	41.0218	2.9751	38.0467
Patient Care				
Direct Care	98.1920	98.1920	7.1213	91.0707
Indirect Care	54.5192	54.5192	3.9540	50.5652
Property	13.6500	21.7189	1.5751	20.1438
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6054
Supplemental Rate Add-on				\$8.1747
Totals	207.3830	215.4519	15.6255	223.6065

***Medicaid Trend Adjustment :**



0 312045-00 - 2012/01
200.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SandalWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 South Beach Street Daytona Beach FL 32114 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1968 Acquired Date: 8/1/1999 Entered Medicaid 10/1/1979 Med # Active Date: 7/31/2005 Previous Med # 219444	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 28,087 Medicare: 3,807 Medicaid: 18,257 Medicaid Utilization 65.00160% Occupancy: 77.72797% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.17843% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,036	1,614,653	757,603	282,984	0	3,398,276
1a	Audit Adjustments						
2	Cost Per Diem	40.6987	88.4402	41.4966	15.5000		186.1355
3	Cost Per Diem Inflated	42.5063	90.9262	43.3397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.5063	90.9262	43.3397	15.5000		192.2722
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.5063	90.9262	43.3397	13.6500		190.4222
12/13	Medicaid Adjustment Rate		1.5345	0.7314			
14	Prospective Per Diem 11	42.5063	92.4607	44.0711	13.6500		192.6881
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312045-00 - 2012/01
200.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

SandalWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	1,787,724	5.0200
Indexed Asset Value	2,234,655	< 60% of Base:	False	20% ROE(2):	446,931	0.3793
FRVS Base Asset:	1,876,939	Interest Rate:	6.7610 %	Insurance Cost(3):	17,214	0.6129
Occup Adj Factor:	0.9000	Chase Rate:	6.2500 %	Taxes Cost(3):	53,158	1.8926
ROE Factor	0.027600	Amortization Rate:	6.7610 %	Home Office(3):	6,091	0.2169
		Interest Only:	False	Replacement(3&4):	6,460	0.0000
		Yearly Payment:	163,259	Total FRVS PD:		8.1217

(1) 80% Capital (\$1,787,724) amortized at 6.7610% for 20 years Principal & Interest of \$163,259 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$5.0200

(2) 20% ROE (\$446,931) times the ROE factor (0.027600) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.3793

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.5063	42.5063	3.0827	39.4236
Patient Care				
Direct Care	92.4607	92.4607	6.7056	85.7551
Indirect Care	44.0711	44.0711	3.1962	40.8749
Property	13.6500	8.1217	0.5890	7.5327
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2833
Supplemental Rate Add-on				\$8.1747
Totals	192.6881	187.1598	13.5735	200.0443

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 312142-00 - 2012/01

180.26

LakeWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
100 North Lake Street Crescent City FL 32112 County: Putnam[54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1969 Acquired Date: 6/1/1969 Entered Medicaid 4/1/1983 Med # Active Date: 7/1/2005 Previous Med # 251585	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 92 Maximum: 33,580 Max Annualized: 33,580 Total Patient: 29,896 Medicare: 4,886 Medicaid: 23,216	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.65587% Occupancy: 89.02919% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.30763% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	761,616	1,784,319	878,259	234,249	0	3,658,443
1a	Audit Adjustments						
2	Cost Per Diem	32.8057	76.8573	37.8299	10.0900		157.5829
3	Cost Per Diem Inflated	34.2628	79.0177	39.5101			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	34.2628	79.0177	39.5101	10.0900		162.8806
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	34.2628	79.0177	39.5101	10.0900		162.8806
12/13	Medicaid Adjustment Rate		2.4585	1.2293			
14	Prospective Per Diem 11	34.2628	81.4762	40.7394	10.0900		166.5684
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312142-00 - 2012/01
180.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

LakeWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/2001 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,680,604 FRVS Base Asset: 1,412,152 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,144,483	8.8220
	< 60% of Base:	True	20% ROE(2):	536,121	0.4896
	Interest Rate:	12.5000 %	Insurance Cost(3):	13,799	0.4616
	Chase Rate:	12.5000 %	Taxes Cost(3):	1,021	0.0342
	Amortization Rate:	12.5000 %	Home Office(3):	5,421	0.1813
	Interest Only:	True	Replacement(3&4):	29,126	0.0000
Yearly Payment:	266,618	Total FRVS PD:		9.9887	

(1) 80% Capital (\$2,144,483) amortized at 12.5000% for 20 years Interest of \$266,618 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$8.8220

(2) 20% ROE (\$536,121) times the ROE factor (0.027600) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.4896

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 92	Effective PBS Limitation	2,622,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	34.2628	34.2628	2.4849	31.7779
Patient Care				
Direct Care	81.4762	81.4762	5.9090	75.5672
Indirect Care	40.7394	40.7394	2.9546	37.7848
Property	10.0900	9.9887	0.7244	9.2643
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6934
Supplemental Rate Add-on				\$8.1747
Totals	166.5684	166.4671	12.0729	180.2623

***Medicaid Trend Adjustment :**



0 312151-00 - 2012/01
197.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cross City Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
583 N.E. Highway 351 Cross City FL 32628 County: Dixie [15] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 4/8/1999 Acquired Date: 4/8/1999 Entered Medicaid 7/1/1999 Med # Active Date: 8/22/2005 Previous Med # 224901	10/01/2009-09/30/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 18,856 Medicare: 2,794 Medicaid: 13,708	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 72.69835% Occupancy: 86.10046% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.64604% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	660,669	1,071,279	534,271	334,749	0	2,600,968
1a	Audit Adjustments						
2	Cost Per Diem	48.1959	78.1499	38.9751	24.4200		189.7409
3	Cost Per Diem Inflated	50.5772	80.5869	40.9008			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.5772	80.5869	40.9008	24.4200		196.4849
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7266		49.8552			
7	Provider Target Rate	43.7024		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.7024	80.5869	40.9008	13.6500		178.8401
12/13	Medicaid Adjustment Rate		2.0578	1.0444			
14	Prospective Per Diem 11	43.7024	82.6447	41.9452	13.6500		181.9423
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312151-00 - 2012/01
197.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Cross City Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	Variable [3]	80% Capital(1):	2,180,563	10.9644
Indexed Asset Value	2,725,704	< 60% of Base:	False	20% ROE(2):	545,141	0.8181
FRVS Base Asset:	0	Interest Rate:	7.8300 %	Insurance Cost(3):	27,803	1.4745
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	58,988	3.1283
ROE Factor	0.029580	Amortization Rate:	7.8300 %	Home Office(3):	7,980	0.4232
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	216,109	Total FRVS PD:		16.8085

(1) 80% Capital (\$2,180,563) amortized at 7.8300% for 20 years Principal & Interest of \$216,109 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.9644

(2) 20% ROE (\$545,141) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8181

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.7024	43.7024	3.1695	40.5329
Patient Care				
Direct Care	82.6447	82.6447	5.9937	76.6510
Indirect Care	41.9452	41.9452	3.0420	38.9032
Property	13.6500	16.8085	1.2190	15.5895
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0161
Supplemental Rate Add-on				\$8.1747
Totals	181.9423	185.1008	13.4242	197.8674

*Medicaid Trend Adjustment :



0 312274-00 - 2012/01
175.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

CrestWood Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
501 South Palm Avenue Palatka FL 32177 County: Putnam [54] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/1/1977 Acquired Date: 6/1/1977 Entered Medicaid 4/1/1983 Med # Active Date: 7/1/2005 Previous Med # 251593	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 65 Maximum: 23,725 Max Annualized: 23,725 Total Patient: 19,386 Medicare: 3,211 Medicaid: 12,964 Medicaid Utilization 66.87300% Occupancy: 81.71127% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.15851% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 139 Conditional: 42 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	577,283	876,681	483,140	133,270	0	2,070,374
1a	Audit Adjustments						
2	Cost Per Diem	44.5297	67.6243	37.2678	10.2800		159.7018
3	Cost Per Diem Inflated	46.5075	69.5252	38.9230			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5075	69.5252	38.9230	10.2800		165.2357
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9654		49.8552			
7	Provider Target Rate	42.9238		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.9238	69.5252	38.9230	10.2800		161.6520
12/13	Medicaid Adjustment Rate		1.0135	0.5674			
14	Prospective Per Diem 11	42.9238	70.5387	39.4904	10.2800		163.2329
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312274-00 - 2012/01
175.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

CrestWood Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/15/2001 Year of Phase-In/ Full: RS to Start Calcs: 1977/01 Indexed Asset Value 1,553,534 FRVS Base Asset: 695,693 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,242,827	7.2365
	< 60% of Base:	True	20% ROE(2):	310,707	0.4016
	Interest Rate:	12.5000 %	Insurance Cost(3):	16,535	0.8529
	Chase Rate:	12.5000 %	Taxes Cost(3):	929	0.0479
	Amortization Rate:	12.5000 %	Home Office(3):	3,812	0.1966
	Interest Only:	True	Replacement(3&4):	0	0.0000
Yearly Payment:	154,518	Total FRVS PD:	8.7355		

- (1) 80% Capital (\$1,242,827) amortized at 12.5000% for 20 years Interest of \$154,518 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$7.2365
- (2) 20% ROE (\$310,707) times the ROE factor (0.027600) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = \$0.4016
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 65	Effective PBS Limitation	1,852,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.9238	42.9238	3.1130	39.8108
Patient Care				
Direct Care	70.5387	70.5387	5.1158	65.4229
Indirect Care	39.4904	39.4904	2.8640	36.6264
Property	10.2800	8.7355	0.6335	8.1020
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6468
Supplemental Rate Add-on				\$8.1747
Totals	163.2329	161.6884	11.7263	175.7836

***Medicaid Trend Adjustment :**



0 312312-00 - 2012/01
218.24

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Savannah Cove of the Palm Beaches

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2090 North Congress Avenue West Palm Beach FL 33401 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/16/1995 Acquired Date: 1/16/1995 Entered Medicaid 1/26/1995 Med # Active Date: 1/1/2006 Previous Med # 262854	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 30 Maximum: 10,950 Max Annualized: 10,950 Total Patient: 8,749 Medicare: 2,145 Medicaid: 2,412 Medicaid Utilization 27.56887% Occupancy: 79.89954% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 99.89341% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	168,092	191,918	167,101	57,478	0	584,589
1a	Audit Adjustments						
2	Cost Per Diem	69.6899	79.5680	69.2790	23.8300		242.3669
3	Cost Per Diem Inflated	72.7852	81.8046	72.3560			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	72.7852	81.8046	72.3560	23.8300		250.7758
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.1583		70.8220			
7	Provider Target Rate	74.8291		72.4395			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	81.8046	72.3560	13.6500		226.8755
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	59.0649	81.8046	72.3560	13.6500		226.8755
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312312-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

218.24

Savannah Cove of the Palm Beaches

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/26/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 1,197,128 FRVS Base Asset: 1,030,830 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	957,702	7.9431
	< 60% of Base:	True	20% ROE(2):	239,426	0.6705
	Interest Rate:	8.2500 %	Insurance Cost(3):	10,507	1.2009
	Chase Rate:	8.2500 %	Taxes Cost(3):	23,497	2.6857
	Amortization Rate:	8.2500 %	Home Office(3):	6,745	0.7709
	Interest Only:	True	Replacement(3&4):	39,628	0.0000
Yearly Payment:	78,279	Total FRVS PD:	13.2711		

- (1) 80% Capital (\$957,702) amortized at 8.2500% for 20 years Interest of \$78,279 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$7.9431
- (2) 20% ROE (\$239,426) times the ROE factor (0.027600) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = \$0.6705
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 30	Effective PBS Limitation	1,030,830

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	81.8046	81.8046	5.9328	75.8718
Indirect Care	72.3560	72.3560	5.2476	67.1084
Property	13.6500	13.2711	0.9625	12.3086
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	226.8755	226.4966	16.4265	218.2448

***Medicaid Trend Adjustment :**



0 312371-00 - 2012/01

216.61

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Southlake Nursing and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10680 Old St. Augustine Road Jacksonville FL 32257 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1982 Acquired Date: 11/1/1982 Entered Medicaid 11/1/1982 Med # Active Date: 9/12/2005 Previous Med # 214345	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 62,413 Medicare: 11,484 Medicaid: 36,608	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.65445% Occupancy: 94.99695% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.76876% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,562,024	2,933,308	1,965,069	675,418	0	7,135,819
1a	Audit Adjustments						
2	Cost Per Diem	42.6689	80.1275	53.6787	18.4500		194.9251
3	Cost Per Diem Inflated	44.5640	82.3798	56.0628			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5640	82.3798	56.0628	18.4500		201.4566
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7958		57.3991			
7	Provider Target Rate	46.8417		58.7100			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5640	82.3798	55.2316	13.6500		195.8254
12/13	Medicaid Adjustment Rate		0.8021	0.5377			
14	Prospective Per Diem 11	44.5640	83.1819	55.7693	13.6500		197.1652
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312371-00 - 2012/01
216.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Southlake Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,188,421.00		Total Amount Per Diem	
RS to Start Calcs: 1982/07	Type: Fixed [2]	80% Capital(1): 6,929,422	17.6920	
Indexed Asset Value 8,661,777	< 60% of Base: False	20% ROE(2): 1,732,355	0.8086	
FRVS Base Asset: 3,420,000	Interest Rate: 15.1200 %	Insurance Cost(3): 122,628	1.9648	
Occup Adj Factor: 0.9000	Chase Rate: 11.2000 %	Taxes Cost(3): 89,707	1.4373	
ROE Factor 0.027600	Amortization Rate: 14.2000 %	Home Office(3): 44,246	0.7089	
	Interest Only: False	Replacement(3&4): 0	0.0000	
	Yearly Payment: 1,046,126	Total FRVS PD:	22.6116	

(1) 80% Capital (\$6,929,422) amortized at 14.2000% for 20 years Principal & Interest of \$1,046,126 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$17.6920

(2) 20% ROE (\$1,732,355) times the ROE factor (0.027600) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.8086

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5640	44.5640	3.2320	41.3320
Patient Care				
Direct Care	83.1819	83.1819	6.0327	77.1492
Indirect Care	55.7693	55.7693	4.0446	51.7247
Property	13.6500	22.6116	1.6399	20.9717
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2584
Supplemental Rate Add-on				\$8.1747
Totals	197.1652	206.1268	14.9492	216.6107

*Medicaid Trend Adjustment :



0 312550-00 - 2012/01
193.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Savannah Cove of Maitland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1301 W. Maitland Blvd Maitland FL 32751 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 6/16/1995 Acquired Date: 6/16/1995 Entered Medicaid 6/16/1995 Med # Active Date: 1/1/2006 Previous Med # 263117	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 39 Maximum: 14,235 Max Annualized: 14,235 Total Patient: 12,278 Medicare: 3,968 Medicaid: 3,177 Medicaid Utilization 25.87555% Occupancy: 86.25219% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.83573% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	168,558	238,136	164,067	67,638	0	638,399
1a	Audit Adjustments						
2	Cost Per Diem	53.0557	74.9562	51.6421	21.2899		200.9439
3	Cost Per Diem Inflated	56.0602	77.5586	54.5666			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.0602	77.5586	54.5666	21.2899		209.4753
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.4171		73.0207			
7	Provider Target Rate	69.9796		74.6884			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	56.0602	77.5586	54.5666	13.6500		201.8354
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	56.0602	77.5586	54.5666	13.6500		201.8354
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 312550-00 - 2012/01
193.87

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Savannah Cove of Maitland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/16/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/01 Indexed Asset Value 1,597,499 FRVS Base Asset: 1,340,079 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,277,999	8.1535
	< 60% of Base:	True	20% ROE(2):	319,500	0.7871
	Interest Rate:	8.2500 %	Insurance Cost(3):	9,690	0.7892
	Chase Rate:	8.2500 %	Taxes Cost(3):	17,369	1.4146
	Amortization Rate:	8.2500 %	Home Office(3):	10,926	0.8899
	Interest Only:	True	Replacement(3&4):	28,635	0.0000
Yearly Payment:	104,458	Total FRVS PD:		12.0343	

- (1) 80% Capital (\$1,277,999) amortized at 8.2500% for 20 years Interest of \$104,458 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$8.1535
- (2) 20% ROE (\$319,500) times the ROE factor (0.031560) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = \$0.7871
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 39	Effective PBS Limitation	1,340,079

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	56.0602	56.0602	4.0657	51.9945
Patient Care				
Direct Care	77.5586	77.5586	5.6249	71.9337
Indirect Care	54.5666	54.5666	3.9574	50.6092
Property	13.6500	12.0343	0.8728	11.1615
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	201.8354	200.2197	14.5208	193.8736

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 312789-00 - 2012/01

241.76

Children's Comprehensive Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
200 S.E. 19th Avenue Pompano Beach FL 33060 County: Broward [6] Region: South [2] Area: 10 Control Private Non-Profit [3] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 5/4/1992 Acquired Date: 5/4/1992 Entered Medicaid 6/8/1992 Med # Active Date: 7/1/2005 Previous Med # 204790	08/01/2010-07/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 11,905 Medicare: 0 Medicaid: 11,370	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 95.50609% Occupancy: 90.60122% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.27305% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23791082 Semester Index: 1.27500780 Cost: 1.02996741 Target: 1.01598689 DC FY Index: 1.18133049 DC Sem Index: 1.20700000 DC Inflation: 1.02172932 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	734,616	1,178,858	928,588	242,522	0	3,084,584
1a	Audit Adjustments						
2	Cost Per Diem	64.6100	103.6814	81.6700	21.3300		271.2914
3	Cost Per Diem Inflated	66.5462	105.9343	84.1174			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	66.5462	105.9343	84.1174	21.3300		277.9279
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.1188		59.9316			
7	Provider Target Rate	71.7202		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.9097	61.3003	13.6500		236.9249
12/13	Medicaid Adjustment Rate		4.6309	2.7585			
14	Prospective Per Diem 11	59.0649	107.5406	64.0588	13.6500		244.3143
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 312789-00 - 2012/01
241.76

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Children's Comprehensive Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/8/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,220,125.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Fixed [2]	80% Capital(1):	1,433,808	13.5616
Indexed Asset Value	1,792,260	< 60% of Base:	False	20% ROE(2):	358,452	0.7829
FRVS Base Asset:	1,084,510	Interest Rate:	9.5000 %	Insurance Cost(3):	38,181	3.2071
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.025830	Amortization Rate:	9.5000 %	Home Office(3):	43,320	3.6388
		Interest Only:	False	Replacement(3&4):	24,136	0.0000
		Yearly Payment:	160,380	Total FRVS PD:	21,1904	

(1) 80% Capital (\$1,433,808) amortized at 9.5000% for 20 years Principal & Interest of \$160,380 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$13.5616

(2) 20% ROE (\$358,452) times the ROE factor (0.025830) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.7829

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 35	Effective PBS Limitation	1,084,510

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	107.5406	107.5406	7.7993	99.7413
Indirect Care	64.0588	64.0588	4.6458	59.4130
Property	13.6500	21.1904	1.5368	19.6536
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	244.3143	251.8547	18.2655	241.7639

***Medicaid Trend Adjustment :**



0 313424-00 - 2012/01
205.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hollywood Hills Rehabilitation Center, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1200 N 35th Avenue Hollywood FL 33021 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 1/1/2006 Previous Med # 200204	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 152 Maximum: 55,480 Max Annualized: 55,480 Total Patient: 48,057 Medicare: 9,893 Medicaid: 20,612	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.89073% Occupancy: 86.62040% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.29608% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,059,255	1,481,673	996,669	321,753	0	3,859,350
1a	Audit Adjustments						
2	Cost Per Diem	51.3902	71.8840	48.3538	15.6100		187.2380
3	Cost Per Diem Inflated	54.3004	74.3798	51.0921			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.3004	74.3798	51.0921	15.6100		195.3823
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7313		58.4172			
7	Provider Target Rate	57.0041		59.7514			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	74.3798	51.0921	13.6500		190.0794
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	74.3798	51.0921	13.6500		190.0794
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 313424-00 - 2012/01
205.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hollywood Hills Rehabilitation Center, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 6,414,281 FRVS Base Asset: 3,129,551 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	1,323,889.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	5,131,425	12.7769
	< 60% of Base:	True	20% ROE(2):	1,282,856	0.8108
	Interest Rate:	9.5000 %	Insurance Cost(3):	103,334	2.1502
	Chase Rate:	12.5000 %	Taxes Cost(3):	113,612	2.3641
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	24,645	0.0000
Yearly Payment:	637,977	Total FRVS PD:	18.1020		

(1) 80% Capital (\$5,131,425) amortized at 12.5000% for 20 years Interest of \$637,977 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$12.7769

(2) 20% ROE (\$1,282,856) times the ROE factor (0.031560) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = \$0.8108

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 152	Effective PBS Limitation	4,332,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	74.3798	74.3798	5.3943	68.9855
Indirect Care	51.0921	51.0921	3.7054	47.3867
Property	13.6500	18.1020	1.3128	16.7892
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7961
Supplemental Rate Add-on				\$8.1747
Totals	190.0794	194.5314	14.1082	205.3940

***Medicaid Trend Adjustment :**



0 313718-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.81

Lutheran Haven Nursing Home

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Church Non-Profit [2] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
2041 W. State Rd. 426 Oviedo Fl 32765 County: Seminole [59] Region: Central [3] Area: 7 Control Church Non-Profit [2] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 12/17/2005 Acquired Date: 12/17/2005 Entered Medicaid 12/16/2005 Med # Active Date: 12/16/2005 Previous Med #	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 42.34302% Occupancy: 95.88389% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.87764% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 42 Maximum: 15,330 Max Annualized: 15,330 Total Patient: 14,699 Medicare: 1,778 Medicaid: 6,224	Superior: 0 Standard: 144 Conditional: 37 Total: 181		
			Inflation		
			FY Index: 1.21220353		
			Semester Index: 1.27500780		
			Cost: 1.05181000		
			Target: 1.01598689		
			DC FY Index: 1.16916514		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03236058		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	335,847	521,187	325,686	145,579	0	1,328,299
1a	Audit Adjustments						
2	Cost Per Diem	53.9600	83.7383	52.3274	23.3899		213.4156
3	Cost Per Diem Inflated	56.7557	86.4481	55.0385			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	56.7557	86.4481	55.0385	23.3899		221.6322
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9250		58.8939			
7	Provider Target Rate	55.1566		60.2389			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	55.1566	86.4481	55.0385	13.6500		210.2932
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	55.1566	86.4481	55.0385	13.6500		210.2932
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 313718-00 - 2012/01
198.81

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lutheran Haven Nursing Home

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/16/2005	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,663,145.00	Total Amount	Per Diem
RS to Start Calcs: 2005/07	Type: Variable [3]	80% Capital(1): 1,603,224	5.9334
Indexed Asset Value 2,004,030	< 60% of Base: False	20% ROE(2): 400,806	0.8837
FRVS Base Asset: 1,858,542	Interest Rate: 0.2100 %	Insurance Cost(3): 30,677	2.0870
Occup Adj Factor: 0.9000	Chase Rate: 3.2500 %	Taxes Cost(3): 0	0.0000
ROE Factor 0.030420	Amortization Rate: 0.2100 %	Home Office(3): 0	0.0000
	Interest Only: False	Replacement(3&4): 51,243	0.0000
	Yearly Payment: 81,863	Total FRVS PD:	8.9041

- (1) 80% Capital (\$1,603,224) amortized at 0.2100% for 20 years Principal & Interest of \$81,863 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$5.9334
- (2) 20% ROE (\$400,806) times the ROE factor (0.030420) divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = \$0.8837
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,251
Comparison Date: 1/1/2005	Current RS PBS:	49,785
Comparison Bed 42	Effective PBS Limitation	1,858,542

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	55.1566	55.1566	4.0002	51.1564
Patient Care				
Direct Care	86.4481	86.4481	6.2696	80.1785
Indirect Care	55.0385	55.0385	3.9916	51.0469
Property	13.6500	8.9041	0.6458	8.2583
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	210.2932	205.5473	14.9072	198.8148

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 315524-00 - 2012/01

197.01

Carrington Place Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10501 Roosevelt Blvd North St. Petersburg FL 33716 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1988 Acquired Date: 8/1/1988 Entered Medicaid 10/1/1988 Med # Active Date: 5/1/2006 Previous Med # 258768	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,120 Medicare: 7,870 Medicaid: 24,609	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 58.42593% Occupancy: 96.16438% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.22833% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	880,111	2,013,284	1,164,827	676,994	0	4,735,216
1a	Audit Adjustments						
2	Cost Per Diem	35.7638	81.8109	47.3334	27.5100		192.4181
3	Cost Per Diem Inflated	37.3522	84.1105	49.4357			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	37.3522	84.1105	49.4357	27.5100		198.4084
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0015		47.1821			
7	Provider Target Rate	41.9379		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.3522	84.1105	48.2597	13.6500		183.3724
12/13	Medicaid Adjustment Rate		0.7973	0.4575			
14	Prospective Per Diem 11	37.3522	84.9078	48.7172	13.6500		184.6272
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 315524-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

197.01

Carrington Place Care Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 5,529,590 FRVS Base Asset: 3,559,440 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,520,263.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,423,672	9.5175
	< 60% of Base:	False	20% ROE(2):	1,105,918	0.7743
	Interest Rate:	5.8318 %	Insurance Cost(3):	51,910	1.2324
	Chase Rate:	7.7500 %	Taxes Cost(3):	94,183	2.2361
	Amortization Rate:	5.8318 %	Home Office(3):	13,412	0.3184
	Interest Only:	False	Replacement(3&4):	72,298	0.0000
Yearly Payment:	375,178	Total FRVS PD:		14.0787	

(1) 80% Capital (\$4,423,672) amortized at 5.8318% for 20 years Principal & Interest of \$375,178 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5175

(2) 20% ROE (\$1,105,918) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7743

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,559,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.3522	37.3522	2.7089	34.6433
Patient Care				
Direct Care	84.9078	84.9078	6.1579	78.7499
Indirect Care	48.7172	48.7172	3.5332	45.1840
Property	13.6500	14.0787	1.0210	13.0577
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1982
Supplemental Rate Add-on				\$8.1747
Totals	184.6272	185.0559	13.4210	197.0078

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 315664-00 - 2012/01
209.65

Life Care Center of Pensacola

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3291 East Olive Road Pensacola FL 32514 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/9/2006 Acquired Date: 6/9/2006 Entered Medicaid 6/1/2006 Med # Active Date: 6/1/2006 Previous Med #	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,616 Medicare: 21,099 Medicaid: 16,525	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.68594% Occupancy: 92.73059% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.93528% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	719,193	1,464,325	974,902	777,006	0	3,935,426
1a	Audit Adjustments						
2	Cost Per Diem	43.5215	88.6127	58.9956	47.0200		238.1498
3	Cost Per Diem Inflated	45.4545	91.1035	61.6159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.4545	91.1035	61.6159	47.0200		245.1939
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3393		76.1746			
7	Provider Target Rate	62.7402		77.9143			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.4545	91.1035	55.2316	13.6500		205.4396
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.4545	91.1035	55.2316	13.6500		205.4396
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 315664-00 - 2012/01
209.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Life Care Center of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/2006	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	11,530,000.00		Total Amount	Per Diem
RS to Start Calcs:	2006/01	Type:	Variable [3]	80% Capital(1):	4,628,040	9.4934
Indexed Asset Value	5,785,050	< 60% of Base:	False	20% ROE(2):	1,157,010	0.8101
FRVS Base Asset:	478,329	Interest Rate:	6.0000 %	Insurance Cost(3):	22,957	0.5652
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	101,307	2.4943
ROE Factor	0.027600	Amortization Rate:	5.2500 %	Home Office(3):	45,486	1.1199
		Interest Only:	False	Replacement(3&4):	27,019	0.0000
		Yearly Payment:	374,229	Total FRVS PD:		14.4829

(1) 80% Capital (\$4,628,040) amortized at 5.2500% for 20 years Principal & Interest of \$374,229 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4934

(2) 20% ROE (\$1,157,010) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8101

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,577
Comparison Date: 7/1/2005	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,349,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.4545	45.4545	3.2966	42.1579
Patient Care				
Direct Care	91.1035	91.1035	6.6072	84.4963
Indirect Care	55.2316	55.2316	4.0056	51.2260
Property	13.6500	14.4829	1.0504	13.4325
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$10.1631
Supplemental Rate Add-on				\$8.1747
Totals	205.4396	206.2725	14.9598	209.6505

***Medicaid Trend Adjustment :**



0 316075-00 - 2012/01
199.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westwood Health Care Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1001 Mar Walt Drive Ft. Walton Beach FL 32457 County: Okaloosa[46] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 7/1/1985 Acquired Date: 7/1/1985 Entered Medicaid 7/1/1985 Med # Active Date: 3/31/2006 Previous Med # 225061	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,120 Medicare: 6,043 Medicaid: 7,729	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.42364% Occupancy: 87.30593% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.15316% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	334,638	548,462	443,126	86,797	32,021	1,445,044
1a	Audit Adjustments						
2	Cost Per Diem	43.2964	70.9616	57.3329	11.2300	4.1430	186.9639
3	Cost Per Diem Inflated	45.2194	72.9563	59.8793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2194	72.9563	59.8793	11.2300	4.1430	193.4280
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7028		59.0345			
7	Provider Target Rate	49.8151		60.3828			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.2194	72.9563	59.8793	11.2300	4.1430	193.4280
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.2194	72.9563	59.8793	11.2300	4.1430	193.4280
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 316075-00 - 2012/01
199.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Westwood Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1985/07	Amount: 3,807,470.00	80% Capital(1): 1,056,839	5.0473
Indexed Asset Value 1,321,049	Type: Variable [3]	20% ROE(2): 264,210	0.3700
FRVS Base Asset: 892,330	< 60% of Base: False	Insurance Cost(3): 12,470	0.6522
Occup Adj Factor: 0.9000	Interest Rate: 7.1519 %	Taxes Cost(3): 15,333	0.8019
ROE Factor 0.027600	Chase Rate: 7.7500 %	Home Office(3): 47,817	2.5009
	Amortization Rate: 7.1519 %	Replacement(3&4): 0	0.0000
	Interest Only: False	Total FRVS PD:	9.3723
	Yearly Payment: 99,483		

(1) 80% Capital (\$1,056,839) amortized at 7.1519% for 20 years Principal & Interest of \$99,483 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.0473

(2) 20% ROE (\$264,210) times the ROE factor (0.027600) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3700

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.2194	45.2194	3.2795	41.9399
Patient Care				
Direct Care	72.9563	72.9563	5.2911	67.6652
Indirect Care	59.8793	59.8793	4.3427	55.5366
Property	11.2300	9.3723	0.8144	10.4156
ROE	4.1430	3.2712	0.3005	3.8425
ROE Adjustment	-3.2712	-3.2712	-0.2372	-3.0340
Quality Assess-Medicaid Share				\$14.4654
Supplemental Rate Add-on				\$8.1747
Totals	190.1568	187.4273	13.7910	199.0059

***Medicaid Trend Adjustment :**



0 316229-00 - 2012/01
246.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Desoto Health & Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1002 North Brevard Avenue Arcadia FL 34266 County: Desoto [14] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 9/1/1980 Acquired Date: 9/1/1980 Entered Medicaid 9/1/1980 Med # Active Date: 6/28/2006 Previous Med # 229741	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 41 Maximum: 14,965 Max Annualized: 14,965 Total Patient: 12,991 Medicare: 4,509 Medicaid: 8,368	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.41382% Occupancy: 86.80922% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.53215% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	595,885	864,454	627,263	264,596	0	2,352,198
1a	Audit Adjustments						
2	Cost Per Diem	71.2100	103.3047	74.9597	31.6200		281.0944
3	Cost Per Diem Inflated	74.3728	106.2085	78.2890			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	74.3728	106.2085	78.2890	31.6200		290.4903
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.7049		80.9469			
7	Provider Target Rate	69.2512		82.7956			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	59.0649	102.9097	72.5715	13.6500		248.1961
12/13	Medicaid Adjustment Rate		1.6687	1.1768			
14	Prospective Per Diem 11	59.0649	104.5784	73.7483	13.6500		251.0416
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 316229-00 - 2012/01
246.10

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Desoto Health & Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1986	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,300,000.00	Total Amount	Per Diem
RS to Start Calcs: 1980/07	Type: Fixed [2]	80% Capital(1): 1,561,110	10.7836
Indexed Asset Value 1,951,388	< 60% of Base: False	20% ROE(2): 390,278	0.7998
FRVS Base Asset: 1,077,566	Interest Rate: 7.0000 %	Insurance Cost(3): 44,736	3.4436
Occup Adj Factor: 0.9000	Chase Rate: 5.5000 %	Taxes Cost(3): 44,173	3.4003
ROE Factor 0.027600	Amortization Rate: 7.0000 %	Home Office(3): 9,271	0.7136
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 145,239	Total FRVS PD: 19.1409	

(1) 80% Capital (\$1,561,110) amortized at 7.0000% for 20 years Principal & Interest of \$145,239 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$10.7836

(2) 20% ROE (\$390,278) times the ROE factor (0.027600) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = \$0.7998

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 60	Effective PBS Limitation 1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	59.0649	59.0649	4.2836	54.7813
Patient Care				
Direct Care	104.5784	104.5784	7.5845	96.9939
Indirect Care	73.7483	73.7483	5.3485	68.3998
Property	13.6500	19.1409	1.3882	17.7527
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	251.0416	256.5325	18.6048	246.1024

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 316628-00 - 2012/01

194.01

Laurellwood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3127 - 57th Avenue North St. Petersburg FL 33714 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 12/1/2005 Previous Med # 257206	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 15,595 Medicare: 2,121 Medicaid: 12,683	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 81.32735% Occupancy: 71.21004% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 89.02947% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707	
		Semester Index: 1.27500780	
		Cost: 1.03542406	
		Target: 1.01598689	
		DC FY Index: 1.17849915	
		DC Sem Index: 1.20700000	
		DC Inflation: 1.02418402	
		PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	570,991	1,019,911	477,113	286,889	0	2,354,904
1a	Audit Adjustments						
2	Cost Per Diem	45.0202	80.4156	37.6183	22.6200		185.6741
3	Cost Per Diem Inflated	46.6150	82.3604	38.9509			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.6150	82.3604	38.9509	22.6200		190.5463
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5882		54.8934			
7	Provider Target Rate	48.6750		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.6150	82.3604	38.9509	13.6500		181.5763
12/13	Medicaid Adjustment Rate		2.9026	1.3728			
14	Prospective Per Diem 11	46.6150	85.2630	40.3237	13.6500		185.8517
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 316628-00 - 2012/01
194.01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Laurellwood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Variable [3]	80% Capital(1):	1,170,446	5.7406
Indexed Asset Value	1,463,058	< 60% of Base:	False	20% ROE(2):	292,612	0.3882
FRVS Base Asset:	764,013	Interest Rate:	7.5000 %	Insurance Cost(3):	5,547	0.3557
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	16,990	1.0895
ROE Factor	0.026150	Amortization Rate:	7.5000 %	Home Office(3):	13,807	0.8853
		Interest Only:	False	Replacement(3&4):	1,960	0.0000
		Yearly Payment:	113,148	Total FRVS PD:		8.4593

(1) 80% Capital (\$1,170,446) amortized at 7.5000% for 20 years Principal & Interest of \$113,148 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$5.7406

(2) 20% ROE (\$292,612) times the ROE factor (0.026150) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.3882

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,710,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.6150	46.6150	3.3807	43.2343
Patient Care				
Direct Care	85.2630	85.2630	6.1836	79.0794
Indirect Care	40.3237	40.3237	2.9244	37.3993
Property	13.6500	8.4593	0.6135	7.8458
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.2735
Supplemental Rate Add-on				\$8.1747
Totals	185.8517	180.6610	13.1022	194.0070

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 316636-00 - 2012/01 200.57

HarbourWood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2855 Gulf to Bay Boulevard, B Clearwater FL 33759 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/3/1996 Acquired Date: 7/3/1996 Entered Medicaid 7/3/1996 Med # Active Date: 12/1/2005 Previous Med # 251577	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,175 Medicare: 4,901 Medicaid: 27,562	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.19908% Occupancy: 87.15754% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.96763% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,098,678	2,394,055	1,102,988	657,078	0	5,252,799
1a	Audit Adjustments						
2	Cost Per Diem	39.8621	86.8607	40.0184	23.8400		190.5812
3	Cost Per Diem Inflated	41.2742	88.9613	41.4360			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.2742	88.9613	41.4360	23.8400		195.5115
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0304		47.1821			
7	Provider Target Rate	39.9218		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9218	88.9613	41.4360	13.6500		183.9691
12/13	Medicaid Adjustment Rate		2.2217	1.0348			
14	Prospective Per Diem 11	39.9218	91.1830	42.4708	13.6500		187.2256
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 316636-00 - 2012/01
200.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
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HarbourWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/3/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,560,000.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,230,220	9.7915
Indexed Asset Value	5,287,775	< 60% of Base:	False	20% ROE(2):	1,057,555	0.7015
FRVS Base Asset:	4,325,640	Interest Rate:	6.7500 %	Insurance Cost(3):	14,642	0.3835
Occup Adj Factor:	0.9000	Chase Rate:	7.0000 %	Taxes Cost(3):	82,274	2.1552
ROE Factor	0.026150	Amortization Rate:	6.7500 %	Home Office(3):	36,405	0.9536
		Interest Only:	False	Replacement(3&4):	21,114	0.0000
		Yearly Payment:	385,981	Total FRVS PD:		13.9853

(1) 80% Capital (\$4,230,220) amortized at 6.7500% for 20 years Principal & Interest of \$385,981 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7915

(2) 20% ROE (\$1,057,555) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7015

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,325,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9218	39.9218	2.8953	37.0265
Patient Care				
Direct Care	91.1830	91.1830	6.6130	84.5700
Indirect Care	42.4708	42.4708	3.0802	39.3906
Property	13.6500	13.9853	1.0143	12.9710
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4347
Supplemental Rate Add-on				\$8.1747
Totals	187.2256	187.5609	13.6028	200.5675

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 316644-00 - 2012/01

190.68

GraceWood Nursing Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8600 U.S. Highway 19 North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/21/1984 Acquired Date: 12/21/1984 Entered Medicaid 12/21/1984 Med # Active Date: 12/1/2005 Previous Med # 228583	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 34,112 Medicare: 3,264 Medicaid: 27,799	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 81.49332% Occupancy: 77.88128% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.37010% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,136,365	2,356,190	819,085	721,940	0	5,033,580
1a	Audit Adjustments						
2	Cost Per Diem	40.8779	84.7581	29.4645	25.9700		181.0705
3	Cost Per Diem Inflated	42.3260	86.8079	30.5083			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.3260	86.8079	30.5083	25.9700		185.6122
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.0304		47.1821			
7	Provider Target Rate	39.9218		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.9218	86.8079	30.5083	13.6500		170.8880
12/13	Medicaid Adjustment Rate		3.0756	1.0809			
14	Prospective Per Diem 11	39.9218	89.8835	31.5892	13.6500		175.0445
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316644-00 - 2012/01
190.68

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

GraceWood Nursing Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Variable [3]	80% Capital(1):	4,176,484	10.0487
Indexed Asset Value	5,220,605	< 60% of Base:	False	20% ROE(2):	1,044,121	0.6926
FRVS Base Asset:	3,239,533	Interest Rate:	7.2500 %	Insurance Cost(3):	9,499	0.2785
Occup Adj Factor:	0.9000	Chase Rate:	7.2500 %	Taxes Cost(3):	94,020	2.7562
ROE Factor	0.026150	Amortization Rate:	7.2500 %	Home Office(3):	33,544	0.9833
		Interest Only:	False	Replacement(3&4):	50,715	0.0000
		Yearly Payment:	396,119	Total FRVS PD:		14.7593

(1) 80% Capital (\$4,176,484) amortized at 7.2500% for 20 years Principal & Interest of \$396,119 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0487

(2) 20% ROE (\$1,044,121) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6926

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.9218	39.9218	2.8953	37.0265
Patient Care				
Direct Care	89.8835	89.8835	6.5187	83.3648
Indirect Care	31.5892	31.5892	2.2910	29.2982
Property	13.6500	14.7593	1.0704	13.6889
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1263
Supplemental Rate Add-on				\$8.1747
Totals	175.0445	176.1538	12.7754	190.6794

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 316652-00 - 2012/01
182.98

BavWood Nursing Center, Inc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 17th Avenue South St. Petersburg FL 33712 County: Pinellas [52] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1981 Acquired Date: 10/1/1981 Entered Medicaid 10/1/1981 Med # Active Date: 12/1/2005 Previous Med # 228206	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 59 Maximum: 21,535 Max Annualized: 21,535 Total Patient: 18,814 Medicare: 1,805 Medicaid: 16,931	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 89.99150% Occupancy: 87.36476% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.22670% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	686,645	1,348,495	572,716	143,575	0	2,751,431
1a	Audit Adjustments						
2	Cost Per Diem	40.5555	79.6465	33.8265	8.4800		162.5085
3	Cost Per Diem Inflated	41.9921	81.5727	35.0248			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.9921	81.5727	35.0248	8.4800		167.0696
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5735		54.8934			
7	Provider Target Rate	47.6372		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.9921	81.5727	35.0248	8.4800		167.0696
12/13	Medicaid Adjustment Rate		3.6700	1.5758			
14	Prospective Per Diem 11	41.9921	85.2427	36.6006	8.4800		172.3154
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 316652-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

182.98

BavWood Nursing Center, Inc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/1/2005 Year of Phase-In/ Full: RS to Start Calcs: 1981/07 Indexed Asset Value 557,335 FRVS Base Asset: 341,074 Occup Adj Factor: 0.9000 ROE Factor 0.026150	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	550,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	445,868	2.2086
	< 60% of Base:	False	20% ROE(2):	111,467	0.1504
	Interest Rate:	7.4091 %	Insurance Cost(3):	3,379	0.1796
	Chase Rate:	6.5000 %	Taxes Cost(3):	13,045	0.6934
	Amortization Rate:	7.4091 %	Home Office(3):	14,796	0.7864
	Interest Only:	False	Replacement(3&4):	24,854	0.0000
Yearly Payment:	42,806	Total FRVS PD:		4.0184	

(1) 80% Capital (\$445,868) amortized at 7.4091% for 20 years Principal & Interest of \$42,806 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$2.2086

(2) 20% ROE (\$111,467) times the ROE factor (0.026150) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = \$0.1504

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 59	Effective PBS Limitation	1,681,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.9921	41.9921	3.0454	38.9467
Patient Care				
Direct Care	85.2427	85.2427	6.1822	79.0605
Indirect Care	36.6006	36.6006	2.6544	33.9462
Property	8.4800	4.0184	0.2914	3.7270
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.1209
Supplemental Rate Add-on				\$8.1747
Totals	172.3154	167.8538	12.1734	182.9760

***Medicaid Trend Adjustment :**



0 317195-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.90

The Nursing Center at Freedom Village

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6410 21st Avenue West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/23/1989 Acquired Date: 6/23/1989 Entered Medicaid 6/23/1989 Med # Active Date: 6/12/2006 Previous Med # 263036	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,646 Medicare: 10,849 Medicaid: 10,168	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 25.01599% Occupancy: 92.79909% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.02091% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	402,496	947,545	487,219	193,294	0	2,030,554
1a	Audit Adjustments						
2	Cost Per Diem	39.5846	93.1889	47.9169	19.0100		199.7004
3	Cost Per Diem Inflated	41.3427	95.8083	50.0451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3427	95.8083	50.0451	19.0100		206.2061
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8598		58.3957			
7	Provider Target Rate	53.0442		59.7294			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3427	95.8083	50.0451	13.6500		200.8461
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.3427	95.8083	50.0451	13.6500		200.8461
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 317195-00 - 2012/01
192.90

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Nursing Center at Freedom Village

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/23/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	10,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable [3]	80% Capital(1):	2,842,522	7.1037
Indexed Asset Value	3,553,153	< 60% of Base:	False	20% ROE(2):	710,631	0.4975
FRVS Base Asset:	1,655,981	Interest Rate:	7.7500 %	Insurance Cost(3):	13,235	0.3256
Occup Adj Factor:	0.9000	Chase Rate:	8.0000 %	Taxes Cost(3):	50,435	1.2408
ROE Factor	0.027600	Amortization Rate:	7.7500 %	Home Office(3):	113,847	2.8009
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	280,028	Total FRVS PD:		11.9685

(1) 80% Capital (\$2,842,522) amortized at 7.7500% for 20 years Principal & Interest of \$280,028 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.1037

(2) 20% ROE (\$710,631) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4975

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,789,260

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3427	41.3427	2.9983	38.3444
Patient Care				
Direct Care	95.8083	95.8083	6.9484	88.8599
Indirect Care	50.0451	50.0451	3.6295	46.4156
Property	13.6500	11.9685	0.8680	11.1005
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	200.8461	199.1646	14.4442	192.8951

***Medicaid Trend Adjustment :**



0 317349-00 - 2012/01
208.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Darcy Hall of Life Care

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2170 Palm Beach Lakes Blvd. West Palm Beach FL 33409 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 9/14/2006 Previous Med # 203483	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 220 Maximum: 80,300 Max Annualized: 80,300 Total Patient: 56,136 Medicare: 10,100 Medicaid: 37,850 Medicaid Utilization 67.42554% Occupancy: 69.90784% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 87.40141% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,638,248	3,380,853	1,911,301	387,963	0	7,318,365
1a	Audit Adjustments						
2	Cost Per Diem	43.2826	89.3224	50.4967	10.2500		193.3517
3	Cost Per Diem Inflated	45.2050	91.8332	52.7395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.2050	91.8332	52.7395	10.2500		200.0277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7310		49.2617			
7	Provider Target Rate	44.7297		50.3868			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7297	91.8332	50.3868	10.2500		197.1997
12/13	Medicaid Adjustment Rate		1.8003	0.9878			
14	Prospective Per Diem 11	44.7297	93.6335	51.3746	10.2500		199.9878
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317349-00 - 2012/01
208.70

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Darcv Hall of Life Care

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Variable [3]	80% Capital(1):	3,627,858	3.5130
Indexed Asset Value	4,534,822	< 60% of Base:	False	20% ROE(2):	906,964	0.3464
FRVS Base Asset:	2,203,076	Interest Rate:	3.5625 %	Insurance Cost(3):	17,970	0.3201
Occup Adj Factor:	0.9000	Chase Rate:	3.2500 %	Taxes Cost(3):	149,477	2.6628
ROE Factor	0.027600	Amortization Rate:	3.5625 %	Home Office(3):	52,052	0.9272
		Interest Only:	False	Replacement(3&4):	138,219	0.0000
		Yearly Payment:	253,882	Total FRVS PD:		7.7695

- (1) 80% Capital (\$3,627,858) amortized at 3.5625% for 20 years Principal & Interest of \$253,882 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$3.5130
- (2) 20% ROE (\$906,964) times the ROE factor (0.027600) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = \$0.3464
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 220	Effective PBS Limitation	6,270,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7297	44.7297	3.2440	41.4857
Patient Care				
Direct Care	93.6335	93.6335	6.7907	86.8428
Indirect Care	51.3746	51.3746	3.7259	47.6487
Property	10.2500	7.7695	0.5635	7.2060
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3447
Supplemental Rate Add-on				\$8.1747
Totals	199.9878	197.5073	14.3241	208.7026

***Medicaid Trend Adjustment :**



0 317560-00 - 2012/01
189.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Keystone Rehab. and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1120 West Donegan Avenue Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/19/2006 Acquired Date: 10/19/2006 Entered Medicaid 10/19/2006 Med # Active Date: 10/19/2006 Previous Med #	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,511 Medicare: 7,677 Medicaid: 29,092 Medicaid Utilization 68.43405% Occupancy: 97.05708% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.34441% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,110,706	2,083,342	1,368,892	182,698	0	4,745,638
1a	Audit Adjustments						
2	Cost Per Diem	38.1791	71.6122	47.0539	6.2800		163.1252
3	Cost Per Diem Inflated	39.4430	73.2818	48.6116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	39.4430	73.2818	48.6116	6.2800		167.6164
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	90.7959		66.6331			
7	Provider Target Rate	92.8695		68.1549			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	39.4430	73.2818	48.6116	6.2800		167.6164
12/13	Medicaid Adjustment Rate		1.5197	1.0081			
14	Prospective Per Diem 11	39.4430	74.8015	49.6197	6.2800		170.1442
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317560-00 - 2012/01
189.65

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Keystone Rehab. and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/19/2006 Year of Phase-In/ Full: RS to Start Calcs: 2006/07 Indexed Asset Value 5,555,254 FRVS Base Asset: 5,397,720 Occup Adj Factor: 0.9000 ROE Factor 0.025830	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,444,203	9.2149
	< 60% of Base:	True	20% ROE(2):	1,111,051	0.7280
	Interest Rate:	8.2500 %	Insurance Cost(3):	37,720	0.8873
	Chase Rate:	8.2500 %	Taxes Cost(3):	74,499	1.7525
	Amortization Rate:	8.2500 %	Home Office(3):	22,553	0.5305
	Interest Only:	True	Replacement(3&4):	37,170	0.0000
Yearly Payment:	363,251	Total FRVS PD:	13.1132		

- (1) 80% Capital (\$4,444,203) amortized at 8.2500% for 20 years Interest of \$363,251 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.2149
- (2) 20% ROE (\$1,111,051) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7280
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	44,981
Comparison Date: 1/1/2006	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	5,397,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.4430	39.4430	2.8606	36.5824
Patient Care				
Direct Care	74.8015	74.8015	5.4249	69.3766
Indirect Care	49.6197	49.6197	3.5986	46.0211
Property	6.2800	13.1132	0.9510	12.1622
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3306
Supplemental Rate Add-on				\$8.1747
Totals	170.1442	176.9774	12.8351	189.6476

***Medicaid Trend Adjustment :**



0 317578-00 - 2012/01
223.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Parklands Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1000 S.W. 16th Avenue Gainesville FL 32601 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1980 Acquired Date: 7/1/1980 Entered Medicaid 7/1/1980 Med # Active Date: 10/1/2006 Previous Med # 267821	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,038 Medicare: 6,627 Medicaid: 30,450	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.43446% Occupancy: 95.97717% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.99427% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,357,069	3,167,013	1,696,864	868,130	0	7,089,076
1a	Audit Adjustments						
2	Cost Per Diem	44.5671	104.0070	55.7262	28.5100		232.8103
3	Cost Per Diem Inflated	46.3533	106.7033	57.9596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.3533	106.7033	57.9596	28.5100		239.5262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5774		60.7899			
7	Provider Target Rate	51.7325		62.1782			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.3533	95.5570	55.2316	13.6500		210.7919
12/13	Medicaid Adjustment Rate		2.4117	1.3940			
14	Prospective Per Diem 11	46.3533	97.9687	56.6256	13.6500		214.5976
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317578-00 - 2012/01
223.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Parklands Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,850,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	2,616,673	7.0392
Indexed Asset Value	3,270,841	< 60% of Base:	False	20% ROE(2):	654,168	0.4442
FRVS Base Asset:	1,756,442	Interest Rate:	8.7500 %	Insurance Cost(3):	108,834	2.5889
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	61,885	1.4721
ROE Factor	0.026770	Amortization Rate:	8.7500 %	Home Office(3):	13,683	0.3255
		Interest Only:	False	Replacement(3&4):	23,468	0.0000
		Yearly Payment:	277,486	Total FRVS PD:		11.8699

(1) 80% Capital (\$2,616,673) amortized at 8.7500% for 20 years Principal & Interest of \$277,486 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0392

(2) 20% ROE (\$654,168) times the ROE factor (0.026770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4442

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.3533	46.3533	3.3617	42.9916
Patient Care				
Direct Care	97.9687	97.9687	7.1051	90.8636
Indirect Care	56.6256	56.6256	4.1067	52.5189
Property	13.6500	11.8699	0.8609	11.0090
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8158
Supplemental Rate Add-on				\$8.1747
Totals	214.5976	212.8175	15.4344	223.3736

***Medicaid Trend Adjustment :**



0 317586-00 - 2012/01
219.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Williston Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
300 N.W. 1st Ave. Williston FL 32696 County: Levy [38] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1981 Acquired Date: 1/1/1981 Entered Medicaid 7/1/1982 Med # Active Date: 10/1/2006 Previous Med # 267830	04/01/2010-03/31/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 41,970 Medicare: 6,204 Medicaid: 30,620	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.95687% Occupancy: 63.88128% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 79.86677% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,261,553	3,209,267	1,689,207	828,271	0	6,988,298
1a	Audit Adjustments						
2	Cost Per Diem	41.2003	104.8095	55.1668	27.0500		228.2266
3	Cost Per Diem Inflated	42.8516	107.5266	57.3778			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.8516	107.5266	57.3778	27.0500		234.8060
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0624		60.8026			
7	Provider Target Rate	50.1829		62.1912			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.8516	95.5570	55.2316	13.6500		207.2902
12/13	Medicaid Adjustment Rate		2.4679	1.4264			
14	Prospective Per Diem 11	42.8516	98.0249	56.6580	13.6500		211.1845
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 317586-00 - 2012/01
219.94

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Williston Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2006	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,600,000.00	Total Amount	Per Diem
RS to Start Calcs: 1981/01	Type: Variable [3]	80% Capital(1): 3,345,536	6.0000
Indexed Asset Value 4,181,920	< 60% of Base: False	20% ROE(2): 836,384	0.3787
FRVS Base Asset: 2,398,792	Interest Rate: 8.7500 %	Insurance Cost(3): 110,286	2.6277
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 84,995	2.0251
ROE Factor 0.026770	Amortization Rate: 8.7500 %	Home Office(3): 13,661	0.3255
	Interest Only: False	Replacement(3&4): 14,711	0.0000
	Yearly Payment: 354,778	Total FRVS PD:	11.3570

(1) 80% Capital (\$3,345,536) amortized at 8.7500% for 20 years Principal & Interest of \$354,778 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$6.0000

(2) 20% ROE (\$836,384) times the ROE factor (0.026770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.3787

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	22,673
Comparison Date: 7/1/1980	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	4,081,140

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.8516	42.8516	3.1078	39.7438
Patient Care				
Direct Care	98.0249	98.0249	7.1092	90.9157
Indirect Care	56.6580	56.6580	4.1091	52.5489
Property	13.6500	11.3570	0.8237	10.5333
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0236
Supplemental Rate Add-on				\$8.1747
Totals	211.1845	208.8915	15.1498	219.9400

*Medicaid Trend Adjustment :



0 318779-00 - 2012/01
200.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Community Health and Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3611 Transmitter Road Panama City FL 32404 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/4/1997 Acquired Date: 11/4/1997 Entered Medicaid 11/4/1997 Med # Active Date: 1/1/2007 Previous Med # 266841	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,091 Medicare: 8,451 Medicaid: 19,516	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	953,928	1,455,396	944,614	315,183	0	3,669,121
1a	Audit Adjustments						
2	Cost Per Diem	48.8793	74.5745	48.4020	16.1500		188.0058
3	Cost Per Diem Inflated	51.6473	77.1637	51.1430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.6473	77.1637	51.1430	16.1500		196.1040
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7411		56.6204			
7	Provider Target Rate	54.9685		57.9135			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	77.1637	51.1430	13.6500		188.6713
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	77.1637	51.1430	13.6500		188.6713
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 318779-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

200.26

Community Health and Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/4/1997 Year of Phase-In/ Full: RS to Start Calcs: 1997/07 Indexed Asset Value 5,398,040 FRVS Base Asset: 4,444,920 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,320,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,318,432	10.5581
	< 60% of Base:	False	20% ROE(2):	1,079,608	0.8643
	Interest Rate:	7.4600 %	Insurance Cost(3):	62,198	1.4777
	Chase Rate:	7.7500 %	Taxes Cost(3):	40,315	0.9578
	Amortization Rate:	7.4600 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	416,201	Total FRVS PD:	13.8579		

(1) 80% Capital (\$4,318,432) amortized at 7.4600% for 20 years Principal & Interest of \$416,201 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5581

(2) 20% ROE (\$1,079,608) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8643

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,041
Comparison Date: 1/1/1997	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	77.1637	77.1637	5.5962	71.5675
Indirect Care	51.1430	51.1430	3.7091	47.4339
Property	13.6500	13.8579	1.0050	12.8529
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9035
Supplemental Rate Add-on				\$8.1747
Totals	188.6713	188.8792	13.6982	200.2592

***Medicaid Trend Adjustment :**



0 318787-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.11

Citrus Gardens of Fort Myers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7173 Cypress Drive Southwest Fort Myers FL 33907 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1983 Acquired Date: 1/1/1983 Entered Medicaid 1/1/1983 Med # Active Date: 1/15/2007 Previous Med # 252131	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,300 Medicare: 6,802 Medicaid: 30,702	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.58156% Occupancy: 96.57534% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.74213% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	978,234	2,471,453	1,422,813	516,408	0	5,388,908
1a	Audit Adjustments						
2	Cost Per Diem	31.8622	80.4981	46.3427	16.8200		175.5230
3	Cost Per Diem Inflated	33.6665	83.2929	48.9671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	33.6665	83.2929	48.9671	16.8200		182.7465
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0611		55.5320			
7	Provider Target Rate	41.9989		56.8003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	33.6665	83.2929	48.9671	13.6500		179.5765
12/13	Medicaid Adjustment Rate		2.1160	1.2440			
14	Prospective Per Diem 11	33.6665	85.4089	50.2111	13.6500		182.9365
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 318787-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.11

Citrus Gardens of Fort Myers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,960,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/01	Type:	Variable [3]	80% Capital(1):	3,929,467	9.8201
Indexed Asset Value	4,911,834	< 60% of Base:	False	20% ROE(2):	982,367	0.7865
FRVS Base Asset:	2,886,169	Interest Rate:	7.7500 %	Insurance Cost(3):	76,062	1.7982
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	51,690	1.2220
ROE Factor	0.031560	Amortization Rate:	7.7500 %	Home Office(3):	24,775	0.5857
		Interest Only:	False	Replacement(3&4):	21,561	0.0000
		Yearly Payment:	387,107	Total FRVS PD:		14.2125

(1) 80% Capital (\$3,929,467) amortized at 7.7500% for 20 years Principal & Interest of \$387,107 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8201

(2) 20% ROE (\$982,367) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7865

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	33.6665	33.6665	2.4416	31.2249
Patient Care				
Direct Care	85.4089	85.4089	6.1942	79.2147
Indirect Care	50.2111	50.2111	3.6415	46.5696
Property	13.6500	14.2125	1.0308	13.1817
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7490
Supplemental Rate Add-on				\$8.1747
Totals	182.9365	183.4990	13.3081	196.1146

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 318795-00 - 2012/01
232.59

The Court at Palm-Aire

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2701 North Course Drive Pompano Beach FL 33069 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 4/1/1988 Acquired Date: 4/28/1994 Entered Medicaid 4/28/1994 Med # Active Date: 9/1/2006 Previous Med # 211761	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,166 Medicare: 7,724 Medicaid: 9,455	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.33215% Occupancy: 87.51598% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.41577% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	465,434	821,208	936,309	430,392	0	2,653,343
1a	Audit Adjustments						
2	Cost Per Diem	49.2262	86.8544	99.0279	45.5200		280.6285
3	Cost Per Diem Inflated	52.0139	89.8699	104.6358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.0139	89.8699	104.6358	45.5200		292.0396
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5033		89.4148			
7	Provider Target Rate	57.7937		91.4569			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	52.0139	89.8699	72.5715	13.6500		228.1053
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	52.0139	89.8699	72.5715	13.6500		228.1053
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 318795-00 - 2012/01
232.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Court at Palm-Aire

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/28/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/01 Indexed Asset Value 2,134,346 FRVS Base Asset: 1,765,380 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	1,707,477	7.0808
	< 60% of Base:	True	20% ROE(2):	426,869	0.6835
	Interest Rate:	8.2500 %	Insurance Cost(3):	16,231	0.8469
	Chase Rate:	8.2500 %	Taxes Cost(3):	90,398	4.7166
	Amortization Rate:	8.2500 %	Home Office(3):	10,888	0.5681
	Interest Only:	True	Replacement(3&4):	1,200,040	0.0000
Yearly Payment:	139,562	Total FRVS PD:		13.8959	

- (1) 80% Capital (\$1,707,477) amortized at 8.2500% for 20 years Interest of \$139,562 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$7.0808
- (2) 20% ROE (\$426,869) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.6835
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,765,380

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	52.0139	52.0139	3.7723	48.2416
Patient Care				
Direct Care	89.8699	89.8699	6.5177	83.3522
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	13.8959	1.0078	12.8881
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.6264
Supplemental Rate Add-on				\$8.1747
Totals	228.1053	228.3512	16.5610	232.5913

***Medicaid Trend Adjustment :**



0 319244-00 - 2012/01
245.93

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Palmer Ranch Healthcare and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5111 Palmer Ranch Parkway Sarasota Fl 34238 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1999 Acquired Date: 9/28/1999 Entered Medicaid 6/1/2000 Med # Active Date: 12/1/2006 Previous Med # 269328	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,766 Medicare: 5,742 Medicaid: 6,688 Medicaid Utilization 33.83588% Occupancy: 90.25571% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.84108% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	328,590	723,272	475,035	153,222	0	1,680,119
1a	Audit Adjustments						
2	Cost Per Diem	49.1313	108.1447	71.0280	22.9100		251.2140
3	Cost Per Diem Inflated	51.9136	111.8994	75.0503			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.9136	111.8994	75.0503	22.9100		261.7733
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1813		70.2415			
7	Provider Target Rate	52.3502		71.8457			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	51.9136	102.9097	71.8457	13.6500		240.3190
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.9136	102.9097	71.8457	13.6500		240.3190
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319244-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

245.93

Palmer Ranch Healthcare and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,596,680.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	Variable [3]	80% Capital(1):	2,055,591	10.6636
Indexed Asset Value	2,569,489	< 60% of Base:	False	20% ROE(2):	513,898	0.8229
FRVS Base Asset:	0	Interest Rate:	8.2500 %	Insurance Cost(3):	9,735	0.4925
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	30,133	1.5245
ROE Factor	0.031560	Amortization Rate:	8.2500 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	74,426	0.0000
		Yearly Payment:	210,180	Total FRVS PD:		13.5035

(1) 80% Capital (\$2,055,591) amortized at 8.2500% for 20 years Principal & Interest of \$210,180 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$10.6636

(2) 20% ROE (\$513,898) times the ROE factor (0.031560) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.8229

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	2,330,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.9136	51.9136	3.7650	48.1486
Patient Care				
Direct Care	102.9097	102.9097	7.4634	95.4463
Indirect Care	71.8457	71.8457	5.2106	66.6351
Property	13.6500	13.5035	0.9793	12.5242
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0059
Supplemental Rate Add-on				\$8.1747
Totals	240.3190	240.1725	17.4183	245.9348

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319325-00 - 2012/01 224.05

Port Charlotte Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
25325 Rampart Blvd Port Charlotte FL 33983 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/1/1985 Acquired Date: 2/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 10/8/2004 Previous Med # 264555	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,096 Medicare: 10,196 Medicaid: 18,584	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 51.48493% Occupancy: 82.41096% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.03328% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,145	1,652,333	1,103,008	301,804	0	4,006,290
1a	Audit Adjustments						
2	Cost Per Diem	51.0732	88.9116	59.3526	16.2400		215.5774
3	Cost Per Diem Inflated	53.3416	91.4108	61.9887			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.3416	91.4108	61.9887	16.2400		222.9811
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.0686		54.1541			
7	Provider Target Rate	52.2349		55.3909			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	91.4108	55.3909	13.6500		211.4092
12/13	Medicaid Adjustment Rate		0.1527	0.0925			
14	Prospective Per Diem 11	50.9575	91.5635	55.4834	13.6500		211.6544
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319325-00 - 2012/01
224.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Port Charlotte Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/15/1990 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 5,921,847 FRVS Base Asset: 3,157,214 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	5,300,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,737,478	14.6412
	< 60% of Base:	False	20% ROE(2):	1,184,369	0.8292
	Interest Rate:	10.7500 %	Insurance Cost(3):	40,383	1.1188
	Chase Rate:	10.0000 %	Taxes Cost(3):	50,216	1.3912
	Amortization Rate:	10.7500 %	Home Office(3):	14,575	0.4038
	Interest Only:	False	Replacement(3&4):	47,600	0.0000
Yearly Payment:	577,155	Total FRVS PD:		18.3842	

(1) 80% Capital (\$4,737,478) amortized at 10.7500% for 20 years Principal & Interest of \$577,155 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.6412

(2) 20% ROE (\$1,184,369) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8292

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	91.5635	91.5635	6.6406	84.9229
Indirect Care	55.4834	55.4834	4.0239	51.4595
Property	13.6500	18.3842	1.3333	17.0509
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.1758
Supplemental Rate Add-on				\$8.1747
Totals	211.6544	216.3886	15.6935	224.0456

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319333-00 - 2012/01 200.83

Harbour Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
23013 Westchester Boulevard Port Charlotte FL 33980 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1986 Acquired Date: 6/1/1986 Entered Medicaid 6/1/1986 Med # Active Date: 7/1/2005 Previous Med # 228974	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,856 Medicare: 10,050 Medicaid: 12,661	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 31.76686% Occupancy: 90.99543% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.76591% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	653,759	1,091,554	661,441	169,657	0	2,576,411
1a	Audit Adjustments						
2	Cost Per Diem	51.6357	86.2139	52.2424	13.4000		203.4920
3	Cost Per Diem Inflated	53.9291	88.6373	54.5627			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.9291	88.6373	54.5627	13.4000		210.5291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4482		74.4832			
7	Provider Target Rate	46.4862		76.1843			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.4862	88.6373	54.5627	13.4000		203.0862
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.4862	88.6373	54.5627	13.4000		203.0862
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319333-00 - 2012/01
200.83

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Harbour Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/2000 Year of Phase-In/ Full: RS to Start Calcs: 1986/01 Indexed Asset Value 4,969,534 FRVS Base Asset: 3,420,000 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,150,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,975,627	13.7500
	< 60% of Base:	False	20% ROE(2):	993,907	0.6959
	Interest Rate:	15.0000 %	Insurance Cost(3):	51,152	1.2834
	Chase Rate:	9.5000 %	Taxes Cost(3):	91,698	2.3007
	Amortization Rate:	12.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	20,631	0.0000
Yearly Payment:	542,025	Total FRVS PD:		18.0300	

(1) 80% Capital (\$3,975,627) amortized at 12.5000% for 20 years Principal & Interest of \$542,025 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.7500

(2) 20% ROE (\$993,907) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6959

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.4862	46.4862	3.3714	43.1148
Patient Care				
Direct Care	88.6373	88.6373	6.4283	82.2090
Indirect Care	54.5627	54.5627	3.9571	50.6056
Property	13.4000	18.0300	1.3076	16.7224
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	203.0862	207.7162	15.0644	200.8265

***Medicaid Trend Adjustment :**



0 319376-00 - 2012/01

203.36

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Atrium Healthcare Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9960 Atrium Way Jacksonville FL 32225 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 9/13/1996 Acquired Date: 9/13/1996 Entered Medicaid 9/13/1996 Med # Active Date: 2/1/2007 Previous Med # 225550	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 84 Maximum: 30,660 Max Annualized: 30,660 Total Patient: 25,724 Medicare: 10,674 Medicaid: 9,040	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
Medicaid Utilization 35.14228% Occupancy: 83.90085% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 104.89599% Weighted Low Occ Adjustment Factor: 100.00000%			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	385,717	764,356	456,865	290,907	0	1,897,845
1a	Audit Adjustments						
2	Cost Per Diem	42.6678	84.5527	50.5382	32.1800		209.9387
3	Cost Per Diem Inflated	44.5629	86.9294	52.7828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5629	86.9294	52.7828	32.1800		216.4551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1062		49.8552			
7	Provider Target Rate	45.1135		50.9938			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5629	86.9294	50.9938	13.6500		196.1361
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.5629	86.9294	50.9938	13.6500		196.1361
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319376-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.36

Atrium Healthcare Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/13/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/07 Indexed Asset Value 3,705,871 FRVS Base Asset: 3,027,948 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,789,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,964,697	9.3113
	< 60% of Base:	False	20% ROE(2):	741,174	0.7413
	Interest Rate:	6.1000 %	Insurance Cost(3):	12,549	0.4878
	Chase Rate:	8.2500 %	Taxes Cost(3):	43,530	1.6922
	Amortization Rate:	6.1000 %	Home Office(3):	61,490	2.3904
	Interest Only:	False	Replacement(3&4):	0	0.0000
Yearly Payment:	256,937	Total FRVS PD:	14.6230		

(1) 80% Capital (\$2,964,697) amortized at 6.1000% for 20 years Principal & Interest of \$256,937 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$9.3113

(2) 20% ROE (\$741,174) times the ROE factor (0.027600) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = \$0.7413

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 84	Effective PBS Limitation	3,027,948

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5629	44.5629	3.2319	41.3310
Patient Care				
Direct Care	86.9294	86.9294	6.3045	80.6249
Indirect Care	50.9938	50.9938	3.6983	47.2955
Property	13.6500	14.6230	1.0605	13.5625
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$12.3739
Supplemental Rate Add-on				\$8.1747
Totals	196.1361	197.1091	14.2952	203.3625

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319503-00 - 2012/01 194.64

Consulate Health Care of Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
4101 Southpoint Drive East Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/9/1996 Acquired Date: 8/9/1996 Entered Medicaid 8/9/1996 Med # Active Date: 1/1/2007 Previous Med # 226696	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 51.69020% Occupancy: 94.78156% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.49947% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 116 Maximum: 56,492 Max Annualized: 42,340 Total Patient: 53,544 Medicare: 9,705 Medicaid: 27,677	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21691096		
			Semester Index: 1.27500780		
			Cost: 1.04774124		
			Target: 1.01598689		
			DC FY Index: 1.17166551		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03015749		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,209,729	2,064,801	1,177,933	1,204,780	0	5,657,243
1a	Audit Adjustments						
2	Cost Per Diem	43.7088	74.6035	42.5600	43.5300		204.4023
3	Cost Per Diem Inflated	45.7955	76.8534	44.5919			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7955	76.8534	44.5919	43.5300		210.7708
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4866		46.4366			
7	Provider Target Rate	48.5711		47.4971			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.7955	76.8534	44.5919	13.6500		180.8908
12/13	Medicaid Adjustment Rate		0.1461	0.0848			
14	Prospective Per Diem 11	45.7955	76.9995	44.6767	13.6500		181.1217
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319503-00 - 2012/01
194.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/9/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,697,802.00		Total Amount	Per Diem
RS to Start Calcs:	1996/07	Type:	Variable [3]	80% Capital(1):	4,169,572	9.7897
Indexed Asset Value	5,211,965	< 60% of Base:	False	20% ROE(2):	1,042,393	0.7736
FRVS Base Asset:	4,181,452	Interest Rate:	6.5012 %	Insurance Cost(3):	66,276	1.2378
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	103,070	1.9250
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	62,823	1.1733
		Interest Only:	False	Replacement(3&4):	94,384	0.0000
		Yearly Payment:	373,047	Total FRVS PD:		14.8994

(1) 80% Capital (\$4,169,572) amortized at 6.5000% for 20 years Principal & Interest of \$373,047 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$9.7897

(2) 20% ROE (\$1,042,393) times the ROE factor (0.028280) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.7736

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,047
Comparison Date: 1/1/1996	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	4,181,452

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7955	45.7955	3.3213	42.4742
Patient Care				
Direct Care	76.9995	76.9995	5.5843	71.4152
Indirect Care	44.6767	44.6767	3.2401	41.4366
Property	13.6500	14.8994	1.0806	13.8188
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3165
Supplemental Rate Add-on				\$8.1747
Totals	181.1217	182.3711	13.2263	194.6360

***Medicaid Trend Adjustment :**



0 319511-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.18

Consulate Health Care of Kissimmee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2511 John Young Parkway No Kissimmee FL 34741 County: Osceola [49] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/20/1999 Acquired Date: 8/20/1999 Entered Medicaid 8/20/1999 Med # Active Date: 1/1/2007 Previous Med # 265764	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,749 Medicare: 11,031 Medicaid: 33,423	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.89619% Occupancy: 97.10643% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.40611% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,333	2,474,923	1,536,405	1,283,443	0	6,707,104
1a	Audit Adjustments						
2	Cost Per Diem	42.2563	74.0485	45.9685	38.4000		200.6733
3	Cost Per Diem Inflated	44.2737	76.2816	48.1631			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.2737	76.2816	48.1631	38.4000		207.1184
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1438		47.1821			
7	Provider Target Rate	47.1977		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2737	76.2816	48.1631	13.6500		182.3684
12/13	Medicaid Adjustment Rate		0.7634	0.4820			
14	Prospective Per Diem 11	44.2737	77.0450	48.6451	13.6500		183.6138
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319511-00 - 2012/01
196.18

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Kissimmee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/20/1999	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,762,891.00	Total Amount	Per Diem
RS to Start Calcs: 1999/07	Type: Fixed [2]	80% Capital(1): 4,401,816	9.7553
Indexed Asset Value 5,502,270	< 60% of Base: False	20% ROE(2): 1,100,454	0.7895
FRVS Base Asset: 4,661,520	Interest Rate: 6.2000 %	Insurance Cost(3): 65,863	1.1606
Occup Adj Factor: 0.9000	Chase Rate: 4.0000 %	Taxes Cost(3): 88,148	1.5533
ROE Factor 0.028280	Amortization Rate: 6.2000 %	Home Office(3): 63,049	1.1110
	Interest Only: False	Replacement(3&4): 50,675	0.0000
	Yearly Payment: 384,552	Total FRVS PD:	14.3697

(1) 80% Capital (\$4,401,816) amortized at 6.2000% for 20 years Principal & Interest of \$384,552 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7553

(2) 20% ROE (\$1,100,454) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7895

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 38,846
Comparison Date: 1/1/1999	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2737	44.2737	3.2109	41.0628
Patient Care				
Direct Care	77.0450	77.0450	5.5876	71.4574
Indirect Care	48.6451	48.6451	3.5279	45.1172
Property	13.6500	14.3697	1.0422	13.3275
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0388
Supplemental Rate Add-on				\$8.1747
Totals	183.6138	184.3335	13.3686	196.1784

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319520-00 - 2012/01

194.87

Consulate Health Care Melbourne

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3033 Sarno Road Melbourne FL 32934 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1994 Acquired Date: 8/1/1994 Entered Medicaid 8/19/1994 Med # Active Date: 1/1/2007 Previous Med # 265713	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 167 Maximum: 91,182 Max Annualized: 60,955 Total Patient: 83,307 Medicare: 17,507 Medicaid: 39,941	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.94435% Occupancy: 91.36342% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.22598% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20140174	Semester Index: 1.27500780
		Cost: 1.06126682	Target: 1.01598689
		DC FY Index: 1.16416550	DC Sem Index: 1.20700000
		DC Inflation: 1.03679417	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,636,615	2,825,158	1,830,921	2,210,335	0	8,503,029
1a	Audit Adjustments						
2	Cost Per Diem	40.9758	70.7333	45.8406	55.3400		212.8897
3	Cost Per Diem Inflated	43.4863	73.3359	48.6491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.4863	73.3359	48.6491	55.3400		220.8113
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9035		48.3170			
7	Provider Target Rate	48.9975		49.4205			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.4863	73.3359	48.6491	13.6500		179.1213
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.4863	73.3359	48.6491	13.6500		179.1213
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319520-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

194.87

Consulate Health Care Melbourne

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/19/1994 Year of Phase-In/ Full: RS to Start Calcs: 1994/07 Indexed Asset Value 7,340,868 FRVS Base Asset: 5,597,125 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	8,789,000.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	5,872,694	12.7390
	< 60% of Base:	False	20% ROE(2):	1,468,174	0.8141
	Interest Rate:	10.4000 %	Insurance Cost(3):	82,084	0.9853
	Chase Rate:	8.5000 %	Taxes Cost(3):	163,181	1.9588
	Amortization Rate:	10.4000 %	Home Office(3):	109,127	1.3099
	Interest Only:	False	Replacement(3&4):	369,626	0.0000
Yearly Payment:	698,854	Total FRVS PD:		17.8071	

(1) 80% Capital (\$5,872,694) amortized at 10.4000% for 20 years Principal & Interest of \$698,854 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$12.7390

(2) 20% ROE (\$1,468,174) times the ROE factor (0.030420) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = \$0.8141

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.4863	43.4863	3.1538	40.3325
Patient Care				
Direct Care	73.3359	73.3359	5.3186	68.0173
Indirect Care	48.6491	48.6491	3.5282	45.1209
Property	13.6500	17.8071	1.2914	16.5157
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7053
Supplemental Rate Add-on				\$8.1747
Totals	179.1213	183.2784	13.2920	194.8664

***Medicaid Trend Adjustment :**



0 319538-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

193.02

Consulate Health Care of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1215 Kingsley Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/12/1989 Acquired Date: 12/12/1989 Entered Medicaid 1/9/1990 Med # Active Date: 1/1/2007 Previous Med # 226688	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,748 Medicare: 9,735 Medicaid: 33,636	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 61.43786% Occupancy: 93.68241% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.12527% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,480,147	2,330,067	1,529,239	1,382,103	0	6,721,556
1a	Audit Adjustments						
2	Cost Per Diem	44.0048	69.2730	45.4644	41.0900		199.8322
3	Cost Per Diem Inflated	46.1056	71.3621	47.6349			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.1056	71.3621	47.6349	41.0900		206.1926
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9326		45.2972			
7	Provider Target Rate	53.1187		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.1056	71.3621	46.3317	13.6500		177.4494
12/13	Medicaid Adjustment Rate		0.9183	0.5962			
14	Prospective Per Diem 11	46.1056	72.2804	46.9279	13.6500		178.9639
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319538-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

193.02

Consulate Health Care of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/1/1990 Year of Phase-In/ Full: RS to Start Calcs: 1989/07 Indexed Asset Value 5,948,700 FRVS Base Asset: 3,578,520 Occup Adj Factor: 0.9000 ROE Factor 0.028280	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 5,137,363.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 4,758,960	10.8011			
	< 60% of Base: False		20% ROE(2): 1,189,740	0.8535			
	Interest Rate: 6.5012 %		Insurance Cost(3): 68,339	1.2482			
	Chase Rate: 4.5000 %		Taxes Cost(3): 64,783	1.1833			
	Amortization Rate: 6.5000 %		Home Office(3): 62,843	1.1479			
Interest Only: False		Replacement(3&4): 95,956	0.0000				
Yearly Payment: 425,778		Total FRVS PD:	15.2340				

(1) 80% Capital (\$4,758,960) amortized at 6.5000% for 20 years Principal & Interest of \$425,778 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.8011

(2) 20% ROE (\$1,189,740) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8535

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,821
Comparison Date: 1/1/1989	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.1056	46.1056	3.3438	42.7618
Patient Care				
Direct Care	72.2804	72.2804	5.2421	67.0383
Indirect Care	46.9279	46.9279	3.4034	43.5245
Property	13.6500	15.2340	1.1048	14.1292
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3892
Supplemental Rate Add-on				\$8.1747
Totals	178.9639	180.5479	13.0941	193.0177

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319546-00 - 2012/01

199.18

Consulate Health Care of West Altamonte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1099 W. Town Parkway Altamonte Springs FL 32714 County: Seminole [59] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/20/1994 Acquired Date: 1/20/1994 Entered Medicaid 2/17/1994 Med # Active Date: 1/1/2007 Previous Med # 266205	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 63,336 Max Annualized: 42,340 Total Patient: 60,258 Medicare: 12,987 Medicaid: 27,328	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 45.35165% Occupancy: 95.14021% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.94786% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,536	1,966,185	1,287,870	1,241,511	0	5,664,102
1a	Audit Adjustments						
2	Cost Per Diem	42.7597	71.9476	47.1264	45.4300		207.2637
3	Cost Per Diem Inflated	45.3795	74.5949	50.0137			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.3795	74.5949	50.0137	45.4300		215.4181
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1886		49.0280			
7	Provider Target Rate	52.3577		50.1477			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.3795	74.5949	50.0137	13.6500		183.6381
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.3795	74.5949	50.0137	13.6500		183.6381
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319546-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.18

Consulate Health Care of West Altamonte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/17/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,947,000.00		Total Amount	Per Diem
RS to Start Calcs:	1994/01	Type:	Fixed [2]	80% Capital(1):	4,074,810	12.7252
Indexed Asset Value	5,093,512	< 60% of Base:	False	20% ROE(2):	1,018,702	0.8132
FRVS Base Asset:	3,757,815	Interest Rate:	10.4000 %	Insurance Cost(3):	80,829	1.3414
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	111,252	1.8463
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	80,613	1.3378
		Interest Only:	False	Replacement(3&4):	95,410	0.0000
		Yearly Payment:	484,905	Total FRVS PD:		18.0639

(1) 80% Capital (\$4,074,810) amortized at 10.4000% for 20 years Principal & Interest of \$484,905 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$12.7252

(2) 20% ROE (\$1,018,702) times the ROE factor (0.030420) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.8132

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	33,255
Comparison Date:	7/1/1993	Current RS PBS:	49,785
Comparison Bed	113	Effective PBS Limitation	3,757,815

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.3795	45.3795	3.2911	42.0884
Patient Care				
Direct Care	74.5949	74.5949	5.4099	69.1850
Indirect Care	50.0137	50.0137	3.6272	46.3865
Property	13.6500	18.0639	1.3101	16.7538
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.5917
Supplemental Rate Add-on				\$8.1747
Totals	183.6381	188.0520	13.6383	199.1801

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319554-00 - 2012/01

195.84

Franco Nursing and Rehab

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
800 NW 95th Street Miami FL 33150 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/4/1996 Acquired Date: 1/4/1996 Entered Medicaid 1/4/1996 Med # Active Date: 1/1/2007 Previous Med # 312754	08/01/2009-12/31/2010 Days In CR 518 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 69.16408% Occupancy: 95.01448% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.79067% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 62,160 Max Annualized: 43,800 Total Patient: 59,061 Medicare: 8,451 Medicaid: 40,849	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21691096		
			Semester Index: 1.27500780		
			Cost: 1.04774124		
			Target: 1.01598689		
			DC FY Index: 1.17166551		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03015749		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,935,242	2,765,673	1,812,621	1,037,565	0	7,551,101
1a	Audit Adjustments						
2	Cost Per Diem	47.3755	67.7048	44.3737	25.4000		184.8540
3	Cost Per Diem Inflated	49.6373	69.7466	46.4922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.6373	69.7466	46.4922	25.4000		191.2761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0668		49.0670			
7	Provider Target Rate	50.1874		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.6373	69.7466	46.4922	13.6500		179.5261
12/13	Medicaid Adjustment Rate		1.5037	1.0024			
14	Prospective Per Diem 11	49.6373	71.2503	47.4946	13.6500		182.0322
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319554-00 - 2012/01
195.84

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Franco Nursing and Rehab

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/4/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,912,591.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	Fixed [2]	80% Capital(1):	4,374,150	9.6939
Indexed Asset Value	5,467,687	< 60% of Base:	False	20% ROE(2):	1,093,537	0.7914
FRVS Base Asset:	4,252,320	Interest Rate:	6.2000 %	Insurance Cost(3):	72,777	1.2322
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	99,178	1.6792
ROE Factor	0.028530	Amortization Rate:	6.2000 %	Home Office(3):	60,085	1.0173
		Interest Only:	False	Replacement(3&4):	84,516	0.0000
		Yearly Payment:	382,135	Total FRVS PD:		14.4140

(1) 80% Capital (\$4,374,150) amortized at 6.2000% for 20 years Principal & Interest of \$382,135 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6939

(2) 20% ROE (\$1,093,537) times the ROE factor (0.028530) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7914

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	35,436
Comparison Date: 7/1/1995	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.6373	49.6373	3.5999	46.0374
Patient Care				
Direct Care	71.2503	71.2503	5.1674	66.0829
Indirect Care	47.4946	47.4946	3.4445	44.0501
Property	13.6500	14.4140	1.0454	13.3686
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1237
Supplemental Rate Add-on				\$8.1747
Totals	182.0322	182.7962	13.2572	195.8374

***Medicaid Trend Adjustment :**



0 319651-00 - 2012/01
191.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Consulate Health Care of Bayonet Point

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8132 Hudson Avenue Hudson FL 34667 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/29/1993 Acquired Date: 1/29/1993 Entered Medicaid 2/22/1993 Med # Active Date: 1/1/2007 Previous Med # 226572	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,661 Medicare: 10,417 Medicaid: 30,987	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.68941% Occupancy: 93.53354% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.93915% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,264,263	2,206,460	1,386,755	1,465,065	0	6,322,543
1a	Audit Adjustments						
2	Cost Per Diem	40.7998	71.2060	44.7528	47.2800		204.0386
3	Cost Per Diem Inflated	42.7476	73.3534	46.8894			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.7476	73.3534	46.8894	47.2800		210.2704
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8285		47.1821			
7	Provider Target Rate	43.8066		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.7476	73.3534	46.8894	13.6500		176.6404
12/13	Medicaid Adjustment Rate		0.5520	0.3529			
14	Prospective Per Diem 11	42.7476	73.9054	47.2423	13.6500		177.5453
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319651-00 - 2012/01
191.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Bayonet Point

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/22/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,324,176.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,317,074	9.7981
Indexed Asset Value	5,396,342	< 60% of Base:	False	20% ROE(2):	1,079,268	0.7743
FRVS Base Asset:	3,861,960	Interest Rate:	6.5012 %	Insurance Cost(3):	66,728	1.2208
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	101,390	1.8549
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	61,489	1.1249
		Interest Only:	False	Replacement(3&4):	132,779	0.0000
		Yearly Payment:	386,243	Total FRVS PD:		14.7730

(1) 80% Capital (\$4,317,074) amortized at 6.5000% for 20 years Principal & Interest of \$386,243 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7981

(2) 20% ROE (\$1,079,268) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7743

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.7476	42.7476	3.1002	39.6474
Patient Care				
Direct Care	73.9054	73.9054	5.3599	68.5455
Indirect Care	47.2423	47.2423	3.4262	43.8161
Property	13.6500	14.7730	1.0714	13.7016
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1193
Supplemental Rate Add-on				\$8.1747
Totals	177.5453	178.6683	12.9577	191.0046

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319660-00 - 2012/01 194.73

Consulate Health Care of Brandon

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
701 Victoria Street Brandon FL 33510 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/24/1985 Med # Active Date: 1/1/2007 Previous Med # 265705	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 62,619 Medicare: 12,008 Medicaid: 35,870 Medicaid Utilization 57.28293% Occupancy: 95.57235% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.48814% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,503,707	2,578,553	1,477,041	1,363,419	0	6,922,720
1a	Audit Adjustments						
2	Cost Per Diem	41.9210	71.8861	41.1776	38.0100		192.9947
3	Cost Per Diem Inflated	44.4894	74.5311	43.7004			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4894	74.5311	43.7004	38.0100		200.7309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8004		47.1821			
7	Provider Target Rate	49.9149		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.4894	74.5311	43.7004	13.6500		176.3709
12/13	Medicaid Adjustment Rate		0.6107	0.3581			
14	Prospective Per Diem 11	44.4894	75.1418	44.0585	13.6500		177.3397
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319660-00 - 2012/01
194.73

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Brandon

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Fixed [2]	80% Capital(1):	4,687,716	14.1512
Indexed Asset Value	5,859,645	< 60% of Base:	False	20% ROE(2):	1,171,929	0.9044
FRVS Base Asset:	3,420,000	Interest Rate:	10.4000 %	Insurance Cost(3):	93,749	1.4971
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	78,489	1.2534
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	76,436	1.2207
		Interest Only:	False	Replacement(3&4):	203,875	0.0000
		Yearly Payment:	557,841	Total FRVS PD:		19.0268

(1) 80% Capital (\$4,687,716) amortized at 10.4000% for 20 years Principal & Interest of \$557,841 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.1512

(2) 20% ROE (\$1,171,929) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9044

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4894	44.4894	3.2266	41.2628
Patient Care				
Direct Care	75.1418	75.1418	5.4496	69.6922
Indirect Care	44.0585	44.0585	3.1953	40.8632
Property	13.6500	19.0268	1.3799	17.6469
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0942
Supplemental Rate Add-on				\$8.1747
Totals	177.3397	182.7165	13.2514	194.7340

***Medicaid Trend Adjustment :**



0 319678-00 - 2012/01
187.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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Consulate Health Care of Lake Parker

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2020 W. Lake Parker Drive Lakeland FL 33805 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/12/1990 Acquired Date: 4/12/1990 Entered Medicaid 5/14/1990 Med # Active Date: 1/1/2007 Previous Med # 265691	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,753 Medicare: 10,585 Medicaid: 25,108	Superior: 0 Standard: 150 Conditional: 31 Total: 181
	Medicaid Utilization 60.13460% Occupancy: 95.32648% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.18075% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,176	1,749,016	976,400	1,200,162	0	4,987,754
1a	Audit Adjustments						
2	Cost Per Diem	42.3043	69.6597	38.8880	47.8000		198.6520
3	Cost Per Diem Inflated	44.1832	71.6178	40.6152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.1832	71.6178	40.6152	47.8000		204.2162
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1984		47.1821			
7	Provider Target Rate	49.2992		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.1832	71.6178	40.6152	13.6500		170.0662
12/13	Medicaid Adjustment Rate		0.6767	0.3838			
14	Prospective Per Diem 11	44.1832	72.2945	40.9990	13.6500		171.1267
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319678-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

187.28

Consulate Health Care of Lake Parker

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/14/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/01 Indexed Asset Value 5,859,635 FRVS Base Asset: 3,602,760 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	6,316,600.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,687,708	14.1512
	< 60% of Base:	False	20% ROE(2):	1,171,927	0.8205
	Interest Rate:	10.4000 %	Insurance Cost(3):	47,114	1.1284
	Chase Rate:	8.5000 %	Taxes Cost(3):	57,051	1.3664
	Amortization Rate:	10.4000 %	Home Office(3):	47,784	1.1444
	Interest Only:	False	Replacement(3&4):	46,353	0.0000
Yearly Payment:	557,840	Total FRVS PD:	18.6109		

(1) 80% Capital (\$4,687,708) amortized at 10.4000% for 20 years Principal & Interest of \$557,840 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.1512

(2) 20% ROE (\$1,171,927) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8205

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.1832	44.1832	3.2044	40.9788
Patient Care				
Direct Care	72.2945	72.2945	5.2431	67.0514
Indirect Care	40.9990	40.9990	2.9734	38.0256
Property	13.6500	18.6109	1.3497	17.2612
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7882
Supplemental Rate Add-on				\$8.1747
Totals	171.1267	176.0876	12.7706	187.2799

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319686-00 - 2012/01

193.03

Consulate Health Care of Pensacola

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
235 W. Airport Blvd. Pensacola FL 32505 County: Escambia[17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/8/1997 Acquired Date: 1/8/1997 Entered Medicaid 1/8/1997 Med # Active Date: 1/1/2007 Previous Med # 268941	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 61,682 Medicare: 10,148 Medicaid: 34,806	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.42813% Occupancy: 94.14225% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.70017% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,418,718	2,420,765	1,542,688	1,303,137	0	6,685,308
1a	Audit Adjustments						
2	Cost Per Diem	40.7607	69.5502	44.3225	37.4400		192.0734
3	Cost Per Diem Inflated	43.2580	72.1092	47.0380			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2580	72.1092	47.0380	37.4400		199.8452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4100		45.4036			
7	Provider Target Rate	53.6070		46.4405			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2580	72.1092	46.4405	13.6500		175.4577
12/13	Medicaid Adjustment Rate		0.5215	0.3358			
14	Prospective Per Diem 11	43.2580	72.6307	46.7763	13.6500		176.3150
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319686-00 - 2012/01
193.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Pensacola

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/8/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	Variable [3]	80% Capital(1):	4,376,884	13.2129
Indexed Asset Value	5,471,105	< 60% of Base:	False	20% ROE(2):	1,094,221	0.8444
FRVS Base Asset:	4,383,120	Interest Rate:	10.4000 %	Insurance Cost(3):	83,839	1.3592
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	67,273	1.0906
ROE Factor	0.030420	Amortization Rate:	10.4000 %	Home Office(3):	67,163	1.0889
		Interest Only:	False	Replacement(3&4):	151,873	0.0000
		Yearly Payment:	520,852	Total FRVS PD:		17.5960

- (1) 80% Capital (\$4,376,884) amortized at 10.4000% for 20 years Principal & Interest of \$520,852 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.2129
- (2) 20% ROE (\$1,094,221) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8444
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,383,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2580	43.2580	3.1373	40.1207
Patient Care				
Direct Care	72.6307	72.6307	5.2675	67.3632
Indirect Care	46.7763	46.7763	3.3924	43.3839
Property	13.6500	17.5960	1.2761	16.3199
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.6704
Supplemental Rate Add-on				\$8.1747
Totals	176.3150	180.2610	13.0733	193.0328

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319694-00 - 2012/01

198.44

Consulate Health Care of Safety Harbor

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1410 Fourth Street North Safety Harbor FL 34695 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/1/1985 Med # Active Date: 1/1/2007 Previous Med # 226599	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,894 Medicare: 5,967 Medicaid: 43,301	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 78.88112% Occupancy: 93.93224% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.43761% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,934,953	3,197,952	1,790,865	1,388,230	0	8,312,000
1a	Audit Adjustments						
2	Cost Per Diem	44.6861	73.8540	41.3585	32.0600		191.9586
3	Cost Per Diem Inflated	46.8195	76.0813	43.3330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.8195	76.0813	43.3330	32.0600		198.2938
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5270		47.1821			
7	Provider Target Rate	48.6124		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.8195	76.0813	43.3330	13.6500		179.8838
12/13	Medicaid Adjustment Rate		2.4720	1.4079			
14	Prospective Per Diem 11	46.8195	78.5533	44.7409	13.6500		183.7637
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319694-00 - 2012/01
198.44

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Safety Harbor

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,016,483.00		Total Amount	Per Diem
RS to Start Calcs:	1985/07	Type:	Variable [3]	80% Capital(1):	4,652,734	10.5600
Indexed Asset Value	5,815,917	< 60% of Base:	False	20% ROE(2):	1,163,183	0.8345
FRVS Base Asset:	3,420,000	Interest Rate:	6.5012 %	Insurance Cost(3):	66,172	1.2055
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	62,110	1.1315
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	53,591	0.9763
		Interest Only:	False	Replacement(3&4):	151,245	0.0000
		Yearly Payment:	416,274	Total FRVS PD:		14.7078

(1) 80% Capital (\$4,652,734) amortized at 6.5000% for 20 years Principal & Interest of \$416,274 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.5600

(2) 20% ROE (\$1,163,183) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8345

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.8195	46.8195	3.3955	43.4240
Patient Care				
Direct Care	78.5533	78.5533	5.6970	72.8563
Indirect Care	44.7409	44.7409	3.2448	41.4961
Property	13.6500	14.7078	1.0667	13.6411
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8510
Supplemental Rate Add-on				\$8.1747
Totals	183.7637	184.8215	13.4040	198.4432

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319708-00 - 2012/01
196.76

Consulate Health Care of St. Petersburg

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
9393 Park Boulevard Seminole FL 33777 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1995 Acquired Date: 11/3/1995 Entered Medicaid 11/3/1995 Med # Active Date: 1/1/2007 Previous Med # 226670	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 64.72600% Occupancy: 96.05065% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.08613% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,132 Medicare: 11,135 Medicaid: 36,332	Superior: 0 Standard: 156 Conditional: 25 Total: 181		
			Inflation		
			FY Index: 1.21691096		
			Semester Index: 1.27500780		
			Cost: 1.04774124		
			Target: 1.01598689		
			DC FY Index: 1.17166551		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03015749		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,551,851	2,818,375	1,515,964	1,847,119	0	7,733,309
1a	Audit Adjustments						
2	Cost Per Diem	42.7131	77.5728	41.7253	50.8400		212.8512
3	Cost Per Diem Inflated	44.7523	79.9122	43.7173			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.7523	79.9122	43.7173	50.8400		219.2218
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9600		47.1821			
7	Provider Target Rate	45.9868		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7523	79.9122	43.7173	13.6500		182.0318
12/13	Medicaid Adjustment Rate		1.1410	0.6242			
14	Prospective Per Diem 11	44.7523	81.0532	44.3415	13.6500		183.7970
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319708-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.76

Consulate Health Care of St. Petersburg

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/3/1995 Year of Phase-In/ Full: RS to Start Calcs: 1995/07 Indexed Asset Value 5,540,158 FRVS Base Asset: 4,188,480 Occup Adj Factor: 0.9000 ROE Factor 0.028280	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,950,549.00		Total Amount	Per Diem
	Type:	Variable [3]	80% Capital(1):	4,432,126	10.0593
	< 60% of Base:	False	20% ROE(2):	1,108,032	0.7949
	Interest Rate:	6.5012 %	Insurance Cost(3):	69,045	1.2300
	Chase Rate:	4.5000 %	Taxes Cost(3):	94,121	1.6768
	Amortization Rate:	6.5000 %	Home Office(3):	64,176	1.1433
	Interest Only:	False	Replacement(3&4):	101,535	0.0000
Yearly Payment:	396,537	Total FRVS PD:	14.9043		

(1) 80% Capital (\$4,432,126) amortized at 6.5000% for 20 years Principal & Interest of \$396,537 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.0593

(2) 20% ROE (\$1,108,032) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7949

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,904
Comparison Date: 1/1/1995	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,188,480

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7523	44.7523	3.2456	41.5067
Patient Care				
Direct Care	81.0532	81.0532	5.8783	75.1749
Indirect Care	44.3415	44.3415	3.2158	41.1257
Property	13.6500	14.9043	1.0809	13.8234
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9544
Supplemental Rate Add-on				\$8.1747
Totals	183.7970	185.0513	13.4206	196.7598

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319716-00 - 2012/01

194.85

Consulate Health Care of Tallahassee

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1650 Phillips Road Tallahassee FL 32308 County: Leon [37] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/9/1992 Acquired Date: 3/9/1992 Entered Medicaid 4/1/1992 Med # Active Date: 1/1/2007 Previous Med # 266485	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,567 Medicare: 10,908 Medicaid: 20,531	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 48.23220% Occupancy: 97.18493% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.50426% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	941,319	1,400,276	985,220	1,144,809	0	4,471,624
1a	Audit Adjustments						
2	Cost Per Diem	45.8487	68.2030	47.9869	55.7600		217.7986
3	Cost Per Diem Inflated	47.8851	70.1201	50.1182			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.8851	70.1201	50.1182	55.7600		223.8834
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5908		53.1207			
7	Provider Target Rate	47.6549		54.3339			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	70.1201	50.1182	13.6500		180.6029
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	70.1201	50.1182	13.6500		180.6029
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 319716-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

194.85

Consulate Health Care of Tallahassee

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,316,600.00		Total Amount	Per Diem
RS to Start Calcs:	1992/01	Type:	Variable [3]	80% Capital(1):	4,253,738	12.8411
Indexed Asset Value	5,317,173	< 60% of Base:	False	20% ROE(2):	1,063,435	0.7446
FRVS Base Asset:	3,718,320	Interest Rate:	10.4000 %	Insurance Cost(3):	49,194	1.1557
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	58,216	1.3676
ROE Factor	0.027600	Amortization Rate:	10.4000 %	Home Office(3):	53,176	1.2492
		Interest Only:	False	Replacement(3&4):	106,629	0.0000
		Yearly Payment:	506,197	Total FRVS PD:		17.3582

(1) 80% Capital (\$4,253,738) amortized at 10.4000% for 20 years Principal & Interest of \$506,197 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.8411

(2) 20% ROE (\$1,063,435) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7446

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,986
Comparison Date: 7/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,718,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	70.1201	70.1201	5.0854	65.0347
Indirect Care	50.1182	50.1182	3.6348	46.4834
Property	13.6500	17.3582	1.2589	16.0993
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7302
Supplemental Rate Add-on				\$8.1747
Totals	180.6029	184.3111	13.3670	194.8490

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319724-00 - 2012/01

194.75

Consulate Health Care of Winter Haven

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2701 Lake Alfred Road Winter Haven FL 33881 County: Polk [53] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/2/1998 Acquired Date: 10/2/1998 Entered Medicaid 10/2/1998 Med # Active Date: 1/1/2007 Previous Med # 265772	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 55,874 Medicare: 13,539 Medicaid: 24,081	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 43.09876% Occupancy: 95.60917% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.53418% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,736	1,788,506	1,111,266	1,050,654	0	5,032,162
1a	Audit Adjustments						
2	Cost Per Diem	44.9207	74.2704	46.1470	43.6300		208.9681
3	Cost Per Diem Inflated	47.0653	76.5102	48.3501			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0653	76.5102	48.3501	43.6300		215.5556
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3841		47.1821			
7	Provider Target Rate	44.3749		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3749	76.5102	48.2597	13.6500		182.7948
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.3749	76.5102	48.2597	13.6500		182.7948
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319724-00 - 2012/01
194.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Winter Haven

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/2/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 9,237,328.00	Total Amount	Per Diem
RS to Start Calcs: 1998/07	Type: Fixed [2]	80% Capital(1): 4,274,261	9.4726
Indexed Asset Value 5,342,826	< 60% of Base: False	20% ROE(2): 1,068,565	0.7666
FRVS Base Asset: 4,545,840	Interest Rate: 6.2000 %	Insurance Cost(3): 66,075	1.1826
Occup Adj Factor: 0.9000	Chase Rate: 4.0000 %	Taxes Cost(3): 119,407	2.1371
ROE Factor 0.028280	Amortization Rate: 6.2000 %	Home Office(3): 66,033	1.1818
	Interest Only: False	Replacement(3&4): 43,783	0.0000
	Yearly Payment: 373,408	Total FRVS PD:	14.7407

(1) 80% Capital (\$4,274,261) amortized at 6.2000% for 20 years Principal & Interest of \$373,408 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4726

(2) 20% ROE (\$1,068,565) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7666

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,882
Comparison Date: 1/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,545,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3749	44.3749	3.2183	41.1566
Patient Care				
Direct Care	76.5102	76.5102	5.5488	70.9614
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	13.6500	14.7407	1.0691	13.6716
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.0251
Supplemental Rate Add-on				\$8.1747
Totals	182.7948	183.8855	13.3362	194.7491

*Medicaid Trend Adjustment :



0 319953-00 - 2012/01
184.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Lakeland

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5245 North Socrum Loop Roa Lakeland FL 33809 County: Polk[53] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1984 Acquired Date: 12/1/1984 Entered Medicaid 12/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213616	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 61,066 Medicare: 10,836 Medicaid: 41,639	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,855,992	2,932,856	1,450,910	1,628,501	0	7,868,259
1a	Audit Adjustments						
2	Cost Per Diem	44.5734	70.4353	34.8450	39.1100		188.9637
3	Cost Per Diem Inflated	47.3043	73.0269	36.9798			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3043	73.0269	36.9798	39.1100		196.4210
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5003		47.1821			
7	Provider Target Rate	50.6308		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.3043	73.0269	36.9798	13.6500		170.9610
12/13	Medicaid Adjustment Rate		1.4941	0.7566			
14	Prospective Per Diem 11	47.3043	74.5210	37.7364	13.6500		173.2117
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319953-00 - 2012/01
184.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Lakeland

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None [1]	80% Capital(1):	3,211,938	6.8636
Indexed Asset Value	4,014,922	< 60% of Base:	True	20% ROE(2):	802,984	0.6197
FRVS Base Asset:	2,134,715	Interest Rate:	8.5000 %	Insurance Cost(3):	76,892	1.2592
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	110,121	1.8033
ROE Factor	0.030420	Amortization Rate:	8.5000 %	Home Office(3):	69,533	1.1387
		Interest Only:	True	Replacement(3&4):	90,782	0.0000
		Yearly Payment:	270,562	Total FRVS PD:		11.6845

- (1) 80% Capital (\$3,211,938) amortized at 8.5000% for 20 years Interest of \$270,562 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.8636
- (2) 20% ROE (\$802,984) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6197
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.3043	47.3043	3.4307	43.8736
Patient Care				
Direct Care	74.5210	74.5210	5.4046	69.1164
Indirect Care	37.7364	37.7364	2.7368	34.9996
Property	13.6500	11.6845	0.8474	10.8371
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3970
Supplemental Rate Add-on				\$8.1747
Totals	173.2117	171.2462	12.4195	184.3984

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 319970-00 - 2012/01 183.19

Consulate Health Care Of New Port Richey

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8417 County Road 54 New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1984 Acquired Date: 4/1/1984 Entered Medicaid 4/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213594	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 54,553 Medicare: 7,630 Medicaid: 36,188	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 66.33549% Occupancy: 93.34874% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.70810% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21691096 Semester Index: 1.27500780 Cost: 1.04774124 Target: 1.01598689 DC FY Index: 1.17166551 DC Sem Index: 1.20700000 DC Inflation: 1.03015749 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,538,835	2,459,192	1,434,470	1,294,445	0	6,726,942
1a	Audit Adjustments						
2	Cost Per Diem	42.5234	67.9560	39.6394	35.7700		185.8888
3	Cost Per Diem Inflated	44.5535	70.0054	41.5318			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.5535	70.0054	41.5318	35.7700		191.8607
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8485		47.1821			
7	Provider Target Rate	44.8499		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.5535	70.0054	41.5318	13.6500		169.7407
12/13	Medicaid Adjustment Rate		1.2865	0.7632			
14	Prospective Per Diem 11	44.5535	71.2919	42.2950	13.6500		171.7904
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 319970-00 - 2012/01
183.19

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care Of New Port Richey

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	None [1]	80% Capital(1):	3,102,063	6.6288
Indexed Asset Value	3,877,579	< 60% of Base:	True	20% ROE(2):	775,516	0.5564
FRVS Base Asset:	2,097,277	Interest Rate:	8.5000 %	Insurance Cost(3):	77,067	1.4127
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	74,237	1.3608
ROE Factor	0.028280	Amortization Rate:	8.5000 %	Home Office(3):	54,107	0.9918
		Interest Only:	True	Replacement(3&4):	167,050	0.0000
		Yearly Payment:	261,307	Total FRVS PD:		10.9505

- (1) 80% Capital (\$3,102,063) amortized at 8.5000% for 20 years Interest of \$261,307 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.6288
- (2) 20% ROE (\$775,516) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5564
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.5535	44.5535	3.2312	41.3223
Patient Care				
Direct Care	71.2919	71.2919	5.1704	66.1215
Indirect Care	42.2950	42.2950	3.0674	39.2276
Property	13.6500	10.9505	0.7942	10.1563
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1919
Supplemental Rate Add-on				\$8.1747
Totals	171.7904	169.0909	12.2632	183.1943

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320111-00 - 2012/01 179.57

Consulate Health Care of North Ft. Myers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
991 Pondella Road North Ft. Myers FL 33903 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1985 Acquired Date: 6/1/1985 Entered Medicaid 6/1/1985 Med # Active Date: 1/1/2007 Previous Med # 213624	02/01/2009-07/31/2010 Days In CR 546 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 65,520 Max Annualized: 43,800 Total Patient: 62,423 Medicare: 12,128 Medicaid: 34,509	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 55.28251% Occupancy: 95.27320% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.11414% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,345,456	2,401,584	1,349,542	1,531,855	0	6,628,437
1a	Audit Adjustments						
2	Cost Per Diem	38.9886	69.5930	39.1070	44.3900		192.0786
3	Cost Per Diem Inflated	41.3773	72.1536	41.5030			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.3773	72.1536	41.5030	44.3900		199.4239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4483		49.0670			
7	Provider Target Rate	47.5091		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.3773	72.1536	41.5030	13.6500		168.6839
12/13	Medicaid Adjustment Rate		0.4288	0.2466			
14	Prospective Per Diem 11	41.3773	72.5824	41.7496	13.6500		169.3593
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320111-00 - 2012/01
179.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of North Ft. Myers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1998	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00	Total Amount	Per Diem
RS to Start Calcs: 1985/01	Type: None [1]	80% Capital(1): 2,976,880	6.3613
Indexed Asset Value 3,721,100	< 60% of Base: True	20% ROE(2): 744,220	0.5743
FRVS Base Asset: 2,181,402	Interest Rate: 8.5000 %	Insurance Cost(3): 80,716	1.2930
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %	Taxes Cost(3): 81,576	1.3068
ROE Factor 0.030420	Amortization Rate: 8.5000 %	Home Office(3): 73,538	1.1781
	Interest Only: True	Replacement(3&4): 73,991	0.0000
	Yearly Payment: 250,762	Total FRVS PD: 10.7135	

- (1) 80% Capital (\$2,976,880) amortized at 8.5000% for 20 years Interest of \$250,762 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$6.3613
- (2) 20% ROE (\$744,220) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5743
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 78	Effective PBS Limitation 2,223,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.3773	41.3773	3.0009	38.3764
Patient Care				
Direct Care	72.5824	72.5824	5.2640	67.3184
Indirect Care	41.7496	41.7496	3.0279	38.7217
Property	13.6500	10.7135	0.7770	9.9365
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0408
Supplemental Rate Add-on				\$8.1747
Totals	169.3593	166.4228	12.0698	179.5685

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320129-00 - 2012/01
192.16

Consulate Health Care of Port Charlotte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
18480 Toledo Blade Boulevar Port Charlotte FL 33948 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/12/1998 Acquired Date: 3/12/1998 Entered Medicaid 3/12/1998 Med # Active Date: 1/1/2007 Previous Med # 226564	06/01/2009-08/31/2010 Days In CR 457 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 54,840 Max Annualized: 43,800 Total Patient: 49,669 Medicare: 12,099 Medicaid: 24,314	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 48.95206% Occupancy: 90.57075% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.23496% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,022,145	1,814,624	1,024,375	1,164,397	0	5,025,541
1a	Audit Adjustments						
2	Cost Per Diem	42.0394	74.6329	42.1311	47.8900		206.6934
3	Cost Per Diem Inflated	44.3187	77.1360	44.4153			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3187	77.1360	44.4153	47.8900		213.7600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4673		49.0670			
7	Provider Target Rate	49.5742		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3187	77.1360	44.4153	13.6500		179.5200
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.3187	77.1360	44.4153	13.6500		179.5200
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320129-00 - 2012/01
192.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 3/12/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 5,604,395.00			Total Amount	Per Diem
RS to Start Calcs: 1998/01	Type: Variable [3]		80% Capital(1): 4,191,646	9.5135	
Indexed Asset Value 5,239,558	< 60% of Base: False		20% ROE(2): 1,047,912	0.8196	
FRVS Base Asset: 4,306,175	Interest Rate: 6.5012 %		Insurance Cost(3): 69,004	1.3893	
Occup Adj Factor: 0.9000	Chase Rate: 4.5000 %		Taxes Cost(3): 120,951	2.4351	
ROE Factor 0.030830	Amortization Rate: 6.5000 %		Home Office(3): 54,603	1.0993	
	Interest Only: False		Replacement(3&4): 28,698	0.0000	
	Yearly Payment: 375,022		Total FRVS PD:	15.2568	

(1) 80% Capital (\$4,191,646) amortized at 6.5000% for 20 years Principal & Interest of \$375,022 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5135

(2) 20% ROE (\$1,047,912) times the ROE factor (0.030830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8196

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 37,445
Comparison Date: 7/1/1997	Current RS PBS: 49,785
Comparison Bed 115	Effective PBS Limitation 4,306,175

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3187	44.3187	3.2142	41.1045
Patient Care				
Direct Care	77.1360	77.1360	5.5942	71.5418
Indirect Care	44.4153	44.4153	3.2212	41.1941
Property	13.6500	15.2568	1.1065	14.1503
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.9980
Supplemental Rate Add-on				\$8.1747
Totals	179.5200	181.1268	13.1361	192.1634

***Medicaid Trend Adjustment :**



0 320137-00 - 2012/01
223.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
4783 Fruitville Road Sarasota FL 34232 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 2/18/1998 Acquired Date: 2/18/1998 Entered Medicaid 2/18/1998 Med # Active Date: 1/1/2007 Previous Med # 226556	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 67.29012% Occupancy: 89.59110% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.01016% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 81 Maximum: 39,447 Max Annualized: 29,565 Total Patient: 35,341 Medicare: 3,917 Medicaid: 23,781	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21691096		
			Semester Index: 1.27500780		
			Cost: 1.04774124		
			Target: 1.01598689		
			DC FY Index: 1.17166551		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03015749		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,314,752	1,960,691	1,143,102	1,200,941	0	5,619,486
1a	Audit Adjustments						
2	Cost Per Diem	55.2858	82.4478	48.0679	50.5000		236.3015
3	Cost Per Diem Inflated	57.9252	84.9342	50.3627			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.9252	84.9342	50.3627	50.5000		243.7221
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4374		59.9316			
7	Provider Target Rate	57.7263		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	57.7263	84.9342	50.3627	13.6500		206.6732
12/13	Medicaid Adjustment Rate		1.6521	0.9796			
14	Prospective Per Diem 11	57.7263	86.5863	51.3423	13.6500		209.3049
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320137-00 - 2012/01
223.12

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/18/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,269,231.00		Total Amount	Per Diem
RS to Start Calcs:	1998/01	Type:	Variable [3]	80% Capital(1):	3,034,411	10.2029
Indexed Asset Value	3,793,014	< 60% of Base:	False	20% ROE(2):	758,603	0.8063
FRVS Base Asset:	3,033,045	Interest Rate:	6.5012 %	Insurance Cost(3):	65,925	1.8654
Occup Adj Factor:	0.9000	Chase Rate:	4.5000 %	Taxes Cost(3):	62,857	1.7786
ROE Factor	0.028280	Amortization Rate:	6.5000 %	Home Office(3):	41,412	1.1718
		Interest Only:	False	Replacement(3&4):	151,803	0.0000
		Yearly Payment:	271,485	Total FRVS PD:		15.8250

(1) 80% Capital (\$3,034,411) amortized at 6.5000% for 20 years Principal & Interest of \$271,485 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$10.2029

(2) 20% ROE (\$758,603) times the ROE factor (0.028280) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = \$0.8063

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 81	Effective PBS Limitation	3,033,045

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	57.7263	57.7263	4.1866	53.5397
Patient Care				
Direct Care	86.5863	86.5863	6.2796	80.3067
Indirect Care	51.3423	51.3423	3.7236	47.6187
Property	13.6500	15.8250	1.1477	14.6773
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.8059
Supplemental Rate Add-on				\$8.1747
Totals	209.3049	211.4799	15.3375	223.1230

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320145-00 - 2012/01 189.00

Consulate Health Care of Vero Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1310 37th Street Vero Beach FL 32960 County: Indian River [31] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 1/1/2007 Previous Med # 213608	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 159 Maximum: 77,433 Max Annualized: 58,035 Total Patient: 73,157 Medicare: 11,531 Medicaid: 47,048	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 64.31100% Occupancy: 94.47781% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.11970% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,845,160	3,468,270	1,945,334	1,868,276	0	9,127,040
1a	Audit Adjustments						
2	Cost Per Diem	39.2187	73.7177	41.3479	39.7100		193.9943
3	Cost Per Diem Inflated	41.0910	75.9408	43.3219			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0910	75.9408	43.3219	39.7100		200.0637
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0431		49.0670			
7	Provider Target Rate	48.1175		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0910	75.9408	43.3219	13.6500		174.0037
12/13	Medicaid Adjustment Rate		1.2226	0.6975			
14	Prospective Per Diem 11	41.0910	77.1634	44.0194	13.6500		175.9238
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320145-00 - 2012/01
189.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of Vero Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	None [1]	80% Capital(1):	5,754,419	9.2805
Indexed Asset Value	7,193,024	< 60% of Base:	True	20% ROE(2):	1,438,605	0.7789
FRVS Base Asset:	2,240,349	Interest Rate:	8.5000 %	Insurance Cost(3):	65,857	0.9002
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	107,651	1.4715
ROE Factor	0.028280	Amortization Rate:	8.5000 %	Home Office(3):	76,689	1.0483
		Interest Only:	True	Replacement(3&4):	165,828	0.0000
		Yearly Payment:	484,732	Total FRVS PD:		13.4794

- (1) 80% Capital (\$5,754,419) amortized at 8.5000% for 20 years Interest of \$484,732 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$9.2805
- (2) 20% ROE (\$1,438,605) times the ROE factor (0.028280) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = \$0.7789
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0910	41.0910	2.9801	38.1109
Patient Care				
Direct Care	77.1634	77.1634	5.5962	71.5672
Indirect Care	44.0194	44.0194	3.1925	40.8269
Property	13.6500	13.4794	0.9776	12.5018
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8163
Supplemental Rate Add-on				\$8.1747
Totals	175.9238	175.7532	12.7464	188.9978

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320153-00 - 2012/01

202.75

Consulate Health Care of West Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1626 David Road West Palm Beach FL 33406 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/18/1985 Acquired Date: 3/18/1985 Entered Medicaid 3/18/1985 Med # Active Date: 1/1/2007 Previous Med # 213586	09/01/2009-12/31/2010 Days In CR 487 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 58,440 Max Annualized: 43,800 Total Patient: 56,137 Medicare: 10,934 Medicaid: 34,136	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 60.80838% Occupancy: 96.05920% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.09683% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,795,520	2,542,582	1,628,446	859,886	0	6,826,434
1a	Audit Adjustments						
2	Cost Per Diem	52.5990	74.4839	47.7047	25.1900		199.9776
3	Cost Per Diem Inflated	55.1101	76.7301	49.9822			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.1101	76.7301	49.9822	25.1900		207.0124
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2908		51.0947			
7	Provider Target Rate	58.5992		52.2616			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	76.7301	49.9822	13.6500		191.3198
12/13	Medicaid Adjustment Rate		0.9330	0.6078			
14	Prospective Per Diem 11	50.9575	77.6631	50.5900	13.6500		192.8606
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320153-00 - 2012/01
202.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Consulate Health Care of West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/1/1998	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1985/01	Type: None [1]		80% Capital(1): 3,521,415		7.5249
Indexed Asset Value 4,401,769	< 60% of Base: True		20% ROE(2): 880,354		0.6316
FRVS Base Asset: 2,282,012	Interest Rate: 8.5000 %		Insurance Cost(3): 66,665		1.1875
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 99,662		1.7753
ROE Factor 0.028280	Amortization Rate: 8.5000 %		Home Office(3): 61,876		1.1022
	Interest Only: True		Replacement(3&4): 110,778		0.0000
	Yearly Payment: 296,632		Total FRVS PD:		12.2215

- (1) 80% Capital (\$3,521,415) amortized at 8.5000% for 20 years Interest of \$296,632 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.5249
- (2) 20% ROE (\$880,354) times the ROE factor (0.028280) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6316
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	77.6631	77.6631	5.6325	72.0306
Indirect Care	50.5900	50.5900	3.6690	46.9210
Property	13.6500	12.2215	0.8864	11.3351
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.0305
Supplemental Rate Add-on				\$8.1747
Totals	192.8606	191.4321	13.8836	202.7537

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320391-00 - 2012/01

197.55

Zephyr Haven Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
38250 A Avenue Zephyrhills FL 33542 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1971 Acquired Date: 6/28/1989 Entered Medicaid 6/28/1989 Med # Active Date: 1/1/2007 Previous Med # 212741	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,100 Medicare: 5,294 Medicaid: 27,980	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.07786% Occupancy: 93.83562% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.31682% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,136,344	2,332,181	1,152,782	261,053	0	4,882,360
1a	Audit Adjustments						
2	Cost Per Diem	40.6127	83.3517	41.2002	9.3300		174.4946
3	Cost Per Diem Inflated	42.4165	85.6946	43.0301			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4165	85.6946	43.0301	9.3300		180.4712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9778		47.1821			
7	Provider Target Rate	52.1421		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	42.4165	85.6946	43.0301	9.3300		180.4712
12/13	Medicaid Adjustment Rate		1.7428	0.8751			
14	Prospective Per Diem 11	42.4165	87.4374	43.9052	9.3300		183.0891
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320391-00 - 2012/01
197.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Zephyr Haven Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/28/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,250,000.00		Total Amount	Per Diem
RS to Start Calcs:	1989/01	Type:	Variable [3]	80% Capital(1):	3,636,479	8.0913
Indexed Asset Value	4,545,599	< 60% of Base:	False	20% ROE(2):	909,120	0.6365
FRVS Base Asset:	615,660	Interest Rate:	6.2500 %	Insurance Cost(3):	6,540	0.1591
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.027600	Amortization Rate:	6.2500 %	Home Office(3):	68,465	1.6658
		Interest Only:	False	Replacement(3&4):	67,465	0.0000
		Yearly Payment:	318,961	Total FRVS PD:		10.5527

(1) 80% Capital (\$3,636,479) amortized at 6.2500% for 20 years Principal & Interest of \$318,961 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0913

(2) 20% ROE (\$909,120) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6365

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,261
Comparison Date: 1/1/1971	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	615,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4165	42.4165	3.0762	39.3403
Patient Care				
Direct Care	87.4374	87.4374	6.3413	81.0961
Indirect Care	43.9052	43.9052	3.1842	40.7210
Property	9.3300	10.5527	0.7653	9.7874
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4257
Supplemental Rate Add-on				\$8.1747
Totals	183.0891	184.3118	13.3670	197.5452

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320404-00 - 2012/01 199.91

Zephyrhills Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7350 Dairy Road Zephyrhills FL 33540 County: Pasco [51] Region: Central [3] Area: 5 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1998 Acquired Date: 5/1/1998 Entered Medicaid 6/23/1998 Med # Active Date: 1/1/2007 Previous Med # 213802	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 37,595 Max Annualized: 37,595 Total Patient: 35,182 Medicare: 8,087 Medicaid: 16,089 Medicaid Utilization 45.73077% Occupancy: 93.58159% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.99922% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 181 Standard: 0 Conditional: 0 Total: 181 <hr/> Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	669,774	1,296,999	771,853	151,719	0	2,890,345
1a	Audit Adjustments						
2	Cost Per Diem	41.6293	80.6140	47.9740	9.4300		179.6473
3	Cost Per Diem Inflated	43.8863	83.3177	50.5750			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8863	83.3177	50.5750	9.4300		187.2090
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0153		54.8431			
7	Provider Target Rate	47.0662		56.0956			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.8863	83.3177	50.5750	9.4300		187.2090
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.8863	83.3177	50.5750	9.4300		187.2090
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320404-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.91

Zephyrhills Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 6/23/1998 Year of Phase-In/ Full: RS to Start Calcs: 1998/01 Indexed Asset Value 4,551,736 FRVS Base Asset: 2,171,810 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem				
	Amount:	0.00	<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type:	None [1]	80% Capital(1):	3,641,389	9.0656		
	< 60% of Base:	True	20% ROE(2):	910,347	0.8351		
	Interest Rate:	8.5000 %	Insurance Cost(3):	6,260	0.1779		
	Chase Rate:	8.5000 %	Taxes Cost(3):	3,344	0.0950		
	Amortization Rate:	8.5000 %	Home Office(3):	42,589	1.2105		
Interest Only:	True	Replacement(3&4):	112,577	0.0000			
Yearly Payment:	306,738	Total FRVS PD:	11.3841				

- (1) 80% Capital (\$3,641,389) amortized at 8.5000% for 20 years Interest of \$306,738 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$9.0656
- (2) 20% ROE (\$910,347) times the ROE factor (0.031040) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.8351
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	37,445
Comparison Date: 7/1/1997	Current RS PBS:	49,785
Comparison Bed 58	Effective PBS Limitation	2,171,810

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.8863	43.8863	3.1828	40.7035
Patient Care				
Direct Care	83.3177	83.3177	6.0425	77.2752
Indirect Care	50.5750	50.5750	3.6679	46.9071
Property	9.4300	11.3841	0.8256	10.5585
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2884
Supplemental Rate Add-on				\$8.1747
Totals	187.2090	189.1631	13.7188	199.9074

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320412-00 - 2012/01 199.33

Sunbelt Health & Rehab Center - Apopka, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
305 E. Oak Street Apopka FL 32703 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 2/9/1993 Acquired Date: 2/9/1993 Entered Medicaid 2/9/1993 Med # Active Date: 1/1/2007 Previous Med # 210412	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,949 Medicare: 10,476 Medicaid: 20,855	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.71513% Occupancy: 95.77397% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.74022% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	875,022	1,764,237	979,511	162,252	0	3,781,022
1a	Audit Adjustments						
2	Cost Per Diem	41.9574	84.5954	46.9677	7.7800		181.3005
3	Cost Per Diem Inflated	44.2322	87.4327	49.5142			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.2322	87.4327	49.5142	7.7800		188.9591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.3889		47.1821			
7	Provider Target Rate	43.3570		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.3570	87.4327	48.2597	7.7800		186.8294
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	43.3570	87.4327	48.2597	7.7800		186.8294
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 320412-00 - 2012/01
199.33

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Sunbelt Health & Rehab Center - Apopka, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/9/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,313,226.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,325,184	7.6496
Indexed Asset Value	5,406,480	< 60% of Base:	False	20% ROE(2):	1,081,296	0.8514
FRVS Base Asset:	3,861,960	Interest Rate:	3.5200 %	Insurance Cost(3):	7,770	0.1852
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	144	0.0034
ROE Factor	0.031040	Amortization Rate:	3.5200 %	Home Office(3):	52,538	1.2524
		Interest Only:	False	Replacement(3&4):	10,799	0.0000
		Yearly Payment:	301,546	Total FRVS PD:		9.9420

(1) 80% Capital (\$4,325,184) amortized at 3.5200% for 20 years Principal & Interest of \$301,546 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.6496

(2) 20% ROE (\$1,081,296) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8514

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,861,960

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.3570	43.3570	3.1444	40.2126
Patient Care				
Direct Care	87.4327	87.4327	6.3410	81.0917
Indirect Care	48.2597	48.2597	3.5000	44.7597
Property	7.7800	9.9420	0.7210	9.2210
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.8682
Supplemental Rate Add-on				\$8.1747
Totals	186.8294	188.9914	13.7064	199.3279

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320421-00 - 2012/01

222.11

East Orlando Health & Rehab Center, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
250 S. Chickasaw Trail Orlando FL 32825 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/6/1993 Acquired Date: 1/6/1993 Entered Medicaid 2/8/1993 Med # Active Date: 1/1/2007 Previous Med # 206261	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 45.81705% Occupancy: 94.07077% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.61082% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,203 Medicare: 9,097 Medicaid: 18,878	Superior: 181 Standard: 0 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20943572		
			Semester Index: 1.27500780		
			Cost: 1.05421709		
			Target: 1.01598689		
			DC FY Index: 1.16783181		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03353924		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	979,210	1,776,992	1,082,129	177,076	0	4,015,407
1a	Audit Adjustments						
2	Cost Per Diem	51.8704	94.1303	57.3222	9.3800		212.7029
3	Cost Per Diem Inflated	54.6827	97.2874	60.4300			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.6827	97.2874	60.4300	9.3800		221.7801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0354		66.7995			
7	Provider Target Rate	54.2466		68.3251			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	96.4295	56.9334	9.3800		211.8847
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	96.4295	56.9334	9.3800		211.8847
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320421-00 - 2012/01
222.11

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

East Orlando Health & Rehab Center, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/8/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,675,729.00		Total Amount	Per Diem
RS to Start Calcs:	1993/01	Type:	Variable [3]	80% Capital(1):	4,644,794	7.7922
Indexed Asset Value	5,805,992	< 60% of Base:	False	20% ROE(2):	1,161,198	0.9143
FRVS Base Asset:	2,574,640	Interest Rate:	2.9300 %	Insurance Cost(3):	7,914	0.1921
Occup Adj Factor:	0.9000	Chase Rate:	8.2900 %	Taxes Cost(3):	0	0.0000
ROE Factor	0.031040	Amortization Rate:	2.9300 %	Home Office(3):	61,652	1.4963
		Interest Only:	False	Replacement(3&4):	105,164	0.0000
		Yearly Payment:	307,170	Total FRVS PD:		10.3949

(1) 80% Capital (\$4,644,794) amortized at 2.9300% for 20 years Principal & Interest of \$307,170 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7922

(2) 20% ROE (\$1,161,198) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9143

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	32,183
Comparison Date: 8/1/1992	Current RS PBS:	49,785
Comparison Bed 80	Effective PBS Limitation	2,574,640

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	96.4295	96.4295	6.9935	89.4360
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	9.3800	10.3949	0.7539	9.6410
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.4804
Supplemental Rate Add-on				\$8.1747
Totals	211.8847	212.8996	15.4404	222.1143

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 320439-00 - 2012/01 211.05

Adventist Care Centers - Courtland, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
730 Courtland Street Orlando Fl 32804 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 6/28/2000 Acquired Date: 6/28/2000 Entered Medicaid 7/27/2000 Med # Active Date: 1/1/2007 Previous Med # 224642	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,136 Medicare: 9,763 Medicaid: 22,334	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.00456% Occupancy: 96.20091% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.27400% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,889	1,932,568	1,221,380	264,881	0	4,359,718
1a	Audit Adjustments						
2	Cost Per Diem	42.1281	86.5303	54.6870	11.8600		195.2054
3	Cost Per Diem Inflated	43.9992	88.9626	57.1159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.9992	88.9626	57.1159	11.8600		201.9377
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9695		58.4808			
7	Provider Target Rate	49.0650		59.8164			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.9992	88.9626	56.9334	11.8600		201.7552
12/13	Medicaid Adjustment Rate		0.3007	0.1924			
14	Prospective Per Diem 11	43.9992	89.2633	57.1258	11.8600		202.2483
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320439-00 - 2012/01
211.05

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Adventist Care Centers - Courtland, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/27/2000	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 2000/01	Type: None [1]		80% Capital(1): 3,368,632	8.0538
Indexed Asset Value 4,210,790	< 60% of Base: True		20% ROE(2): 842,158	0.5896
FRVS Base Asset: 0	Interest Rate: 9.5000 %		Insurance Cost(3): 6,600	0.1566
Occup Adj Factor: 0.9000	Chase Rate: 9.5000 %		Taxes Cost(3): 0	0.0000
ROE Factor 0.027600	Amortization Rate: 9.5000 %		Home Office(3): 85,634	2.0323
	Interest Only: True		Replacement(3&4): 55,431	0.0000
	Yearly Payment: 317,481		Total FRVS PD:	10.8323

- (1) 80% Capital (\$3,368,632) amortized at 9.5000% for 20 years Interest of \$317,481 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.0538
- (2) 20% ROE (\$842,158) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5896
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 39,324
Comparison Date: 7/1/1999	Current RS PBS: 49,785
Comparison Bed 87	Effective PBS Limitation 3,421,188

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.9992	43.9992	3.1910	40.8082
Patient Care				
Direct Care	89.2633	89.2633	6.4737	82.7896
Indirect Care	57.1258	57.1258	4.1430	52.9828
Property	11.8600	10.8323	0.7856	10.0467
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.2495
Supplemental Rate Add-on				\$8.1747
Totals	202.2483	201.2206	14.5933	211.0515

***Medicaid Trend Adjustment :**



0 320463-00 - 2012/01
222.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Florida Living Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3355 E. Semoran Blvd. Apopka FL 32703 County: Orange [48] Region: Central [3] Area: 7 Control Private Non-Profit [3] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1971 Acquired Date: 12/1/1971 Entered Medicaid 7/1/1984 Med # Active Date: 1/1/2007 Previous Med # 208167	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 202 Maximum: 73,730 Max Annualized: 73,730 Total Patient: 67,384 Medicare: 6,856 Medicaid: 45,312	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.24445% Occupancy: 91.39292% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.26287% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,931,796	4,384,684	2,332,405	800,663	0	9,449,548
1a	Audit Adjustments						
2	Cost Per Diem	42.6332	96.7665	51.4743	17.6700		208.5440
3	Cost Per Diem Inflated	44.9446	100.0120	54.2651			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.9446	100.0120	54.2651	17.6700		216.8917
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7462		57.5696			
7	Provider Target Rate	44.7453		58.8844			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.7453	96.4295	54.2651	13.6500		209.0899
12/13	Medicaid Adjustment Rate		1.8707	1.0527			
14	Prospective Per Diem 11	44.7453	98.3002	55.3178	13.6500		212.0133
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320463-00 - 2012/01
222.75

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Florida Living Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/24/1989	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00			Total Amount Per Diem
RS to Start Calcs: 1971/07	Type: None [1]		80% Capital(1): 5,615,989	10.5222
Indexed Asset Value 7,019,986	< 60% of Base: True		20% ROE(2): 1,403,997	0.6568
FRVS Base Asset: 1,690,206	Interest Rate: 12.5000 %		Insurance Cost(3): 12,345	0.1832
Occup Adj Factor: 0.9000	Chase Rate: 12.5000 %		Taxes Cost(3): 0	0.0000
ROE Factor 0.031040	Amortization Rate: 12.5000 %		Home Office(3): 77,456	1.1495
	Interest Only: True		Replacement(3&4): 347,257	0.0000
	Yearly Payment: 698,221		Total FRVS PD:	12.5117

(1) 80% Capital (\$5,615,989) amortized at 12.5000% for 20 years Interest of \$698,221 divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = \$10.5222

(2) 20% ROE (\$1,403,997) times the ROE factor (0.031040) divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = \$0.6568

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 104	Effective PBS Limitation 2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.7453	44.7453	3.2451	41.5002
Patient Care				
Direct Care	98.3002	98.3002	7.1291	91.1711
Indirect Care	55.3178	55.3178	4.0119	51.3059
Property	13.6500	12.5117	0.9074	11.6043
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.9981
Supplemental Rate Add-on				\$8.1747
Totals	212.0133	210.8750	15.2935	222.7543

***Medicaid Trend Adjustment :**



0 320528-00 - 2012/01
222.60

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Health & Rehab. Centre at Dolphins View

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1820 Shore Drive, South St. Petersburg FL 33707	07/01/2009-06/30/2010	Number of Beds: 58	Superior: 0
County: Pinellas[52]	Days In CR 365	Maximum: 21,170	Standard: 181
Region: Central[3] Area: 5	First Used: 2011/07	Max Annualized: 21,170	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 18,647	Total: 181
Current Class Central Small [5]	Unaudited [3]	Medicare: 5,844	Inflation
Class at 1/94: North Small [1]	Initial CR? False	Medicaid: 6,466	FY Index: 1.20667423
Operating Ex > 18 months [1]	Medicaid Utilization 34.67582%		Semester Index: 1.27500780
Open Date: 11/30/1989	Occupancy: 88.08219%		Cost: 1.05662968
Acquired Date: 4/1/1991	Statewide Low Occupancy Threshold: 79.98480%		Target: 1.01598689
Entered Medicaid 4/1/1991	Medicaid Low Occupancy Threshold: 42.01030%		DC FY Index: 1.16650000
Med # Active Date: 5/1/2007	Low Occupancy Adjustment Factor: 110.12367%		DC Sem Index: 1.20700000
Previous Med # 222054	Weighted Low Occ Adjustment Factor: 100.00000%		DC Inflation: 1.03471925
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	398,273	587,146	384,778	55,543	0	1,425,740
1a	Audit Adjustments						
2	Cost Per Diem	61.5950	90.8051	59.5079	8.5900		220.4980
3	Cost Per Diem Inflated	65.0831	93.9578	62.8778			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	65.0831	93.9578	62.8778	8.5900		230.5087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0193		57.8450			
7	Provider Target Rate	50.1388		59.1661			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.1388	93.9578	59.1661	8.5900		211.8527
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.1388	93.9578	59.1661	8.5900		211.8527
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320528-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

222.60

Health & Rehab. Centre at Dolphins View

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/1/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	1,365,558	8.7316
Indexed Asset Value	1,706,948	< 60% of Base:	False	20% ROE(2):	341,390	0.5655
FRVS Base Asset:	1,250,000	Interest Rate:	10.7500 %	Insurance Cost(3):	15,564	0.8347
Occup Adj Factor:	0.9000	Chase Rate:	10.5000 %	Taxes Cost(3):	28,391	1.5226
ROE Factor	0.031560	Amortization Rate:	10.7500 %	Home Office(3):	11,578	0.6209
		Interest Only:	False	Replacement(3&4):	34,167	0.0000
		Yearly Payment:	166,363	Total FRVS PD:		12.2753

- (1) 80% Capital (\$1,365,558) amortized at 10.7500% for 20 years Principal & Interest of \$166,363 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$8.7316
- (2) 20% ROE (\$341,390) times the ROE factor (0.031560) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = \$0.5655
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 58	Effective PBS Limitation	1,729,618

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.1388	50.1388	3.6363	46.5025
Patient Care				
Direct Care	93.9578	93.9578	6.8142	87.1436
Indirect Care	59.1661	59.1661	4.2910	54.8751
Property	8.5900	12.2753	0.8903	11.3850
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.5216
Supplemental Rate Add-on				\$8.1747
Totals	211.8527	215.5380	15.6318	222.6025

***Medicaid Trend Adjustment :**



0 320978-00 - 2012/01
230.78

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Lehigh Acres Health & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1550 Lee Boulevard Lehigh Acres FL 33936 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 1/1/1986 Med # Active Date: 7/1/2007 Previous Med # 225169	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 110 Maximum: 40,150 Max Annualized: 40,150 Total Patient: 35,563 Medicare: 11,601 Medicaid: 16,584 Medicaid Utilization 46.63274% Occupancy: 88.57535% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.74023% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	921,312	1,629,083	1,002,573	465,845	4,318	4,023,131
1a	Audit Adjustments						
2	Cost Per Diem	55.5543	98.2322	60.4542	28.0900	0.2604	242.5911
3	Cost Per Diem Inflated	58.0217	100.9934	63.1393			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	58.0217	100.9934	63.1393	28.0900	0.2604	250.5048
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.2183		56.0436			
7	Provider Target Rate	61.5936		57.3235			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	49.3455		59.1069			
10b	Base for line 10a	48.2437		57.7871			
11	Lesser of 5,7,8,10, 10a	49.3455	97.3020	57.3235	13.6500	0.2604	217.8814
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.3455	97.3020	57.3235	13.6500	0.2604	217.8814
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 320978-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

230.78

Lehigh Acres Health & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,960,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	4,356,253	15.1792
Indexed Asset Value	5,445,316	< 60% of Base:	False	20% ROE(2):	1,089,063	0.8318
FRVS Base Asset:	3,135,000	Interest Rate:	11.2500 %	Insurance Cost(3):	69,580	1.9565
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	60,648	1.7054
ROE Factor	0.027600	Amortization Rate:	11.2500 %	Home Office(3):	35,781	1.0061
		Interest Only:	False	Replacement(3&4):	156,583	0.0000
		Yearly Payment:	548,499	Total FRVS PD:		20.6790

(1) 80% Capital (\$4,356,253) amortized at 11.2500% for 20 years Principal & Interest of \$548,499 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$15.1792

(2) 20% ROE (\$1,089,063) times the ROE factor (0.027600) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = \$0.8318

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	110	Effective PBS Limitation	3,135,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.3455	49.3455	3.5787	45.7668
Patient Care				
Direct Care	97.3020	97.3020	7.0567	90.2453
Indirect Care	57.3235	57.3235	4.1573	53.1662
Property	13.6500	20.6790	1.4997	19.1793
ROE	0.2604	0.2246	0.0163	0.2083
ROE Adjustment	-0.2246	-0.2246	-0.0163	-0.2083
Quality Assess-Medicaid Share				\$14.2507
Supplemental Rate Add-on				\$8.1747
Totals	217.6568	224.6500	16.2924	230.7830

***Medicaid Trend Adjustment :**



0 321303-00 - 2012/01

222.88

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Ft. Lauderdale Health & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2000 E. Commercial Blvd. Ft. Lauderdale FL 33308 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/3/1984 Acquired Date: 10/3/1984 Entered Medicaid 10/3/1984 Med # Active Date: 7/1/2007 Previous Med # 228109	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 155 Maximum: 56,575 Max Annualized: 56,575 Total Patient: 50,169 Medicare: 8,958 Medicaid: 26,697	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,023	2,309,798	1,532,910	523,261	0	5,662,992
1a	Audit Adjustments						
2	Cost Per Diem	48.5831	86.5190	57.4188	19.6000		212.1209
3	Cost Per Diem Inflated	50.7409	88.9510	59.9690			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.7409	88.9510	59.9690	19.6000		219.2609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2820		61.4430			
7	Provider Target Rate	50.4075		62.8463			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	50.2753		58.8952			
10b	Base for line 10a	49.1527		57.5802			
11	Lesser of 5,7,8,10, 10a	50.2753	88.9510	58.7454	13.6500		211.6217
12/13	Medicaid Adjustment Rate		0.3216	0.2124			
14	Prospective Per Diem 11	50.2753	89.2726	58.9578	13.6500		212.1557
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 321303-00 - 2012/01
222.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ft. Lauderdale Health & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/2007	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	6,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	4,602,018	9.8751
Indexed Asset Value	5,752,523	< 60% of Base:	False	20% ROE(2):	1,150,505	0.6236
FRVS Base Asset:	1,978,789	Interest Rate:	9.1670 %	Insurance Cost(3):	47,997	0.9567
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	140,772	2.8060
ROE Factor	0.027600	Amortization Rate:	9.1670 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	0	0.0000
		Yearly Payment:	502,813	Total FRVS PD:		14.2614

(1) 80% Capital (\$4,602,018) amortized at 9.1670% for 20 years Principal & Interest of \$502,813 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$9.8751

(2) 20% ROE (\$1,150,505) times the ROE factor (0.027600) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = \$0.6236

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 253	Effective PBS Limitation	7,210,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.2753	50.2753	3.6462	46.6291
Patient Care				
Direct Care	89.2726	89.2726	6.4744	82.7982
Indirect Care	58.9578	58.9578	4.2759	54.6819
Property	13.6500	14.2614	1.0343	13.2271
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3735
Supplemental Rate Add-on				\$8.1747
Totals	212.1557	212.7671	15.4308	222.8845

***Medicaid Trend Adjustment :**



0 321532-00 - 2012/01
228.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Palms Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3370 NW 46th Terrace Lauderdale Lakes FL 33319 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/1/1982 Acquired Date: 10/1/1982 Entered Medicaid 10/1/1982 Med # Active Date: 1/1/2007 Previous Med # 308005	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,093 Medicare: 6,920 Medicaid: 31,478	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.60185% Occupancy: 93.81964% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.29684% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,466,068	2,965,407	1,944,749	938,674	0	7,314,898
1a	Audit Adjustments						
2	Cost Per Diem	46.5744	94.2057	61.7812	29.8200		232.3813
3	Cost Per Diem Inflated	48.6430	96.8537	64.5252			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6430	96.8537	64.5252	29.8200		239.8419
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7253		69.0799			
7	Provider Target Rate	50.8609		70.6576			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6430	96.8537	58.7454	13.6500		217.8921
12/13	Medicaid Adjustment Rate		2.8985	1.7581			
14	Prospective Per Diem 11	48.6430	99.7522	60.5035	13.6500		222.5487
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 321532-00 - 2012/01
228.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

The Palms Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	1,719,453	4.0581
Indexed Asset Value	2,149,316	< 60% of Base:	False	20% ROE(2):	429,863	0.3010
FRVS Base Asset:	1,323,819	Interest Rate:	10.0000 %	Insurance Cost(3):	103,141	2.5099
Occup Adj Factor:	0.9000	Chase Rate:	4.0000 %	Taxes Cost(3):	100,848	2.4541
ROE Factor	0.027600	Amortization Rate:	7.0000 %	Home Office(3):	13,375	0.3255
		Interest Only:	False	Replacement(3&4):	8,711	0.0000
		Yearly Payment:	159,971	Total FRVS PD:		9.6486

(1) 80% Capital (\$1,719,453) amortized at 7.0000% for 20 years Principal & Interest of \$159,971 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$4.0581

(2) 20% ROE (\$429,863) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.3010

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6430	48.6430	3.5278	45.1152
Patient Care				
Direct Care	99.7522	99.7522	7.2344	92.5178
Indirect Care	60.5035	60.5035	4.3880	56.1155
Property	13.6500	9.6486	0.6998	8.9488
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5884
Supplemental Rate Add-on				\$8.1747
Totals	222.5487	218.5473	15.8500	228.4604

***Medicaid Trend Adjustment :**



0 323772-00 - 2012/01

208.32

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Coral Gables Nursing and Rehabilitation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
7060 SW 8th Street Miami FL 33144 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 11/1/1988 Acquired Date: 11/1/1988 Entered Medicaid 11/1/1988 Med # Active Date: 11/1/2007 Previous Med # 218251	05/01/2009-04/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 87 Maximum: 31,755 Max Annualized: 31,755 Total Patient: 28,722 Medicare: 5,087 Medicaid: 20,383 Medicaid Utilization 70.96651% Occupancy: 90.44875% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.08242% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.20140174 Semester Index: 1.27500780 Cost: 1.06126682 Target: 1.01598689 DC FY Index: 1.16416550 DC Sem Index: 1.20700000 DC Inflation: 1.03679417 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	903,192	1,494,473	1,012,077	336,116	0	3,745,858
1a	Audit Adjustments						
2	Cost Per Diem	44.3110	73.3196	49.6530	16.4900		183.7736
3	Cost Per Diem Inflated	47.0258	76.0173	52.6951			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.0258	76.0173	52.6951	16.4900		192.2282
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2382		59.9316			
7	Provider Target Rate	53.4312		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	55.4587		62.9464			
10b	Base for line 10a	54.2204		61.5409			
11	Lesser of 5,7,8,10, 10a	47.0258	76.0173	52.6951	13.6500		189.3882
12/13	Medicaid Adjustment Rate		1.7930	1.2429			
14	Prospective Per Diem 11	47.0258	77.8103	53.9380	13.6500		192.4241
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 323772-00 - 2012/01
208.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Coral Gables Nursing and Rehabilitation

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1988 Year of Phase-In/ Full: RS to Start Calcs: 1988/07 Indexed Asset Value 4,026,446 FRVS Base Asset: 2,479,500 Occup Adj Factor: 0.9000 ROE Factor 0.031560	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	2,400,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	3,221,157	13.5031
	< 60% of Base:	False	20% ROE(2):	805,289	0.8893
	Interest Rate:	10.5000 %	Insurance Cost(3):	53,396	1.8591
	Chase Rate:	7.5000 %	Taxes Cost(3):	57,567	2.0043
	Amortization Rate:	10.5000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	35,301	0.0000
Yearly Payment:	385,913	Total FRVS PD:	18.2558		

(1) 80% Capital (\$3,221,157) amortized at 10.5000% for 20 years Principal & Interest of \$385,913 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$13.5031

(2) 20% ROE (\$805,289) times the ROE factor (0.031560) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$0.8893

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 87	Effective PBS Limitation	2,580,594

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.0258	47.0258	3.4105	43.6153
Patient Care				
Direct Care	77.8103	77.8103	5.6431	72.1672
Indirect Care	53.9380	53.9380	3.9118	50.0262
Property	13.6500	18.2558	1.3240	16.9318
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.4041
Supplemental Rate Add-on				\$8.1747
Totals	192.4241	197.0299	14.2894	208.3193

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 323781-00 - 2012/01
216.70

Tarpon Point Nursing & Rehab Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5157 Park Club Drive Sarasota FL 34235 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 7/23/1990 Acquired Date: 7/23/1990 Entered Medicaid 7/27/1990 Med # Active Date: 11/1/2007 Previous Med # 252654	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 35,201 Medicare: 4,683 Medicaid: 22,463	Superior: 0 Standard: 150 Conditional: 31 Total: 181
	Medicaid Utilization 63.81353% Occupancy: 80.36758% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 100.47857% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,032,942	1,846,288	1,154,652	614,138	0	4,648,020
1a	Audit Adjustments						
2	Cost Per Diem	45.9842	82.1924	51.4024	27.3400		206.9190
3	Cost Per Diem Inflated	48.0266	84.5027	53.6854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.0266	84.5027	53.6854	27.3400		213.5547
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	93.5995		61.9674			
7	Provider Target Rate	95.7372		63.3826			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation	48.4422		53.5157			
10b	Base for line 10a	47.3606		52.3208			
11	Lesser of 5,7,8,10, 10a	48.0266	84.5027	53.5157	13.6500		199.6950
12/13	Medicaid Adjustment Rate		1.0883	0.6892			
14	Prospective Per Diem 11	48.0266	85.5910	54.2049	13.6500		201.4725
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 323781-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

216.70

Tarpon Point Nursing & Rehab Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/27/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	4,777,491	14.2764
Indexed Asset Value	5,971,864	< 60% of Base:	False	20% ROE(2):	1,194,373	0.8362
FRVS Base Asset:	1,810,440	Interest Rate:	10.2500 %	Insurance Cost(3):	13,687	0.3888
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	60,148	1.7087
ROE Factor	0.027600	Amortization Rate:	10.2500 %	Home Office(3):	1,052	0.0299
		Interest Only:	False	Replacement(3&4):	28,131	0.0000
		Yearly Payment:	562,775	Total FRVS PD:		17.2400

(1) 80% Capital (\$4,777,491) amortized at 10.2500% for 20 years Principal & Interest of \$562,775 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$14.2764

(2) 20% ROE (\$1,194,373) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8362

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,810,440

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.0266	48.0266	3.4831	44.5435
Patient Care				
Direct Care	85.5910	85.5910	6.2074	79.3836
Indirect Care	54.2049	54.2049	3.9312	50.2737
Property	13.6500	17.2400	1.2503	15.9897
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3363
Supplemental Rate Add-on				\$8.1747
Totals	201.4725	205.0625	14.8720	216.7015

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 323799-00 - 2012/01

194.26

St. Andrew's Bav Skilled Nursing and Rehabilitati

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2100 Jenks Ave Panama City FL 32405 County: Bay [3] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1986 Acquired Date: 1/1/1986 Entered Medicaid 5/1/1986 Med # Active Date: 11/1/2007 Previous Med # 312011	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,904 Medicare: 9,464 Medicaid: 21,308	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 53.39816% Occupancy: 91.10502% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.90293% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,266	1,601,237	1,074,195	616,227	0	4,173,925
1a	Audit Adjustments						
2	Cost Per Diem	41.4054	75.1472	50.4128	28.9200		195.8854
3	Cost Per Diem Inflated	42.9684	77.0299	52.3158			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.9684	77.0299	52.3158	28.9200		201.2341
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.4711		45.0771			
7	Provider Target Rate	40.3726		46.1066			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	41.6949		49.8295			
10b	Base for line 10a	40.7639		48.7169			
11	Lesser of 5,7,8,10, 10a	40.3726	77.0299	46.1066	13.6500		177.1591
12/13	Medicaid Adjustment Rate		0.2945	0.1763			
14	Prospective Per Diem 11	40.3726	77.3244	46.2829	13.6500		177.6299
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 323799-00 - 2012/01
194.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

St. Andrew's Bav Skilled Nursing and Rehabilitati

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,650,000.00		Total Amount	Per Diem
RS to Start Calcs:	1986/01	Type:	Fixed [2]	80% Capital(1):	4,759,386	16.4607
Indexed Asset Value	5,949,232	< 60% of Base:	False	20% ROE(2):	1,189,846	0.7987
FRVS Base Asset:	3,420,000	Interest Rate:	12.5000 %	Insurance Cost(3):	28,449	0.7129
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	50,226	1.2587
ROE Factor	0.026460	Amortization Rate:	12.5000 %	Home Office(3):	1,154	0.0289
		Interest Only:	False	Replacement(3&4):	19,506	0.0000
		Yearly Payment:	648,880	Total FRVS PD:		19.2599

- (1) 80% Capital (\$4,759,386) amortized at 12.5000% for 20 years Principal & Interest of \$648,880 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.4607
- (2) 20% ROE (\$1,189,846) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7987
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.3726	40.3726	2.9280	37.4446
Patient Care				
Direct Care	77.3244	77.3244	5.6079	71.7165
Indirect Care	46.2829	46.2829	3.3566	42.9263
Property	13.6500	19.2599	1.3968	17.8631
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.1339
Supplemental Rate Add-on				\$8.1747
Totals	177.6299	183.2398	13.2893	194.2591

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324027-00 - 2012/01

230.96

Hampton Court Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16100 NW 2nd Avenue North Miami Beach FL 33169 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 1/3/1991 Acquired Date: 1/3/1991 Entered Medicaid 1/3/1991 Med # Active Date: 11/1/2007 Previous Med # 203131	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,226 Medicare: 5,019 Medicaid: 24,741	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 63.07296% Occupancy: 89.55708% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.96762% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,190,998	2,339,160	1,477,477	475,522	0	5,483,157
1a	Audit Adjustments						
2	Cost Per Diem	48.1386	94.5459	59.7178	19.2200		221.6223
3	Cost Per Diem Inflated	49.2805	96.3012	61.1344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.2805	96.3012	61.1344	19.2200		225.9361
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5060		60.0626			
7	Provider Target Rate	45.5224		61.4343			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.5224	96.3012	58.7454	13.6500		214.2190
12/13	Medicaid Adjustment Rate		1.4163	0.8640			
14	Prospective Per Diem 11	45.5224	97.7175	59.6094	13.6500		216.4993
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324027-00 - 2012/01
230.96

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Hampton Court Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/3/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,420,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/01	Type:	Fixed [2]	80% Capital(1):	4,086,974	13.2678
Indexed Asset Value	5,108,718	< 60% of Base:	False	20% ROE(2):	1,021,744	0.6589
FRVS Base Asset:	3,642,240	Interest Rate:	11.5000 %	Insurance Cost(3):	44,280	1.1288
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	94,669	2.4134
ROE Factor	0.025420	Amortization Rate:	11.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	52,166	0.0000
		Yearly Payment:	523,016	Total FRVS PD:		17.4689

(1) 80% Capital (\$4,086,974) amortized at 11.5000% for 20 years Principal & Interest of \$523,016 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$13.2678

(2) 20% ROE (\$1,021,744) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6589

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,352
Comparison Date: 7/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.5224	45.5224	3.3015	42.2209
Patient Care				
Direct Care	97.7175	97.7175	7.0869	90.6306
Indirect Care	59.6094	59.6094	4.3231	55.2863
Property	13.6500	17.4689	1.2669	16.2020
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4438
Supplemental Rate Add-on				\$8.1747
Totals	216.4993	220.3182	15.9784	230.9583

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324094-00 - 2012/01
228.42

Advanced Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
401 FAIRWOOD AVENUE Clearwater FL 33759 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 9/1/2007 Previous Med # 309273	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,986 Medicare: 6,019 Medicaid: 31,250	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.42957% Occupancy: 95.85845% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.84583% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,320,257	2,993,250	1,740,406	957,500	0	7,011,413
1a	Audit Adjustments						
2	Cost Per Diem	42.2482	95.7840	55.6930	30.6400		224.3652
3	Cost Per Diem Inflated	44.0024	98.3368	58.0055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.0024	98.3368	58.0055	30.6400		230.9847
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5397		59.7100			
7	Provider Target Rate	52.7168		61.0737			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	49.0690		59.3324			
10b	Base for line 10a	47.9734		58.0076			
11	Lesser of 5,7,8,10, 10a	44.0024	96.4295	56.9334	13.6500		211.0153
12/13	Medicaid Adjustment Rate		2.6502	1.5647			
14	Prospective Per Diem 11	44.0024	99.0797	58.4981	13.6500		215.2302
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324094-00 - 2012/01
228.42

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Advanced Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,391,600.00		Total Amount	Per Diem
RS to Start Calcs:	1984/07	Type:	Fixed [2]	80% Capital(1):	3,808,626	12.0462
Indexed Asset Value	4,760,782	< 60% of Base:	False	20% ROE(2):	952,156	0.6493
FRVS Base Asset:	2,775,941	Interest Rate:	11.1000 %	Insurance Cost(3):	78,935	1.8800
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	60,826	1.4487
ROE Factor	0.026880	Amortization Rate:	11.1000 %	Home Office(3):	13,666	0.3255
		Interest Only:	False	Replacement(3&4):	3,057	0.0000
		Yearly Payment:	474,861	Total FRVS PD:		16.3497

- (1) 80% Capital (\$3,808,626) amortized at 11.1000% for 20 years Principal & Interest of \$474,861 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.0462
- (2) 20% ROE (\$952,156) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6493
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.0024	44.0024	3.1912	40.8112
Patient Care				
Direct Care	99.0797	99.0797	7.1857	91.8940
Indirect Care	58.4981	58.4981	4.2425	54.2556
Property	13.6500	16.3497	1.1857	15.1640
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1180
Supplemental Rate Add-on				\$8.1747
Totals	215.2302	217.9299	15.8051	228.4175

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324108-00 - 2012/01 249.67

Bayside Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
811 Jackson Street North St. Petersburg FL 33705 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 10/1/1984 Acquired Date: 10/1/1984 Entered Medicaid 10/1/1984 Med # Active Date: 9/1/2007 Previous Med # 308790	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 92 Maximum: 33,580 Max Annualized: 33,580 Total Patient: 31,151 Medicare: 6,274 Medicaid: 23,301	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.80017% Occupancy: 92.76653% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.98021% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,191,037	2,313,137	1,449,451	687,846	0	5,641,471
1a	Audit Adjustments						
2	Cost Per Diem	51.1153	99.2720	62.2055	29.5200		242.1128
3	Cost Per Diem Inflated	53.2377	101.9178	64.7884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.2377	101.9178	64.7884	29.5200		249.4639
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.1450		69.2285			
7	Provider Target Rate	60.4958		70.8096			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	53.2967		68.2146			
10b	Base for line 10a	52.1067		66.6915			
11	Lesser of 5,7,8,10, 10a	53.2377	98.6128	64.7884	13.6500		230.2889
12/13	Medicaid Adjustment Rate		2.7513	1.8076			
14	Prospective Per Diem 11	53.2377	101.3641	66.5960	13.6500		234.8478
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324108-00 - 2012/01
249.67

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Bayside Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/2001	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 2,033,590.00	Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type: Variable [3]	80% Capital(1): 3,664,176	15.5155
Indexed Asset Value 4,580,220	< 60% of Base: False	20% ROE(2): 916,044	0.8147
FRVS Base Asset: 1,335,000	Interest Rate: 11.5000 %	Insurance Cost(3): 83,877	2.6926
Occup Adj Factor: 0.9000	Chase Rate: 10.5000 %	Taxes Cost(3): 50,492	1.6209
ROE Factor 0.026880	Amortization Rate: 11.5000 %	Home Office(3): 10,139	0.3255
	Interest Only: False	Replacement(3&4): 40,684	0.0000
	Yearly Payment: 468,910	Total FRVS PD:	20.9692

(1) 80% Capital (\$3,664,176) amortized at 11.5000% for 20 years Principal & Interest of \$468,910 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$15.5155

(2) 20% ROE (\$916,044) times the ROE factor (0.026880) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = \$0.8147

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 66	Effective PBS Limitation 1,881,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	53.2377	53.2377	3.8610	49.3767
Patient Care				
Direct Care	101.3641	101.3641	7.3514	94.0127
Indirect Care	66.5960	66.5960	4.8298	61.7662
Property	13.6500	20.9692	1.5208	19.4484
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8903
Supplemental Rate Add-on				\$8.1747
Totals	234.8478	242.1670	17.5630	249.6690

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324116-00 - 2012/01 225.95

Excel Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2811 Campus Hill Drive Tampa FL 33612 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1995 Acquired Date: 4/1/1995 Entered Medicaid 5/15/1995 Med # Active Date: 9/1/2007 Previous Med # 309044	03/01/2010-02/28/2011 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,424 Medicare: 12,514 Medicaid: 24,313	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,255,991	2,180,336	1,467,980	1,003,884	0	5,908,191
1a	Audit Adjustments						
2	Cost Per Diem	51.6592	89.6778	60.3784	41.2900		243.0054
3	Cost Per Diem Inflated	53.8042	92.0679	62.8854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.8042	92.0679	62.8854	41.2900		250.0475
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8248		56.7599			
7	Provider Target Rate	53.0084		58.0562			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	47.4113		59.6582			
10b	Base for line 10a	46.3527		58.3261			
11	Lesser of 5,7,8,10, 10a	47.4113	92.0679	56.9334	13.6500		210.0626
12/13	Medicaid Adjustment Rate		1.2088	0.7475			
14	Prospective Per Diem 11	47.4113	93.2767	57.6809	13.6500		212.0189
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324116-00 - 2012/01
225.95

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Excel Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/15/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,950,000.00		Total Amount	Per Diem
RS to Start Calcs:	1995/01	Type:	Fixed [2]	80% Capital(1):	4,429,209	15.0946
Indexed Asset Value	5,536,511	< 60% of Base:	False	20% ROE(2):	1,107,302	0.7551
FRVS Base Asset:	4,123,320	Interest Rate:	12.2636 %	Insurance Cost(3):	107,140	2.7176
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	77,962	1.9775
ROE Factor	0.026880	Amortization Rate:	12.2636 %	Home Office(3):	12,832	0.3255
		Interest Only:	False	Replacement(3&4):	46,694	0.0000
		Yearly Payment:	595,030	Total FRVS PD:	20.8703	

(1) 80% Capital (\$4,429,209) amortized at 12.2636% for 20 years Principal & Interest of \$595,030 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.0946

(2) 20% ROE (\$1,107,302) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7551

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	34,361
Comparison Date: 7/1/1994	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,123,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.4113	47.4113	3.4385	43.9728
Patient Care				
Direct Care	93.2767	93.2767	6.7648	86.5119
Indirect Care	57.6809	57.6809	4.1833	53.4976
Property	13.6500	20.8703	1.5136	19.3567
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.4365
Supplemental Rate Add-on				\$8.1747
Totals	212.0189	219.2392	15.9002	225.9502

***Medicaid Trend Adjustment :**



0 324124-00 - 2012/01
220.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Madison Pointe Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6020 Indiana Avenue New Port Richey FL 34653 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1981 Acquired Date: 9/1/1981 Entered Medicaid 1/1/1982 Med # Active Date: 9/1/2007 Previous Med # 309257	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 119 Maximum: 43,435 Max Annualized: 43,435 Total Patient: 40,278 Medicare: 12,328 Medicaid: 21,476	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	868,704	2,012,207	1,253,977	863,979	0	4,998,867
1a	Audit Adjustments						
2	Cost Per Diem	40.4500	93.6956	58.3897	40.2300		232.7653
3	Cost Per Diem Inflated	42.1296	96.1928	60.8142			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.1296	96.1928	60.8142	40.2300		239.3666
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9915		60.5409			
7	Provider Target Rate	53.1789		61.9236			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	46.1250		59.6582			
10b	Base for line 10a	45.0951		58.3261			
11	Lesser of 5,7,8,10, 10a	42.1296	96.1928	56.9334	13.6500		208.9058
12/13	Medicaid Adjustment Rate		0.3592	0.2126			
14	Prospective Per Diem 11	42.1296	96.5520	57.1460	13.6500		209.4776
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324124-00 - 2012/01
220.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Madison Pointe Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,525,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/07	Type:	Fixed [2]	80% Capital(1):	3,530,954	11.6591
Indexed Asset Value	4,413,692	< 60% of Base:	False	20% ROE(2):	882,738	0.6070
FRVS Base Asset:	2,077,025	Interest Rate:	11.6337 %	Insurance Cost(3):	111,064	2.7574
Occup Adj Factor:	0.9000	Chase Rate:	9.5000 %	Taxes Cost(3):	57,425	1.4257
ROE Factor	0.026880	Amortization Rate:	11.6337 %	Home Office(3):	13,110	0.3255
		Interest Only:	False	Replacement(3&4):	8,714	0.0000
		Yearly Payment:	455,771	Total FRVS PD:		16.7747

- (1) 80% Capital (\$3,530,954) amortized at 11.6337% for 20 years Principal & Interest of \$455,771 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$11.6591
- (2) 20% ROE (\$882,738) times the ROE factor (0.026880) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = \$0.6070
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 119	Effective PBS Limitation	3,391,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.1296	42.1296	3.0554	39.0742
Patient Care				
Direct Care	96.5520	96.5520	7.0024	89.5496
Indirect Care	57.1460	57.1460	4.1445	53.0015
Property	13.6500	16.7747	1.2166	15.5581
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.6766
Supplemental Rate Add-on				\$8.1747
Totals	209.4776	212.6023	15.4189	220.0347

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324132-00 - 2012/01 222.41

Shore Acres Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4500 Indianapolis Street, NE St. Petersburg FL 33703 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1971 Acquired Date: 3/1/1971 Entered Medicaid 3/1/1971 Med # Active Date: 9/1/2007 Previous Med # 309290	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 37,636 Medicare: 6,393 Medicaid: 28,757	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.40823% Occupancy: 94.59847% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 118.27056% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,228,124	2,719,949	1,598,064	748,832	0	6,294,969
1a	Audit Adjustments						
2	Cost Per Diem	42.7070	94.5839	55.5713	26.0400		218.9022
3	Cost Per Diem Inflated	44.4803	97.1048	57.8787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.4803	97.1048	57.8787	26.0400		225.5038
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0733		61.3622			
7	Provider Target Rate	57.3539		62.7636			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	48.4424		59.2587			
10b	Base for line 10a	47.3608		57.9355			
11	Lesser of 5,7,8,10, 10a	44.4803	96.4295	56.9334	13.6500		211.4932
12/13	Medicaid Adjustment Rate		2.8648	1.6914			
14	Prospective Per Diem 11	44.4803	99.2943	58.6248	13.6500		216.0494
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324132-00 - 2012/01
222.41

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Shore Acres Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1993	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	1,563,972	4.9716
Indexed Asset Value	1,954,965	< 60% of Base:	False	20% ROE(2):	390,993	0.2935
FRVS Base Asset:	1,206,806	Interest Rate:	9.7500 %	Insurance Cost(3):	105,406	2.8007
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	47,850	1.2714
ROE Factor	0.026880	Amortization Rate:	9.7500 %	Home Office(3):	12,250	0.3255
		Interest Only:	False	Replacement(3&4):	30,407	0.0000
		Yearly Payment:	178,015	Total FRVS PD:		9.6627

(1) 80% Capital (\$1,563,972) amortized at 9.7500% for 20 years Principal & Interest of \$178,015 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$4.9716

(2) 20% ROE (\$390,993) times the ROE factor (0.026880) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.2935

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 109	Effective PBS Limitation	3,106,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.4803	44.4803	3.2259	41.2544
Patient Care				
Direct Care	99.2943	99.2943	7.2012	92.0931
Indirect Care	58.6248	58.6248	4.2517	54.3731
Property	13.6500	9.6627	0.7008	8.9619
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.5574
Supplemental Rate Add-on				\$8.1747
Totals	216.0494	212.0621	15.3796	222.4146

***Medicaid Trend Adjustment :**



0 324141-00 - 2012/01
220.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woodbridge Rehabilitation & Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8720 Jackson Springs Road Tampa FL 33615 County: Hillsborough[29] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1982 Acquired Date: 12/1/1982 Entered Medicaid 12/1/1982 Med # Active Date: 9/1/2007 Previous Med # 309052	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,988 Medicare: 8,013 Medicaid: 27,301	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Inflation
			FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,113,603	2,495,595	1,643,575	828,039	0	6,080,812
1a	Audit Adjustments						
2	Cost Per Diem	40.7898	91.4104	60.2020	30.3300		222.7322
3	Cost Per Diem Inflated	42.4835	93.8467	62.7017			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	42.4835	93.8467	62.7017	30.3300		229.3619
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9695		62.6463			
7	Provider Target Rate	52.1336		64.0770			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	47.8044		59.6582			
10b	Base for line 10a	46.7370		58.3261			
11	Lesser of 5,7,8,10, 10a	42.4835	93.8467	56.9334	13.6500		206.9136
12/13	Medicaid Adjustment Rate		1.9292	1.1704			
14	Prospective Per Diem 11	42.4835	95.7759	58.1038	13.6500		210.0132
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324141-00 - 2012/01
220.66

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Woodbridge Rehabilitation & Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/1/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,400,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/07	Type: Fixed [2]	80% Capital(1): 3,076,318	9.8260
Indexed Asset Value: 3,845,397	< 60% of Base: False	20% ROE(2): 769,079	0.5244
FRVS Base Asset: 2,176,171	Interest Rate: 11.6700 %	Insurance Cost(3): 110,028	2.7515
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 42,927	1.0735
ROE Factor: 0.026880	Amortization Rate: 11.2500 %	Home Office(3): 13,016	0.3255
	Interest Only: False	Replacement(3&4): 21,817	0.0000
	Yearly Payment: 387,341	Total FRVS PD: 14.5009	

- (1) 80% Capital (\$3,076,318) amortized at 11.2500% for 20 years Principal & Interest of \$387,341 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.8260
- (2) 20% ROE (\$769,079) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5244
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	42.4835	42.4835	3.0811	39.4024
Patient Care				
Direct Care	95.7759	95.7759	6.9461	88.8298
Indirect Care	58.1038	58.1038	4.2139	53.8899
Property	13.6500	14.5009	1.0517	13.4492
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.9119
Supplemental Rate Add-on				\$8.1747
Totals	210.0132	210.8641	15.2928	220.6579

***Medicaid Trend Adjustment :**



0 324159-00 - 2012/01
216.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ocoee Health Care Facility

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1556 Maguire Road Ocoee FL 34761 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/1/1990 Acquired Date: 8/1/1990 Entered Medicaid 8/16/1990 Med # Active Date: 11/1/2007 Previous Med # 312002	01/01/2010-12/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,135 Medicare: 4,979 Medicaid: 24,133 Medicaid Utilization 61.66603% Occupancy: 89.34932% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.70788% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	938,547	2,262,768	1,086,731	468,904	0	4,756,950
1a	Audit Adjustments						
2	Cost Per Diem	38.8906	93.7624	45.0309	19.4300		197.1139
3	Cost Per Diem Inflated	40.6179	96.3980	47.0309			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.6179	96.3980	47.0309	19.4300		203.4768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	38.4349		50.4304			
7	Provider Target Rate	39.3127		51.5822			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	42.7758		52.7151			
10b	Base for line 10a	41.8207		51.5381			
11	Lesser of 5,7,8,10, 10a	39.3127	96.3980	47.0309	13.6500		196.3916
12/13	Medicaid Adjustment Rate		1.2652	0.6172			
14	Prospective Per Diem 11	39.3127	97.6632	47.6481	13.6500		198.2740
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324159-00 - 2012/01
216.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Ocoee Health Care Facility

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/16/1990 Year of Phase-In/ Full: RS to Start Calcs: 1990/07 Indexed Asset Value 5,971,864 FRVS Base Asset: 3,620,880 Occup Adj Factor: 0.9000 ROE Factor 0.027600	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,420,145.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	4,777,491	16.0135
	< 60% of Base:	False	20% ROE(2):	1,194,373	0.8362
	Interest Rate:	12.0000 %	Insurance Cost(3):	56,398	1.4411
	Chase Rate:	10.5000 %	Taxes Cost(3):	72,629	1.8559
	Amortization Rate:	12.0000 %	Home Office(3):	0	0.0000
	Interest Only:	False	Replacement(3&4):	54,652	0.0000
Yearly Payment:	631,252	Total FRVS PD:		20.1467	

- (1) 80% Capital (\$4,777,491) amortized at 12.0000% for 20 years Principal & Interest of \$631,252 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$16.0135
- (2) 20% ROE (\$1,194,373) times the ROE factor (0.027600) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8362
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	30,174
Comparison Date:	1/1/1990	Current RS PBS:	49,785
Comparison Bed	120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	39.3127	39.3127	2.8511	36.4616
Patient Care				
Direct Care	97.6632	97.6632	7.0829	90.5803
Indirect Care	47.6481	47.6481	3.4556	44.1925
Property	13.6500	20.1467	1.4611	18.6856
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.4592
Supplemental Rate Add-on				\$8.1747
Totals	198.2740	204.7707	14.8507	216.5539

***Medicaid Trend Adjustment :**



0 324167-00 - 2012/01

241.02

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Palmetto Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6750 West 22nd Court Hialeah FL 33016 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1987 Acquired Date: 7/1/1987 Entered Medicaid 9/2/1987 Med # Active Date: 9/1/2007 Previous Med # 309125	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 32,850 Max Annualized: 32,850 Total Patient: 31,902 Medicare: 15,213 Medicaid: 14,584 Medicaid Utilization 45.71500% Occupancy: 97.11416% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.41577% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	718,794	1,352,628	1,260,878	717,387	0	4,049,687
1a	Audit Adjustments						
2	Cost Per Diem	49.2865	92.7474	86.4563	49.1900		277.6802
3	Cost Per Diem Inflated	51.3330	95.2193	90.0461			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.3330	95.2193	90.0461	49.1900		285.7884
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6884		87.5186			
7	Provider Target Rate	61.0516		89.5174			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	55.3158		74.3634			
10b	Base for line 10a	54.0807		72.7030			
11	Lesser of 5,7,8,10, 10a	51.3330	95.2193	72.5715	13.6500		232.7738
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	51.3330	95.2193	72.5715	13.6500		232.7738
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324167-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

241.02

Palmetto Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/2/1987	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,400,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/07	Type:	Fixed [2]	80% Capital(1):	3,532,830	13.6010
Indexed Asset Value	4,416,037	< 60% of Base:	False	20% ROE(2):	883,207	0.8030
FRVS Base Asset:	3,246,544	Interest Rate:	9.7500 %	Insurance Cost(3):	80,654	2.5282
Occup Adj Factor:	0.9000	Chase Rate:	6.7500 %	Taxes Cost(3):	87,436	2.7408
ROE Factor	0.026880	Amortization Rate:	9.7500 %	Home Office(3):	10,384	0.3255
		Interest Only:	False	Replacement(3&4):	52,896	0.0000
		Yearly Payment:	402,114	Total FRVS PD:		19.9985

(1) 80% Capital (\$3,532,830) amortized at 9.7500% for 20 years Principal & Interest of \$402,114 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$13.6010

(2) 20% ROE (\$883,207) times the ROE factor (0.026880) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.8030

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	2,648,070

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	51.3330	51.3330	3.7229	47.6101
Patient Care				
Direct Care	95.2193	95.2193	6.9057	88.3136
Indirect Care	72.5715	72.5715	5.2632	67.3083
Property	13.6500	19.9985	1.4504	18.5481
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$11.0643
Supplemental Rate Add-on				\$8.1747
Totals	232.7738	239.1223	17.3422	241.0191

***Medicaid Trend Adjustment :**



0 324175-00 - 2012/01

210.32

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Courtwards of Orlando

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1900 Mercy Drive Orlando FL 32808 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 9/1/2007 Previous Med # 308803	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,440 Medicare: 8,611 Medicaid: 32,500	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.57870% Occupancy: 96.89498% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.14174% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,252,823	3,045,309	1,484,777	1,061,775	0	6,844,684
1a	Audit Adjustments						
2	Cost Per Diem	38.5484	93.7018	45.6854	32.6700		210.6056
3	Cost Per Diem Inflated	40.1490	96.1991	47.5824			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.1490	96.1991	47.5824	32.6700		216.6005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8523		60.1378			
7	Provider Target Rate	48.9452		61.5113			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	47.8384		59.6161			
10b	Base for line 10a	46.7702		58.2850			
11	Lesser of 5,7,8,10, 10a	40.1490	96.1991	47.5824	13.6500		197.5805
12/13	Medicaid Adjustment Rate		2.8765	1.4228			
14	Prospective Per Diem 11	40.1490	99.0756	49.0052	13.6500		201.8798
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324175-00 - 2012/01
210.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Courtwards of Orlando

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1991 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,421,585 FRVS Base Asset: 1,913,236 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	3,055,432.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	2,737,268	7.0186
	< 60% of Base:	False	20% ROE(2):	684,317	0.4666
	Interest Rate:	8.0940 %	Insurance Cost(3):	108,632	2.5597
	Chase Rate:	6.0000 %	Taxes Cost(3):	50,065	1.1797
	Amortization Rate:	8.0940 %	Home Office(3):	13,814	0.3255
	Interest Only:	False	Replacement(3&4):	28,328	0.0000
Yearly Payment:	276,672	Total FRVS PD:	11.5501		

(1) 80% Capital (\$2,737,268) amortized at 8.0940% for 20 years Principal & Interest of \$276,672 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.0186

(2) 20% ROE (\$684,317) times the ROE factor (0.026880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4666

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.1490	40.1490	2.9118	37.2372
Patient Care				
Direct Care	99.0756	99.0756	7.1854	91.8902
Indirect Care	49.0052	49.0052	3.5541	45.4511
Property	13.6500	11.5501	0.8377	10.7124
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.8587
Supplemental Rate Add-on				\$8.1747
Totals	201.8798	199.7799	14.4890	210.3243

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324213-00 - 2012/01 192.77

Royal Care of Avon Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1213 W. Stratford Rd. Avon Park FL 33825 County: Highlands[28] Region: Central[3] Area: 6 Control Private For profit [1] Current Class Central Small [5] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 3/9/1976 Acquired Date: 3/9/1976 Entered Medicaid 5/1/1984 Med # Active Date: 12/1/2007 Previous Med # 310590	06/01/2010-12/31/2010 Days In CR 214 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 90 Maximum: 19,260 Max Annualized: 32,850 Total Patient: 17,547 Medicare: 4,564 Medicaid: 11,166	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 63.63481% Occupancy: 91.10592% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.90405% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22587622 Semester Index: 1.27500780 Cost: 1.04007874 Target: 1.01598689 DC FY Index: 1.17650000 DC Sem Index: 1.20700000 DC Inflation: 1.02592435 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	467,323	799,922	529,507	170,170	0	1,966,922
1a	Audit Adjustments						
2	Cost Per Diem	41.8523	71.6391	47.4214	15.2400		176.1528
3	Cost Per Diem Inflated	43.5297	73.4963	49.3220			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.5297	73.4963	49.3220	15.2400		181.5880
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7780		54.8934			
7	Provider Target Rate	48.8692		56.1471			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	56.0709	98.6128	73.6635	13.6500		
9	Prior Semester: Class Ceiling Target Base	55.4898		65.4248			
10	Target Rate Class Ceiling	56.3769		66.4707			
10a	New Provider Target Limitation	47.6372		57.9056			
10b	Base for line 10a	46.5735		56.6127			
11	Lesser of 5,7,8,10, 10a	43.5297	73.4963	49.3220	13.6500		179.9980
12/13	Medicaid Adjustment Rate		1.1274	0.7566			
14	Prospective Per Diem 11	43.5297	74.6237	50.0786	13.6500		181.8820
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324213-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.77

Royal Care of Avon Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1976/01	Type:	Fixed [2]	80% Capital(1):	1,703,328	6.4443
Indexed Asset Value	2,129,160	< 60% of Base:	False	20% ROE(2):	425,832	0.3447
FRVS Base Asset:	1,076,683	Interest Rate:	9.5000 %	Insurance Cost(3):	33,791	1.9257
Occup Adj Factor:	0.9000	Chase Rate:	7.5000 %	Taxes Cost(3):	11,275	0.6426
ROE Factor	0.023930	Amortization Rate:	9.5000 %	Home Office(3):	0	0.0000
		Interest Only:	False	Replacement(3&4):	8,908	0.0000
		Yearly Payment:	190,527	Total FRVS PD:		9.3573

(1) 80% Capital (\$1,703,328) amortized at 9.5000% for 20 years Principal & Interest of \$190,527 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$6.4443

(2) 20% ROE (\$425,832) times the ROE factor (0.023930) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = \$0.3447

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	2,565,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.5297	43.5297	3.1570	40.3727
Patient Care				
Direct Care	74.6237	74.6237	5.4120	69.2117
Indirect Care	50.0786	50.0786	3.6319	46.4467
Property	13.6500	9.3573	0.6786	8.6787
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.6489
Supplemental Rate Add-on				\$8.1747
Fire Sprinkler Component	\$4.5708	\$4.5708	\$0.3315	\$4.2393
Totals	186.4528	182.1601	13.2110	192.7727

***Medicaid Trend Adjustment :**



0 324230-00 - 2012/01

195.31

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Seminole Pavilion Rehabilitation & Nursing Servi

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10800 Temple Terrace Seminole FL 33772 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1982 Acquired Date: 7/1/1982 Entered Medicaid 7/1/1982 Med # Active Date: 7/20/2007 Previous Med # 206814	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,844 Medicare: 11,768 Medicaid: 15,476 Medicaid Utilization 37.89051% Occupancy: 93.25114% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.58608% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	624,949	1,354,973	905,858	258,140	0	3,143,920
1a	Audit Adjustments						
2	Cost Per Diem	40.3818	87.5532	58.5331	16.6800		203.1481
3	Cost Per Diem Inflated	41.8123	89.6706	60.6066			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.8123	89.6706	60.6066	16.6800		208.7695
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3956		63.6618			
7	Provider Target Rate	56.6607		65.1157			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	49.4901		59.6582			
10b	Base for line 10a	48.3851		58.3261			
11	Lesser of 5,7,8,10, 10a	41.8123	89.6706	56.9334	13.6500		202.0663
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.8123	89.6706	56.9334	13.6500		202.0663
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324230-00 - 2012/01
195.31

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Seminole Pavilion Rehabilitation & Nursing Servi

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	3,904,209	8.3578
Indexed Asset Value	4,880,261	< 60% of Base:	False	20% ROE(2):	976,052	0.6475
FRVS Base Asset:	3,420,000	Interest Rate:	5.7700 %	Insurance Cost(3):	28,555	0.6991
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	59,976	1.4684
ROE Factor	0.026150	Amortization Rate:	5.7700 %	Home Office(3):	89,112	2.1818
		Interest Only:	False	Replacement(3&4):	57,914	0.0000
		Yearly Payment:	329,465	Total FRVS PD:		13.3546

(1) 80% Capital (\$3,904,209) amortized at 5.7700% for 20 years Principal & Interest of \$329,465 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.3578

(2) 20% ROE (\$976,052) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6475

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8123	41.8123	3.0324	38.7799
Patient Care				
Direct Care	89.6706	89.6706	6.5033	83.1673
Indirect Care	56.9334	56.9334	4.1290	52.8044
Property	13.6500	13.3546	0.9685	12.3861
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	202.0663	201.7709	14.6332	195.3124

*Medicaid Trend Adjustment :



0 324248-00 - 2012/01
192.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Freedom Square Rehabilitation & Nursing Servc

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
10801 Johnson Blvd. Seminole Fl 33772 County: Pinellas[52] Region: Central[3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/14/1988 Acquired Date: 9/14/1988 Entered Medicaid 2/19/2002 Med # Active Date: 7/20/2007 Previous Med # 253715	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 116 Maximum: 42,340 Max Annualized: 42,340 Total Patient: 38,819 Medicare: 6,670 Medicaid: 17,514 Medicaid Utilization 45.11708% Occupancy: 91.68398% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.62677% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	997,137	1,425,063	907,600	565,702	0	3,895,502
1a	Audit Adjustments						
2	Cost Per Diem	56.9337	81.3671	51.8214	32.3000		222.4222
3	Cost Per Diem Inflated	59.8834	84.0002	54.5063			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.8834	84.0002	54.5063	32.3000		230.6899
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0077		66.1219			
7	Provider Target Rate	63.4239		67.6320			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation	51.5923		57.6252			
10b	Base for line 10a	50.4403		56.3385			
11	Lesser of 5,7,8,10, 10a	49.1418	84.0002	54.5063	13.6500		201.2983
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	84.0002	54.5063	13.6500		201.2983
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324248-00 - 2012/01
192.88

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Freedom Square Rehabilitation & Nursing Servc

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 2/19/2002	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 7,700,000.00	Total Amount	Per Diem
RS to Start Calcs: 1988/07	Type: Fixed [2]	80% Capital(1): 2,930,992	6.4908
Indexed Asset Value 3,663,740	< 60% of Base: False	20% ROE(2): 732,748	0.5850
FRVS Base Asset: 0	Interest Rate: 5.7700 %	Insurance Cost(3): 13,983	0.3602
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 34,541	0.8898
ROE Factor 0.030420	Amortization Rate: 5.7700 %	Home Office(3): 123,130	3.1719
	Interest Only: False	Replacement(3&4): 0	0.0000
	Yearly Payment: 247,338	Total FRVS PD:	11.4977

(1) 80% Capital (\$2,930,992) amortized at 5.7700% for 20 years Principal & Interest of \$247,338 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$6.4908

(2) 20% ROE (\$732,748) times the ROE factor (0.030420) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = \$0.5850

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,662
Comparison Date: 1/1/1988	Current RS PBS:	49,785
Comparison Bed 116	Effective PBS Limitation	3,440,792

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	84.0002	84.0002	6.0920	77.9082
Indirect Care	54.5063	54.5063	3.9530	50.5533
Property	13.6500	11.4977	0.8339	10.6638
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	201.2983	199.1460	14.4429	192.8778

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324345-00 - 2012/01

192.96

Heritage Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2302 59th Street West Bradenton FL 34209 County: Manatee [41] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1985 Acquired Date: 1/1/1985 Entered Medicaid 1/23/1986 Med # Active Date: 11/1/2007 Previous Med # 258814	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,688 Medicare: 11,444 Medicaid: 21,480	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 52.79198% Occupancy: 92.89498% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.14079% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	855,487	1,733,481	854,767	890,776	0	4,334,511
1a	Audit Adjustments						
2	Cost Per Diem	39.8271	80.7021	39.7936	41.4700		201.7928
3	Cost Per Diem Inflated	41.7949	83.2187	41.7597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.7949	83.2187	41.7597	41.4700		208.2433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2392		47.1821			
7	Provider Target Rate	41.1582		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.1582	83.2187	41.7597	13.6500		179.7866
12/13	Medicaid Adjustment Rate		0.2614	0.1312			
14	Prospective Per Diem 11	41.1582	83.4801	41.8909	13.6500		180.1792
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324345-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.96

Heritage Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994 Year of Phase-In/ Full: RS to Start Calcs: 1985/01 Indexed Asset Value 5,225,154 FRVS Base Asset: 3,352,680 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	4,500,000.00			
	Type:	Fixed [2]			
	< 60% of Base:	False			
	Interest Rate:	9.2500 %	80% Capital(1):	4,180,123	11.6543
	Chase Rate:	7.5000 %	20% ROE(2):	1,045,031	0.7842
	Amortization Rate:	9.2500 %	Insurance Cost(3):	32,883	0.8082
	Interest Only:	False	Taxes Cost(3):	92,237	2.2669
Yearly Payment:	459,412	Home Office(3):	32,620	0.8017	
		Replacement(3&4):	44,633	0.0000	
		Total FRVS PD:		16.3153	

(1) 80% Capital (\$4,180,123) amortized at 9.2500% for 20 years Principal & Interest of \$459,412 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$11.6543

(2) 20% ROE (\$1,045,031) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7842

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,939
Comparison Date: 7/1/1984	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,352,680

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.1582	41.1582	2.9850	38.1732
Patient Care				
Direct Care	83.4801	83.4801	6.0543	77.4258
Indirect Care	41.8909	41.8909	3.0381	38.8528
Property	13.6500	16.3153	1.1833	15.1320
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.2013
Supplemental Rate Add-on				\$8.1747
Totals	180.1792	182.8445	13.2607	192.9598

***Medicaid Trend Adjustment :**



0 324353-00 - 2012/01
203.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Washington Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
879 Usery Road/Post Office Bo Chipley FL 32428 County: Washington[67] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1982 Acquired Date: 1/1/1982 Entered Medicaid 6/1/1982 Med # Active Date: 11/1/2007 Previous Med # 312339	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 82.39600% Occupancy: 82.13851% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 102.69265% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 53,965 Medicare: 5,483 Medicaid: 44,465	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.20943572		
			Semester Index: 1.27500780		
			Cost: 1.05421709		
			Target: 1.01598689		
			DC FY Index: 1.16783181		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03353924		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,998,675	3,371,132	1,909,377	1,437,109	0	8,716,293
1a	Audit Adjustments						
2	Cost Per Diem	44.9494	75.8154	42.9411	32.3200		196.0259
3	Cost Per Diem Inflated	47.3864	78.3582	45.2692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.3864	78.3582	45.2692	32.3200		203.3338
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7746		54.8615			
7	Provider Target Rate	60.1169		56.1144			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	78.3582	45.2692	13.6500		183.9920
12/13	Medicaid Adjustment Rate		2.8558	1.6499			
14	Prospective Per Diem 11	46.7146	81.2140	46.9191	13.6500		188.4977
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324353-00 - 2012/01
203.07

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Washington Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/31/2001	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,760,000.00	Total Amount	Per Diem
RS to Start Calcs: 1982/01	Type: Fixed [2]	80% Capital(1): 4,841,142	11.7027
Indexed Asset Value 6,051,428	< 60% of Base: False	20% ROE(2): 1,210,286	0.6353
FRVS Base Asset: 1,915,339	Interest Rate: 13.2740 %	Insurance Cost(3): 42,349	0.7847
Occup Adj Factor: 0.9000	Chase Rate: 13.0000 %	Taxes Cost(3): 49,785	0.9225
ROE Factor 0.031040	Amortization Rate: 13.2740 %	Home Office(3): 40,734	0.7548
	Interest Only: False	Replacement(3&4): 63,339	0.0000
	Yearly Payment: 691,983	Total FRVS PD: 14.8000	

(1) 80% Capital (\$4,841,142) amortized at 13.2740% for 20 years Principal & Interest of \$691,983 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$11.7027

(2) 20% ROE (\$1,210,286) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6353

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	81.2140	81.2140	5.8900	75.3240
Indirect Care	46.9191	46.9191	3.4028	43.5163
Property	13.6500	14.8000	1.0734	13.7266
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0011
Supplemental Rate Add-on				\$8.1747
Totals	188.4977	189.6477	13.7541	203.0694

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324361-00 - 2012/01

185.32

Chautauqua Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
785 South 2nd Street Defuniak Springs FL 32435 County: Walton [66] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/1/1979 Acquired Date: 3/1/1979 Entered Medicaid 1/1/1980 Med # Active Date: 11/1/2007 Previous Med # 312291	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 49,490 Medicare: 11,231 Medicaid: 33,389	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.46615% Occupancy: 75.32725% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.17695% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,223,773	2,524,362	1,361,983	896,829	0	6,006,947
1a	Audit Adjustments						
2	Cost Per Diem	36.6520	75.6046	40.7914	26.8600		179.9080
3	Cost Per Diem Inflated	38.6392	78.1403	43.0030			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.6392	78.1403	43.0030	26.8600		186.6425
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9902		55.0127			
7	Provider Target Rate	53.1776		56.2691			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.6392	78.1403	43.0030	13.6500		173.4325
12/13	Medicaid Adjustment Rate		1.5354	0.8450			
14	Prospective Per Diem 11	38.6392	79.6757	43.8480	13.6500		175.8129
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324361-00 - 2012/01
185.32

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Chautauqua Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1989	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,395,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/01	Type:	Fixed [2]	80% Capital(1):	4,648,962	8.4305
Indexed Asset Value	5,811,202	< 60% of Base:	False	20% ROE(2):	1,162,240	0.6101
FRVS Base Asset:	1,743,133	Interest Rate:	8.9040 %	Insurance Cost(3):	42,811	0.8650
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	27,444	0.5545
ROE Factor	0.031040	Amortization Rate:	8.9040 %	Home Office(3):	36,904	0.7457
		Interest Only:	False	Replacement(3&4):	15,918	0.0000
		Yearly Payment:	498,496	Total FRVS PD:		11.2058

(1) 80% Capital (\$4,648,962) amortized at 8.9040% for 20 years Principal & Interest of \$498,496 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.4305

(2) 20% ROE (\$1,162,240) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6101

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.6392	38.6392	2.8023	35.8369
Patient Care				
Direct Care	79.6757	79.6757	5.7784	73.8973
Indirect Care	43.8480	43.8480	3.1800	40.6680
Property	13.6500	11.2058	0.8127	10.3931
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.3503
Supplemental Rate Add-on				\$8.1747
Totals	175.8129	173.3687	12.5734	185.3203

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324370-00 - 2012/01 205.17

Signature HealthCARE of College Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days		
13755 Golf Club Parkway Fort Myers FL 33919-5146 County: Lee [36] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1981 Acquired Date: 4/1/1981 Entered Medicaid 4/1/1981 Med # Active Date: 11/1/2007 Previous Med # 258253	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False Medicaid Utilization 57.93668% Occupancy: 70.03969% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 87.56625% Weighted Low Occ Adjustment Factor: 100.00000%	Number of Beds: 107 Maximum: 39,055 Max Annualized: 39,055 Total Patient: 27,354 Medicare: 3,158 Medicaid: 15,848	Superior: 0 Standard: 181 Conditional: 0 Total: 181		
			Inflation		
			FY Index: 1.21497768		
			Semester Index: 1.27500780		
			Cost: 1.04940841		
			Target: 1.01598689		
			DC FY Index: 1.17050000		
			DC Sem Index: 1.20700000		
			DC Inflation: 1.03118326		
			PS Target: 1.02283842		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,259	1,314,766	726,075	470,210	0	3,242,310
1a	Audit Adjustments						
2	Cost Per Diem	46.1420	82.9610	45.8149	29.6700		204.5879
3	Cost Per Diem Inflated	48.4218	85.5480	48.0785			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.4218	85.5480	48.0785	29.6700		211.7183
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1059		49.0670			
7	Provider Target Rate	46.1360		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.1360	85.5480	48.0785	13.6500		193.4125
12/13	Medicaid Adjustment Rate		0.7638	0.4293			
14	Prospective Per Diem 11	46.1360	86.3118	48.5078	13.6500		194.6056
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324370-00 - 2012/01
205.17

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature HealthCARE of College Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/31/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,825,000.00		Total Amount	Per Diem
RS to Start Calcs:	1981/01	Type:	Variable [3]	80% Capital(1):	2,378,644	6.0545
Indexed Asset Value	2,973,305	< 60% of Base:	False	20% ROE(2):	594,661	0.5004
FRVS Base Asset:	1,699,288	Interest Rate:	6.5000 %	Insurance Cost(3):	29,349	1.0729
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	77,175	2.8213
ROE Factor	0.029580	Amortization Rate:	6.5000 %	Home Office(3):	22,467	0.8213
		Interest Only:	False	Replacement(3&4):	30,148	0.0000
		Yearly Payment:	212,814	Total FRVS PD:		11.2704

(1) 80% Capital (\$2,378,644) amortized at 6.5000% for 20 years Principal & Interest of \$212,814 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$6.0545

(2) 20% ROE (\$594,661) times the ROE factor (0.029580) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = \$0.5004

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 107	Effective PBS Limitation	3,049,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.1360	46.1360	3.3460	42.7900
Patient Care				
Direct Care	86.3118	86.3118	6.2597	80.0521
Indirect Care	48.5078	48.5078	3.5180	44.9898
Property	13.6500	11.2704	0.8174	10.4530
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.7082
Supplemental Rate Add-on				\$8.1747
Totals	194.6056	192.2260	13.9411	205.1678

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324388-00 - 2012/01 187.64

Signature HealthCARE of Gainesville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4000 South West 20th Avenue Gainesville FL 32607 County: Alachua [1] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1980 Acquired Date: 5/1/1980 Entered Medicaid 5/1/1980 Med # Active Date: 11/1/2007 Previous Med # 266639	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 36,298 Medicare: 6,915 Medicaid: 23,725	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.36173% Occupancy: 82.87215% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 103.60987% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,001,639	1,706,601	1,067,814	590,041	0	4,366,095
1a	Audit Adjustments						
2	Cost Per Diem	42.2187	71.9326	45.0080	24.8700		184.0293
3	Cost Per Diem Inflated	44.3047	74.1757	47.2318			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3047	74.1757	47.2318	24.8700		190.5822
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.6812		45.2972			
7	Provider Target Rate	40.5875		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.5875	74.1757	46.3317	13.6500		174.7449
12/13	Medicaid Adjustment Rate		1.2819	0.8007			
14	Prospective Per Diem 11	40.5875	75.4576	47.1324	13.6500		176.8275
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324388-00 - 2012/01
187.64

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature HealthCARE of Gainesville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/8/2004	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,349,600.00		Total Amount	Per Diem
RS to Start Calcs:	1980/01	Type:	Fixed [2]	80% Capital(1):	2,588,034	7.8656
Indexed Asset Value	3,235,042	< 60% of Base:	False	20% ROE(2):	647,008	0.4855
FRVS Base Asset:	1,076,349	Interest Rate:	10.5000 %	Insurance Cost(3):	29,085	0.8013
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	70,384	1.9391
ROE Factor	0.029580	Amortization Rate:	10.5000 %	Home Office(3):	27,793	0.7657
		Interest Only:	False	Replacement(3&4):	142,610	0.0000
		Yearly Payment:	310,061	Total FRVS PD:		11.8572

- (1) 80% Capital (\$2,588,034) amortized at 10.5000% for 20 years Principal & Interest of \$310,061 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.8656
- (2) 20% ROE (\$647,008) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4855
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 93	Effective PBS Limitation	2,650,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.5875	40.5875	2.9436	37.6439
Patient Care				
Direct Care	75.4576	75.4576	5.4725	69.9851
Indirect Care	47.1324	47.1324	3.4182	43.7142
Property	13.6500	11.8572	0.8599	10.9973
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.1208
Supplemental Rate Add-on				\$8.1747
Totals	176.8275	175.0347	12.6942	187.6360

***Medicaid Trend Adjustment :**



0 324396-00 - 2012/01
205.51

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare of North Florida

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1083 Sanders Avenue Graceville FL 32440 County: Jackson[32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 12/1/1979 Acquired Date: 12/1/1979 Entered Medicaid 7/1/1980 Med # Active Date: 11/1/2007 Previous Med # 312304	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 51,243 Medicare: 7,949 Medicaid: 38,078	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 74.30869% Occupancy: 77.99543% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 97.51282% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation
			FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,738,360	3,091,880	1,743,016	1,002,975	0	7,576,231
1a	Audit Adjustments						
2	Cost Per Diem	45.6526	81.1986	45.7749	26.3400		198.9661
3	Cost Per Diem Inflated	48.1278	83.9219	48.2567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.1278	83.9219	48.2567	26.3400		206.6464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5891		54.8016			
7	Provider Target Rate	69.1327		56.0532			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	83.9219	48.2567	13.6500		192.5432
12/13	Medicaid Adjustment Rate		2.2950	1.3197			
14	Prospective Per Diem 11	46.7146	86.2169	49.5764	13.6500		196.1579
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324396-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

205.51

Signature Healthcare of North Florida

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/28/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,245,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	4,440,602	8.1233
Indexed Asset Value	5,550,752	< 60% of Base:	False	20% ROE(2):	1,110,150	0.5828
FRVS Base Asset:	1,657,362	Interest Rate:	9.0260 %	Insurance Cost(3):	41,908	0.8178
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	36,877	0.7196
ROE Factor	0.031040	Amortization Rate:	9.0260 %	Home Office(3):	38,531	0.7519
		Interest Only:	False	Replacement(3&4):	55,943	0.0000
		Yearly Payment:	480,330	Total FRVS PD:	10.9954	

(1) 80% Capital (\$4,440,602) amortized at 9.0260% for 20 years Principal & Interest of \$480,330 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$8.1233

(2) 20% ROE (\$1,110,150) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.5828

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	86.2169	86.2169	6.2528	79.9641
Indirect Care	49.5764	49.5764	3.5955	45.9809
Property	13.6500	10.9954	0.7974	10.1980
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.8691
Supplemental Rate Add-on				\$8.1747
Totals	196.1579	193.5033	14.0336	205.5135

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324400-00 - 2012/01

185.46

Signature HealthCARE Center of Waterford

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8333 W. Okeechobee Road Hialeah Gardens FL 33016 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/27/1987 Acquired Date: 2/27/1987 Entered Medicaid 2/27/1987 Med # Active Date: 11/1/2007 Previous Med # 312347	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 214 Maximum: 78,110 Max Annualized: 78,110 Total Patient: 74,557 Medicare: 15,250 Medicaid: 57,986	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 77.77405% Occupancy: 95.45129% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.33680% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,370,679	4,542,687	2,282,206	2,101,993	0	11,297,565
1a	Audit Adjustments						
2	Cost Per Diem	40.8836	78.3411	39.3579	36.2500		194.8326
3	Cost Per Diem Inflated	43.1002	80.9686	41.4918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.1002	80.9686	41.4918	36.2500		201.8106
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4289		61.3877			
7	Provider Target Rate	60.7862		62.7897			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.1002	80.9686	41.4918	13.6500		179.2106
12/13	Medicaid Adjustment Rate		2.5299	1.2964			
14	Prospective Per Diem 11	43.1002	83.4985	42.7882	13.6500		183.0369
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324400-00 - 2012/01
185.46

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature HealthCARE Center of Waterford

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/2001	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	7,645,000.00		Total Amount	Per Diem
RS to Start Calcs:	1987/01	Type:	Fixed [2]	80% Capital(1):	7,136,164	13.9344
Indexed Asset Value	8,920,205	< 60% of Base:	False	20% ROE(2):	1,784,041	0.7877
FRVS Base Asset:	4,589,120	Interest Rate:	12.6100 %	Insurance Cost(3):	70,476	0.9453
Occup Adj Factor:	0.9000	Chase Rate:	11.2500 %	Taxes Cost(3):	138,361	1.8558
ROE Factor	0.031040	Amortization Rate:	12.6100 %	Home Office(3):	53,700	0.7203
		Interest Only:	False	Replacement(3&4):	101,397	0.0000
		Yearly Payment:	979,571	Total FRVS PD:		18.2435

(1) 80% Capital (\$7,136,164) amortized at 12.6100% for 20 years Principal & Interest of \$979,571 divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = \$13.9344

(2) 20% ROE (\$1,784,041) times the ROE factor (0.031040) divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = \$0.7877

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 160	Effective PBS Limitation	4,589,120

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.1002	43.1002	3.1258	39.9744
Patient Care				
Direct Care	83.4985	83.4985	6.0557	77.4428
Indirect Care	42.7882	42.7882	3.1032	39.6850
Property	13.6500	18.2435	1.3231	16.9204
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.2614
Supplemental Rate Add-on				\$8.1747
Totals	183.0369	187.6304	13.6078	185.4587

***Medicaid Trend Adjustment :**



0 324418-00 - 2012/01

214.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare of Brookwood Gardens

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1990 S. Canal Drive Homestead FL 33035 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1987 Acquired Date: 3/1/1987 Entered Medicaid 3/1/1987 Med # Active Date: 11/1/2007 Previous Med # 312321	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 57,960 Max Annualized: 65,700 Total Patient: 44,752 Medicare: 6,372 Medicaid: 30,064	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 67.17912% Occupancy: 77.21187% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 96.53318% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,462,626	2,334,199	1,310,999	1,196,547	0	6,304,371
1a	Audit Adjustments						
2	Cost Per Diem	48.6504	77.6410	43.6069	39.8000		209.6983
3	Cost Per Diem Inflated	51.2881	80.2450	45.9711			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.2881	80.2450	45.9711	39.8000		217.3042
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5353		59.5910			
7	Provider Target Rate	69.0777		60.9520			
7a	Interim Adjustment				1.6577		
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	15.3077		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	80.2450	45.9711	15.3077		192.4813
12/13	Medicaid Adjustment Rate		1.5509	0.8885			
14	Prospective Per Diem 11	50.9575	81.7959	46.8596	15.3077		194.9207
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324418-00 - 2012/01
214.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare of Brookwood Gardens

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,075,000.00	Total Amount	Per Diem
RS to Start Calcs: 1987/01	Type: Fixed [2]	80% Capital(1): 6,626,795	16.6322
Indexed Asset Value 8,283,494	< 60% of Base: False	20% ROE(2): 1,656,699	0.9208
FRVS Base Asset: 3,441,840	Interest Rate: 12.9500 %	Insurance Cost(3): 55,855	1.2481
Occup Adj Factor: 0.8500	Chase Rate: 13.0000 %	Taxes Cost(3): 185,453	4.1440
ROE Factor 0.031040	Amortization Rate: 12.9500 %	Home Office(3): 38,603	0.8626
	Interest Only: False	Replacement(3&4): 75,485	0.0000
	Yearly Payment: 928,824	Total FRVS PD:	23.8077

(1) 80% Capital (\$6,626,795) amortized at 12.9500% for 20 years Principal & Interest of \$928,824 divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$16.6322

(2) 20% ROE (\$1,656,699) times the ROE factor (0.031040) divided by annual available days (65,700) divided by Occup. Adj. (0.8500) = \$0.9208

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,682
Comparison Date: 7/1/1986	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,441,840

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	81.7959	81.7959	5.9322	75.8637
Indirect Care	46.8596	46.8596	3.3985	43.4611
Property	15.3077	23.8077	1.7266	22.0811
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.1386
Supplemental Rate Add-on				\$8.1747
Totals	194.9207	203.4207	14.7530	214.9810

***Medicaid Trend Adjustment :**



0 324426-00 - 2012/01
188.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare at the Courtyard

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2600 Forest Glen Trail Marianna FL 32446 County: Jackson [32] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 8/27/1997 Acquired Date: 8/27/1997 Entered Medicaid 8/27/1997 Med # Active Date: 11/1/2007 Previous Med # 312495	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,520 Medicare: 5,683 Medicaid: 29,287	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.87817% Occupancy: 97.07763% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 121.37010% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,202,514	2,007,636	1,154,795	716,653	0	5,081,598
1a	Audit Adjustments						
2	Cost Per Diem	41.0597	68.5504	39.4303	24.4700		173.5104
3	Cost Per Diem Inflated	43.2858	70.8495	41.5681			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2858	70.8495	41.5681	24.4700		180.1734
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5385		55.0354			
7	Provider Target Rate	59.8754		56.2923			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.2858	70.8495	41.5681	13.6500		169.3534
12/13	Medicaid Adjustment Rate		1.5047	0.8828			
14	Prospective Per Diem 11	43.2858	72.3542	42.4509	13.6500		171.7409
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324426-00 - 2012/01
188.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare at the Courtyard

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/27/1997	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,200,000.00	Total Amount	Per Diem
RS to Start Calcs: 1997/07	Type: Fixed [2]	80% Capital(1): 4,271,079	12.9807
Indexed Asset Value: 5,338,849	< 60% of Base: False	20% ROE(2): 1,067,770	0.8408
FRVS Base Asset: 4,444,920	Interest Rate: 10.5000 %	Insurance Cost(3): 35,241	0.8288
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 37,232	0.8756
ROE Factor: 0.031040	Amortization Rate: 10.5000 %	Home Office(3): 28,547	0.6714
	Interest Only: False	Replacement(3&4): 21,268	0.0000
	Yearly Payment: 511,699	Total FRVS PD:	16.1973

- (1) 80% Capital (\$4,271,079) amortized at 10.5000% for 20 years Principal & Interest of \$511,699 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.9807
- (2) 20% ROE (\$1,067,770) times the ROE factor (0.031040) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8408
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 37,041
Comparison Date: 1/1/1997	Current RS PBS: 49,785
Comparison Bed: 120	Effective PBS Limitation: 4,444,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.2858	43.2858	3.1393	40.1465
Patient Care				
Direct Care	72.3542	72.3542	5.2474	67.1068
Indirect Care	42.4509	42.4509	3.0787	39.3722
Property	13.6500	16.1973	1.1747	15.0226
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3232
Supplemental Rate Add-on				\$8.1747
Totals	171.7409	174.2882	12.6401	188.1460

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324434-00 - 2012/01

200.28

Signature Healthcare of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2029 Professional Center Driv Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1980 Acquired Date: 10/1/1980 Entered Medicaid 10/1/1980 Med # Active Date: 11/1/2007 Previous Med # 258211	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 105 Maximum: 38,325 Max Annualized: 38,325 Total Patient: 35,049 Medicare: 7,320 Medicaid: 25,417	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.51847% Occupancy: 91.45206% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.33680% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,149,447	2,173,232	1,151,419	510,373	0	4,984,471
1a	Audit Adjustments						
2	Cost Per Diem	45.2236	85.5031	45.3011	20.0800		196.1078
3	Cost Per Diem Inflated	47.4580	88.1694	47.5394			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.4580	88.1694	47.5394	20.0800		203.2468
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.8983		45.2972			
7	Provider Target Rate	41.8324		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.8324	88.1694	46.3317	13.6500		189.9835
12/13	Medicaid Adjustment Rate		2.2336	1.1737			
14	Prospective Per Diem 11	41.8324	90.4030	47.5054	13.6500		193.3908
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324434-00 - 2012/01
200.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/1/1994	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,425,000.00		Total Amount	Per Diem
RS to Start Calcs:	1980/07	Type:	Variable [3]	80% Capital(1):	2,301,138	5.9688
Indexed Asset Value	2,876,422	< 60% of Base:	False	20% ROE(2):	575,284	0.4934
FRVS Base Asset:	1,610,843	Interest Rate:	6.5000 %	Insurance Cost(3):	20,360	0.5809
Occup Adj Factor:	0.9000	Chase Rate:	6.5000 %	Taxes Cost(3):	53,417	1.5241
ROE Factor	0.029580	Amortization Rate:	6.5000 %	Home Office(3):	27,220	0.7766
		Interest Only:	False	Replacement(3&4):	182,525	0.0000
		Yearly Payment:	205,880	Total FRVS PD:		9.3438

(1) 80% Capital (\$2,301,138) amortized at 6.5000% for 20 years Principal & Interest of \$205,880 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$5.9688

(2) 20% ROE (\$575,284) times the ROE factor (0.029580) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = \$0.4934

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 105	Effective PBS Limitation	2,992,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.8324	41.8324	3.0339	38.7985
Patient Care				
Direct Care	90.4030	90.4030	6.5564	83.8466
Indirect Care	47.5054	47.5054	3.4453	44.0601
Property	13.6500	9.3438	0.6777	8.6661
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$16.7328
Supplemental Rate Add-on				\$8.1747
Totals	193.3908	189.0846	13.7133	200.2788

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324442-00 - 2012/01

207.00

Signature Healthcare of Ormond

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
103 N. Clyde Morris Blvd Ormond Beach FL 32074 County: Volusia[64] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 2/1/1984 Acquired Date: 5/20/1988 Entered Medicaid 5/20/1988 Med # Active Date: 11/1/2007 Previous Med # 255475	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 60 Maximum: 21,900 Max Annualized: 21,900 Total Patient: 19,010 Medicare: 5,778 Medicaid: 8,500	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 44.71331% Occupancy: 86.80365% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.52519% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	499,548	719,679	472,998	219,555	0	1,911,780
1a	Audit Adjustments						
2	Cost Per Diem	58.7704	84.6681	55.6468	25.8300		224.9153
3	Cost Per Diem Inflated	61.6742	87.3083	58.3962			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.6742	87.3083	58.3962	25.8300		233.2087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4825		53.1325			
7	Provider Target Rate	47.5441		54.3460			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.5441	87.3083	54.3460	13.6500		202.8484
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	47.5441	87.3083	54.3460	13.6500		202.8484
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324442-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

207.00

Signature Healthcare of Ormond

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/20/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	None [1]	80% Capital(1):	2,000,452	4.7537
Indexed Asset Value	2,500,565	< 60% of Base:	True	20% ROE(2):	500,113	0.7506
FRVS Base Asset:	1,623,720	Interest Rate:	4.7500 %	Insurance Cost(3):	13,037	0.6858
Occup Adj Factor:	0.9000	Chase Rate:	4.7500 %	Taxes Cost(3):	41,678	2.1924
ROE Factor	0.029580	Amortization Rate:	4.7500 %	Home Office(3):	17,502	0.9207
		Interest Only:	True	Replacement(3&4):	33,186	0.0000
		Yearly Payment:	93,696	Total FRVS PD:		9.3032

- (1) 80% Capital (\$2,000,452) amortized at 4.7500% for 20 years Interest of \$93,696 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$4.7537
- (2) 20% ROE (\$500,113) times the ROE factor (0.029580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = \$0.7506
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	27,062
Comparison Date: 7/1/1983	Current RS PBS:	49,785
Comparison Bed 60	Effective PBS Limitation	1,623,720

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.5441	47.5441	3.4481	44.0960
Patient Care				
Direct Care	87.3083	87.3083	6.3320	80.9763
Indirect Care	54.3460	54.3460	3.9414	50.4046
Property	13.6500	9.3032	0.6747	8.6285
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7216
Supplemental Rate Add-on				\$8.1747
Totals	202.8484	198.5016	14.3962	207.0017

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324451-00 - 2012/01

192.55

Anchor Care & Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1515 Port Malabar Blvd. NE Palm Bay FL 32905 County: Brevard [5] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 2/1/1984 Entered Medicaid 2/1/1984 Med # Active Date: 11/1/2007 Previous Med # 258229	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,729 Medicare: 5,452 Medicaid: 27,547	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 67.63485% Occupancy: 92.98859% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.25782% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,134,461	2,329,292	1,035,034	719,803	0	5,218,590
1a	Audit Adjustments						
2	Cost Per Diem	41.1827	84.5570	37.5734	26.1300		189.4431
3	Cost Per Diem Inflated	43.2175	87.1938	39.4298			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.2175	87.1938	39.4298	26.1300		195.9711
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.7573		47.1821			
7	Provider Target Rate	40.6653		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	40.6653	87.1938	39.4298	13.6500		180.9389
12/13	Medicaid Adjustment Rate		1.7299	0.7823			
14	Prospective Per Diem 11	40.6653	88.9237	40.2121	13.6500		183.4511
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324451-00 - 2012/01
192.55

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Anchor Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 4,000,000.00	Total Amount	Per Diem
RS to Start Calcs: 1984/01	Type: Variable [3]	80% Capital(1): 2,598,792	5.8983
Indexed Asset Value: 3,248,490	< 60% of Base: False	20% ROE(2): 649,698	0.4875
FRVS Base Asset: 1,787,493	Interest Rate: 6.5000 %	Insurance Cost(3): 25,670	0.6303
Occup Adj Factor: 0.9000	Chase Rate: 6.5000 %	Taxes Cost(3): 60,139	1.4766
ROE Factor: 0.029580	Amortization Rate: 6.5000 %	Home Office(3): 30,595	0.7512
	Interest Only: False	Replacement(3&4): 53,304	0.0000
	Yearly Payment: 232,511	Total FRVS PD:	9.2439

(1) 80% Capital (\$2,598,792) amortized at 6.5000% for 20 years Principal & Interest of \$232,511 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.8983

(2) 20% ROE (\$649,698) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4875

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.6653	40.6653	2.9492	37.7161
Patient Care				
Direct Care	88.9237	88.9237	6.4491	82.4746
Indirect Care	40.2121	40.2121	2.9164	37.2957
Property	13.6500	9.2439	0.6704	8.5735
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.3189
Supplemental Rate Add-on				\$8.1747
Totals	183.4511	179.0450	12.9851	192.5535

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324469-00 - 2012/01 189.69

Pinellas Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8701 49th Street North Pinellas Park FL 33782 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1982 Acquired Date: 9/1/1982 Entered Medicaid 9/1/1982 Med # Active Date: 11/1/2007 Previous Med # 266655	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,201 Medicare: 7,386 Medicaid: 26,723	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.86008% Occupancy: 94.06621% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.60511% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,639	1,962,409	921,952	847,921	0	4,861,921
1a	Audit Adjustments						
2	Cost Per Diem	42.2722	73.4352	34.5003	31.7300		181.9377
3	Cost Per Diem Inflated	44.3608	75.7251	36.2049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3608	75.7251	36.2049	31.7300		188.0208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8805		47.1821			
7	Provider Target Rate	44.8827		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3608	75.7251	36.2049	13.6500		169.9408
12/13	Medicaid Adjustment Rate		1.2659	0.6053			
14	Prospective Per Diem 11	44.3608	76.9910	36.8102	13.6500		171.8120
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324469-00 - 2012/01
189.69

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Pinellas Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1982/07	Type:	Fixed [2]	80% Capital(1):	4,142,706	15.2262
Indexed Asset Value	5,178,382	< 60% of Base:	False	20% ROE(2):	1,035,676	0.7772
FRVS Base Asset:	3,261,497	Interest Rate:	13.5000 %	Insurance Cost(3):	27,388	0.6647
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	59,332	1.4401
ROE Factor	0.029580	Amortization Rate:	13.5000 %	Home Office(3):	29,672	0.7202
		Interest Only:	False	Replacement(3&4):	53,932	0.0000
		Yearly Payment:	600,216	Total FRVS PD:		18.8284

(1) 80% Capital (\$4,142,706) amortized at 13.5000% for 20 years Principal & Interest of \$600,216 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$15.2262

(2) 20% ROE (\$1,035,676) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7772

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3608	44.3608	3.2172	41.1436
Patient Care				
Direct Care	76.9910	76.9910	5.5837	71.4073
Indirect Care	36.8102	36.8102	2.6696	34.1406
Property	13.6500	18.8284	1.3655	17.4629
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.3585
Supplemental Rate Add-on				\$8.1747
Totals	171.8120	176.9904	12.8360	189.6876

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324477-00 - 2012/01

213.58

Signature Healthcare of Port Charlotte

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
4033 Beaver Lane Port Charlotte FL 33952 County: Charlotte [8] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1980 Acquired Date: 3/1/1980 Entered Medicaid 3/1/1980 Med # Active Date: 11/1/2007 Previous Med # 258237	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 164 Maximum: 59,860 Max Annualized: 59,860 Total Patient: 47,327 Medicare: 13,706 Medicaid: 27,861	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.86914% Occupancy: 79.06281% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 98.84730% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,272,182	2,559,428	1,375,977	703,490	0	5,911,077
1a	Audit Adjustments						
2	Cost Per Diem	45.6617	91.8642	49.3872	25.2500		212.1631
3	Cost Per Diem Inflated	47.9178	94.7288	51.8273			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.9178	94.7288	51.8273	25.2500		219.7239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4030		57.5742			
7	Provider Target Rate	49.5084		58.8891			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	47.9178	94.7288	51.8273	13.6500		208.1239
12/13	Medicaid Adjustment Rate		0.9452	0.5171			
14	Prospective Per Diem 11	47.9178	95.6740	52.3444	13.6500		209.5862
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 324477-00 - 2012/01
213.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Signature Healthcare of Port Charlotte

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 5,435,000.00	Total Amount	Per Diem
RS to Start Calcs: 1980/01	Type: Variable [3]	80% Capital(1): 3,632,395	6.0323
Indexed Asset Value: 4,540,494	< 60% of Base: False	20% ROE(2): 908,099	0.4986
FRVS Base Asset: 2,619,548	Interest Rate: 6.5000 %	Insurance Cost(3): 31,337	0.6621
Occup Adj Factor: 0.9000	Chase Rate: 6.5000 %	Taxes Cost(3): 58,705	1.2404
ROE Factor: 0.029580	Amortization Rate: 6.5000 %	Home Office(3): 42,235	0.8924
	Interest Only: False	Replacement(3&4): 16,155	0.0000
	Yearly Payment: 324,986	Total FRVS PD: 9.3258	

(1) 80% Capital (\$3,632,395) amortized at 6.5000% for 20 years Principal & Interest of \$324,986 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$6.0323

(2) 20% ROE (\$908,099) times the ROE factor (0.029580) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = \$0.4986

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed: 164	Effective PBS Limitation: 4,674,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	47.9178	47.9178	3.4752	44.4426
Patient Care				
Direct Care	95.6740	95.6740	6.9387	88.7353
Indirect Care	52.3444	52.3444	3.7962	48.5482
Property	13.6500	9.3258	0.6763	8.6495
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.0249
Supplemental Rate Add-on				\$8.1747
Totals	209.5862	205.2620	14.8864	213.5752

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324485-00 - 2012/01 186.88

The Bridge at Bay St. Joe

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
220 9th Street Port St. Joe FL 32456 County: Gulf [23] Region: North [1] Area: 2 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1983 Acquired Date: 5/1/1983 Entered Medicaid 5/1/1983 Med # Active Date: 11/1/2007 Previous Med # 266621	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,433 Medicare: 5,668 Medicaid: 29,566	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 76.92868% Occupancy: 87.74657% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 109.70407% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,234,905	2,455,214	1,108,737	628,573	0	5,427,429
1a	Audit Adjustments						
2	Cost Per Diem	41.7677	83.0418	37.5004	21.2600		183.5699
3	Cost Per Diem Inflated	43.8314	85.6313	39.3532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8314	85.6313	39.3532	21.2600		190.0759
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0000		45.2972			
7	Provider Target Rate	37.8450		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	37.8450	85.6313	39.3532	13.6500		176.4795
12/13	Medicaid Adjustment Rate		2.5942	1.1922			
14	Prospective Per Diem 11	37.8450	88.2255	40.5454	13.6500		180.2659
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324485-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

186.88

The Bridge at Bay St. Joe

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1983/01 Indexed Asset Value 3,249,787 FRVS Base Asset: 1,859,117 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,599,830	2.5981
	< 60% of Base:	True	20% ROE(2):	649,957	0.4877
	Interest Rate:	4.0000 %	Insurance Cost(3):	32,200	0.8378
	Chase Rate:	4.0000 %	Taxes Cost(3):	76,689	1.9954
	Amortization Rate:	4.0000 %	Home Office(3):	27,230	0.7085
	Interest Only:	True	Replacement(3&4):	20,458	0.0000
Yearly Payment:	102,416	Total FRVS PD:		6.6275	

(1) 80% Capital (\$2,599,830) amortized at 4.0000% for 20 years Interest of \$102,416 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$2.5981

(2) 20% ROE (\$649,957) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.4877

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	37.8450	37.8450	2.7447	35.1003
Patient Care				
Direct Care	88.2255	88.2255	6.3985	81.8270
Indirect Care	40.5454	40.5454	2.9405	37.6049
Property	13.6500	6.6275	0.4807	6.1468
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$18.0309
Supplemental Rate Add-on				\$8.1747
Totals	180.2659	173.2434	12.5644	186.8846

***Medicaid Trend Adjustment :**



0 324493-00 - 2012/01

191.34

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Kenilworth Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3011 Kenilworth Blvd. Sebring FL 33870	10/01/2009-09/30/2010	Number of Beds: 104	Superior: 0
County: Highlands[28]	Days In CR 365	Maximum: 37,960	Standard: 181
Region: Central[3] Area: 6	First Used: 2011/07	Max Annualized: 37,960	Conditional: 0
Control Private For profit [1]	Last Used: 2012/01	Total Patient: 34,504	Total: 181
Current Class Central Large [6]	Unaudited [3]	Medicare: 8,853	Inflation
Class at 1/94: South Large [4]	Initial CR? False	Medicaid: 19,040	FY Index: 1.21497768
Operating Ex > 18 months [1]	Medicaid Utilization 55.18201%	Occupancy: 90.89568%	Semester Index: 1.27500780
Open Date: 7/1/1979	Statewide Low Occupancy Threshold: 79.98480%	Statewide Low Occupancy Threshold: 79.98480%	Cost: 1.04940841
Acquired Date: 7/1/1979	Medicaid Low Occupancy Threshold: 42.01030%	Medicaid Low Occupancy Threshold: 42.01030%	Target: 1.01598689
Entered Medicaid 7/1/1979	Low Occupancy Adjustment Factor: 113.64120%	Low Occupancy Adjustment Factor: 113.64120%	DC FY Index: 1.17050000
Med # Active Date: 11/1/2007	Weighted Low Occ Adjustment Factor: 100.00000%	Weighted Low Occ Adjustment Factor: 100.00000%	DC Sem Index: 1.20700000
Previous Med # 258261			DC Inflation: 1.03118326
			PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	796,400	1,550,947	808,794	596,714	0	3,752,855
1a	Audit Adjustments						
2	Cost Per Diem	41.8277	81.4573	42.4787	31.3400		197.1037
3	Cost Per Diem Inflated	43.8943	83.9974	44.5775			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	43.8943	83.9974	44.5775	31.3400		203.8092
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7496		51.1362			
7	Provider Target Rate	41.6803		52.3041			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.6803	83.9974	44.5775	13.6500		183.9052
12/13	Medicaid Adjustment Rate		0.4897	0.2599			
14	Prospective Per Diem 11	41.6803	84.4871	44.8374	13.6500		184.6548
15	Inflated Usual & Customary Charge						
		Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324493-00 - 2012/01
191.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Kenilworth Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,100,000.00		Total Amount	Per Diem
RS to Start Calcs:	1979/07	Type:	Fixed [2]	80% Capital(1):	1,875,904	5.6143
Indexed Asset Value	2,344,880	< 60% of Base:	False	20% ROE(2):	468,976	0.4061
FRVS Base Asset:	1,315,960	Interest Rate:	8.2500 %	Insurance Cost(3):	26,759	0.7755
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	65,105	1.8869
ROE Factor	0.029580	Amortization Rate:	8.2500 %	Home Office(3):	29,414	0.8525
		Interest Only:	False	Replacement(3&4):	88,338	0.0000
		Yearly Payment:	191,807	Total FRVS PD:		9.5353

- (1) 80% Capital (\$1,875,904) amortized at 8.2500% for 20 years Principal & Interest of \$191,807 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$5.6143
- (2) 20% ROE (\$468,976) times the ROE factor (0.029580) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = \$0.4061
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 104	Effective PBS Limitation	2,964,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.6803	41.6803	3.0228	38.6575
Patient Care				
Direct Care	84.4871	84.4871	6.1274	78.3597
Indirect Care	44.8374	44.8374	3.2518	41.5856
Property	13.6500	9.5353	0.6915	8.8438
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$15.7234
Supplemental Rate Add-on				\$8.1747
Totals	184.6548	180.5401	13.0935	191.3447

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324507-00 - 2012/01 206.28

Peninsula Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
900 Beckett Way Tarpon Springs FL 34689 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1984 Acquired Date: 1/1/1984 Entered Medicaid 1/1/1984 Med # Active Date: 11/1/2007 Previous Med # 266647	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,813 Medicare: 6,016 Medicaid: 24,605	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 65.07021% Occupancy: 86.33105% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.93433% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,164,054	2,077,294	953,008	862,405	0	5,056,761
1a	Audit Adjustments						
2	Cost Per Diem	47.3097	84.4257	38.7323	35.0500		205.5177
3	Cost Per Diem Inflated	49.6472	87.0584	40.6460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	49.6472	87.0584	40.6460	35.0500		212.4016
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1068		47.1821			
7	Provider Target Rate	43.0685		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	43.0685	87.0584	40.6460	13.6500		184.4229
12/13	Medicaid Adjustment Rate		1.4760	0.6891			
14	Prospective Per Diem 11	43.0685	88.5344	41.3351	13.6500		186.5880
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324507-00 - 2012/01
206.28

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Peninsula Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	3/1/1995	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,750,000.00		Total Amount	Per Diem
RS to Start Calcs:	1984/01	Type:	Fixed [2]	80% Capital(1):	4,529,570	17.3471
Indexed Asset Value	5,661,962	< 60% of Base:	False	20% ROE(2):	1,132,392	0.8497
FRVS Base Asset:	3,420,000	Interest Rate:	14.2000 %	Insurance Cost(3):	33,207	0.8782
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	60,827	1.6086
ROE Factor	0.029580	Amortization Rate:	14.2000 %	Home Office(3):	30,088	0.7957
		Interest Only:	False	Replacement(3&4):	105,775	0.0000
		Yearly Payment:	683,824	Total FRVS PD:		21.4793

- (1) 80% Capital (\$4,529,570) amortized at 14.2000% for 20 years Principal & Interest of \$683,824 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$17.3471
- (2) 20% ROE (\$1,132,392) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8497
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	43.0685	43.0685	3.1235	39.9450
Patient Care				
Direct Care	88.5344	88.5344	6.4209	82.1135
Indirect Care	41.3351	41.3351	2.9978	38.3373
Property	13.6500	21.4793	1.5578	19.9215
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.7851
Supplemental Rate Add-on				\$8.1747
Totals	186.5880	194.4173	14.1000	206.2771

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324515-00 - 2012/01

195.98

Winter Park Care and Rehabilitation Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2970 Scarlet Road Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/1/1979 Acquired Date: 9/1/1979 Entered Medicaid 9/1/1979 Med # Active Date: 11/1/2007 Previous Med # 258245	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 103 Maximum: 37,595 Max Annualized: 37,595 Total Patient: 32,635 Medicare: 6,085 Medicaid: 21,000	Superior: 0 Standard: 181 Conditional: 0 Total: 181
			Medicaid Utilization 64.34809% Occupancy: 86.80676% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 108.52907% Weighted Low Occ Adjustment Factor: 100.00000%

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	932,451	1,623,126	916,065	445,830	0	3,917,472
1a	Audit Adjustments						
2	Cost Per Diem	44.4024	77.2917	43.6221	21.2300		186.5462
3	Cost Per Diem Inflated	46.5963	79.7019	45.7774			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5963	79.7019	45.7774	21.2300		193.3056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4948		51.7350			
7	Provider Target Rate	48.5795		52.9165			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5963	79.7019	45.7774	13.6500		185.7256
12/13	Medicaid Adjustment Rate		1.2865	0.7389			
14	Prospective Per Diem 11	46.5963	80.9884	46.5163	13.6500		187.7510
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324515-00 - 2012/01
195.98

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Winter Park Care and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1994	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,750,000.00	Total Amount	Per Diem
RS to Start Calcs: 1979/07	Type: Fixed [2]	80% Capital(1): 1,689,926	5.1068
Indexed Asset Value 2,112,408	< 60% of Base: False	20% ROE(2): 422,482	0.3693
FRVS Base Asset: 1,171,640	Interest Rate: 8.2500 %	Insurance Cost(3): 27,947	0.8564
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 89,912	2.7551
ROE Factor 0.029580	Amortization Rate: 8.2500 %	Home Office(3): 24,516	0.7512
	Interest Only: False	Replacement(3&4): 48,767	0.0000
	Yearly Payment: 172,791	Total FRVS PD: 9.8388	

(1) 80% Capital (\$1,689,926) amortized at 8.2500% for 20 years Principal & Interest of \$172,791 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$5.1068

(2) 20% ROE (\$422,482) times the ROE factor (0.029580) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = \$0.3693

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 103	Effective PBS Limitation 2,935,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5963	46.5963	3.3794	43.2169
Patient Care				
Direct Care	80.9884	80.9884	5.8736	75.1148
Indirect Care	46.5163	46.5163	3.3736	43.1427
Property	13.6500	9.8388	0.7136	9.1252
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$17.2064
Supplemental Rate Add-on				\$8.1747
Totals	187.7510	183.9398	13.3402	195.9807

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 324566-00 - 2012/01

202.61

Southern Oaks Rehabilitation and Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
600 West Gregory Street Pensacola FL 32501 County: Escambia [17] Region: North [1] Area: 1 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 10/1/1978 Acquired Date: 10/1/1978 Entered Medicaid 10/1/1978 Med # Active Date: 12/31/2007 Previous Med # 260631	01/01/2010-12/31/2010 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 210 Maximum: 76,650 Max Annualized: 76,650 Total Patient: 69,628 Medicare: 6,955 Medicaid: 55,472	Superior: 0 Standard: 160 Conditional: 21 Total: 181
	Medicaid Utilization 79.66910% Occupancy: 90.83888% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.57018% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.22078676 Semester Index: 1.27500780 Cost: 1.04441483 Target: 1.01598689 DC FY Index: 1.17400000 DC Sem Index: 1.20700000 DC Inflation: 1.02810903 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,431,814	5,192,928	2,814,987	1,115,542	0	11,555,271
1a	Audit Adjustments						
2	Cost Per Diem	43.8386	93.6135	50.7461	20.1100		208.3082
3	Cost Per Diem Inflated	45.7857	96.2449	53.0000			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.7857	96.2449	53.0000	20.1100		215.1406
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5726		58.5680			
7	Provider Target Rate	47.6362		59.9056			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	48.9503		51.1360			
10b	Base for line 10a	47.8573		49.9942			
11	Lesser of 5,7,8,10, 10a	45.7857	95.5570	51.1360	13.6500		206.1287
12/13	Medicaid Adjustment Rate		2.8194	1.5088			
14	Prospective Per Diem 11	45.7857	98.3764	52.6448	13.6500		210.4569
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 324566-00 - 2012/01
202.61

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Southern Oaks Rehabilitation and Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 11/1/1988	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,485,000.00	Total Amount	Per Diem
RS to Start Calcs: 1978/07	Type: Variable [3]	80% Capital(1): 4,001,996	4.6910
Indexed Asset Value 5,002,495	< 60% of Base: False	20% ROE(2): 1,000,499	0.4003
FRVS Base Asset: 2,938,978	Interest Rate: 5.2500 %	Insurance Cost(3): 181,128	2.6014
Occup Adj Factor: 0.9000	Chase Rate: 4.2500 %	Taxes Cost(3): 58,145	0.8351
ROE Factor 0.027600	Amortization Rate: 5.2500 %	Home Office(3): 22,663	0.3255
	Interest Only: False	Replacement(3&4): 109,512	0.0000
	Yearly Payment: 323,607	Total FRVS PD: 8.8533	

(1) 80% Capital (\$4,001,996) amortized at 5.2500% for 20 years Principal & Interest of \$323,607 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$4.6910

(2) 20% ROE (\$1,000,499) times the ROE factor (0.027600) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.4003

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 210	Effective PBS Limitation 5,985,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.7857	45.7857	3.3206	42.4651
Patient Care				
Direct Care	98.3764	98.3764	7.1347	91.2417
Indirect Care	52.6448	52.6448	3.8180	48.8268
Property	13.6500	8.8533	0.6421	8.2112
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$3.6905
Supplemental Rate Add-on				\$8.1747
Totals	210.4569	205.6602	14.9154	202.6100

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325031-00 - 2012/01

247.89

Terraces of Lake Worth Rehab and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1711 6th Avenue South Lake Worth FL 33460 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 1/1/1979 Med # Active Date: 8/1/2007 Previous Med # 309303	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 99 Maximum: 36,135 Max Annualized: 36,135 Total Patient: 33,074 Medicare: 3,219 Medicaid: 25,749	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 77.85269% Occupancy: 91.52899% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.43298% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,237,839	2,415,200	1,655,833	778,135	0	6,087,007
1a	Audit Adjustments						
2	Cost Per Diem	48.0733	93.7978	64.3067	30.2200		236.3978
3	Cost Per Diem Inflated	50.0694	96.2977	66.9768			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.0694	96.2977	66.9768	30.2200		243.5639
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.8443		74.9369			
7	Provider Target Rate	66.3252		76.6483			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	54.5786		69.5289			
10b	Base for line 10a	53.3599		67.9764			
11	Lesser of 5,7,8,10, 10a	50.0694	96.2977	66.9768	13.6500		226.9939
12/13	Medicaid Adjustment Rate		3.0174	2.0987			
14	Prospective Per Diem 11	50.0694	99.3151	69.0755	13.6500		232.1100
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325031-00 - 2012/01
247.89

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Terraces of Lake Worth Rehab and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	8/1/1986	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	2,768,698.00		Total Amount	Per Diem
RS to Start Calcs:	1977/07	Type:	Fixed [2]	80% Capital(1):	3,784,743	13.7555
Indexed Asset Value	4,730,929	< 60% of Base:	False	20% ROE(2):	946,186	0.7821
FRVS Base Asset:	1,103,813	Interest Rate:	10.3000 %	Insurance Cost(3):	92,361	2.7926
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	58,210	1.7600
ROE Factor	0.026880	Amortization Rate:	10.3000 %	Home Office(3):	10,765	0.3255
		Interest Only:	False	Replacement(3&4):	25,010	0.0000
		Yearly Payment:	447,348	Total FRVS PD:		19.4157

(1) 80% Capital (\$3,784,743) amortized at 10.3000% for 20 years Principal & Interest of \$447,348 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$13.7555

(2) 20% ROE (\$946,186) times the ROE factor (0.026880) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = \$0.7821

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 99	Effective PBS Limitation	2,821,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.0694	50.0694	3.6312	46.4382
Patient Care				
Direct Care	99.3151	99.3151	7.2027	92.1124
Indirect Care	69.0755	69.0755	5.0096	64.0659
Property	13.6500	19.4157	1.4081	18.0076
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.0915
Supplemental Rate Add-on				\$8.1747
Totals	232.1100	237.8757	17.2516	247.8903

*Medicaid Trend Adjustment :



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325040-00 - 2012/01
210.04

Arbor Village Nursing Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
490 South Old Wire Road Wildwood FL 34785 County: Sumter[60] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/1/1982 Acquired Date: 5/1/1982 Entered Medicaid 5/1/1982 Med # Active Date: 8/1/2007 Previous Med # 283142	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 210 Maximum: 76,650 Max Annualized: 76,650 Total Patient: 73,829 Medicare: 22,316 Medicaid: 43,463	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 58.86982% Occupancy: 96.31963% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.42242% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,704,366	3,967,337	2,129,160	1,800,237	0	9,601,100
1a	Audit Adjustments						
2	Cost Per Diem	39.2142	91.2808	48.9879	41.4200		220.9029
3	Cost Per Diem Inflated	40.8425	93.7136	51.0220			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	40.8425	93.7136	51.0220	41.4200		226.9981
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2346		57.2576			
7	Provider Target Rate	49.3362		58.5653			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation	42.9356		55.5937			
10b	Base for line 10a	41.9769		54.3524			
11	Lesser of 5,7,8,10, 10a	40.8425	93.7136	51.0220	13.6500		199.2281
12/13	Medicaid Adjustment Rate		0.9351	0.5091			
14	Prospective Per Diem 11	40.8425	94.6487	51.5311	13.6500		200.6723
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325040-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

210.04

Arbor Village Nursing Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1982/01 Indexed Asset Value 8,427,191 FRVS Base Asset: 2,419,633 Occup Adj Factor: 0.9000 ROE Factor 0.026880	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:	6,300,000.00		
	Type:	Fixed [2]		
	< 60% of Base:	False	80% Capital(1):	6,741,753
	Interest Rate:	9.0000 %	20% ROE(2):	1,685,438
	Chase Rate:	5.2500 %	Insurance Cost(3):	188,207
	Amortization Rate:	8.2500 %	Taxes Cost(3):	87,687
	Interest Only:	False	Home Office(3):	24,024
Yearly Payment:	689,330	Replacement(3&4):	24,922	
		Total FRVS PD:	14.7115	

(1) 80% Capital (\$6,741,753) amortized at 8.2500% for 20 years Principal & Interest of \$689,330 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$9.9925

(2) 20% ROE (\$1,685,438) times the ROE factor (0.026880) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = \$0.6567

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 180	Effective PBS Limitation	5,130,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	40.8425	40.8425	2.9621	37.8804
Patient Care				
Direct Care	94.6487	94.6487	6.8643	87.7844
Indirect Care	51.5311	51.5311	3.7373	47.7938
Property	13.6500	14.7115	1.0669	13.6446
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$14.7571
Supplemental Rate Add-on				\$8.1747
Totals	200.6723	201.7338	14.6306	210.0350

***Medicaid Trend Adjustment :**



0 325163-00 - 2012/01
245.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Lake Rehabilitation and Health Center

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
750 Bayberry Drive Lake Park FL 33403 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 1/1/1970 Acquired Date: 1/1/1970 Entered Medicaid 1/1/1970 Med # Active Date: 9/1/2007 Previous Med # 309281	03/01/2010-02/28/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 85 Maximum: 31,025 Max Annualized: 31,025 Total Patient: 28,162 Medicare: 1,758 Medicaid: 24,635	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 87.47603% Occupancy: 90.77196% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.48652% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22417738 Semester Index: 1.27500780 Cost: 1.04152210 Target: 1.01598689 DC FY Index: 1.17566608 DC Sem Index: 1.20700000 DC Inflation: 1.02665206 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,111,001	2,393,741	1,697,667	595,674	0	5,798,083
1a	Audit Adjustments						
2	Cost Per Diem	45.0985	97.1683	68.9128	24.1800		235.3596
3	Cost Per Diem Inflated	46.9711	99.7580	71.7742			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.9711	99.7580	71.7742	24.1800		242.6833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.0436		78.2815			
7	Provider Target Rate	68.5748		80.0693			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation	58.1690		70.9353			
10b	Base for line 10a	56.8702		69.3514			
11	Lesser of 5,7,8,10, 10a	46.9711	99.7580	70.9353	13.6500		231.3144
12/13	Medicaid Adjustment Rate		4.2059	2.9907			
14	Prospective Per Diem 11	46.9711	103.9639	73.9260	13.6500		238.5110
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325163-00 - 2012/01
245.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Lake Rehabilitation and Health Center

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1971/07	Type:	Fixed [2]	80% Capital(1):	1,108,784	4.4417
Indexed Asset Value	1,385,980	< 60% of Base:	False	20% ROE(2):	277,196	0.2668
FRVS Base Asset:	480,912	Interest Rate:	9.5000 %	Insurance Cost(3):	78,195	2.7766
Occup Adj Factor:	0.9000	Chase Rate:	8.7500 %	Taxes Cost(3):	54,101	1.9211
ROE Factor	0.026880	Amortization Rate:	9.5000 %	Home Office(3):	9,166	0.3255
		Interest Only:	False	Replacement(3&4):	5,118	0.0000
		Yearly Payment:	124,024	Total FRVS PD:		9.7317

(1) 80% Capital (\$1,108,784) amortized at 9.5000% for 20 years Principal & Interest of \$124,024 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$4.4417

(2) 20% ROE (\$277,196) times the ROE factor (0.026880) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = \$0.2668

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 85	Effective PBS Limitation	2,422,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.9711	46.9711	3.4065	43.5646
Patient Care				
Direct Care	103.9639	103.9639	7.5399	96.4240
Indirect Care	73.9260	73.9260	5.3614	68.5646
Property	13.6500	9.7317	0.7058	9.0259
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Quality Assess-Medicaid Share				\$19.8297
Supplemental Rate Add-on				\$8.1747
Totals	238.5110	234.5927	17.0136	245.5835

*Medicaid Trend Adjustment :



0 325236-00 - 2012/01
196.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland Health Care Center - Jacksonville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
8495 Normandy Blvd Jacksonville FL 32221 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/12/1990 Acquired Date: 1/12/1990 Entered Medicaid 1/12/1990 Med # Active Date: 12/20/2007 Previous Med # 201511	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,100 Medicare: 18,157 Medicaid: 17,724	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 42.09976% Occupancy: 96.11872% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.17124% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	963,810	1,412,794	815,647	241,401	154,145	3,587,797
1a	Audit Adjustments						
2	Cost Per Diem	54.3788	79.7108	46.0194	13.6200	8.6970	202.4260
3	Cost Per Diem Inflated	57.4583	82.4783	48.6255			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.4583	82.4783	48.6255	13.6200	8.6970	210.8791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4144		46.7924			
7	Provider Target Rate	62.8170		47.8611			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	82.4783	47.8611	13.6200	8.6970	199.3710
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.7146	82.4783	47.8611	13.6200	8.6970	199.3710
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325236-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

196.97

Heartland Health Care Center - Jacksonville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/12/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/01	Type:	Variable [3]	80% Capital(1):	4,690,859	10.2427
Indexed Asset Value	5,863,574	< 60% of Base:	False	20% ROE(2):	1,172,715	0.9389
FRVS Base Asset:	3,602,760	Interest Rate:	6.0150 %	Insurance Cost(3):	3,632	0.0863
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	62,118	1.4755
ROE Factor	0.031560	Amortization Rate:	6.0150 %	Home Office(3):	33,375	0.7928
		Interest Only:	False	Replacement(3&4):	28,214	0.0000
		Yearly Payment:	403,769	Total FRVS PD:		13.5362

(1) 80% Capital (\$4,690,859) amortized at 6.0150% for 20 years Principal & Interest of \$403,769 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2427

(2) 20% ROE (\$1,172,715) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.9389

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	82.4783	82.4783	5.9817	76.4966
Indirect Care	47.8611	47.8611	3.4711	44.3900
Property	13.6200	13.5362	0.9817	12.5545
ROE	8.6970	6.5560	0.4755	6.0805
ROE Adjustment	-6.5560	-6.5560	-0.4755	-6.0805
Quality Assess-Medicaid Share				\$12.0284
Supplemental Rate Add-on				\$8.1747
Totals	192.8150	190.5902	13.8224	196.9709

***Medicaid Trend Adjustment :**



0 325244-00 - 2012/01

197.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Kendall FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
9400 SW 137th Avenue Kendall FL 33186 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 8/31/1989 Acquired Date: 8/31/1989 Entered Medicaid 8/31/1989 Med # Active Date: 12/20/2007 Previous Med # 211591	07/01/2010-06/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,035 Medicare: 23,904 Medicaid: 14,754	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 35.09932% Occupancy: 95.97032% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.98570% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23415178 Semester Index: 1.27500780 Cost: 1.03310453 Target: 1.01598689 DC FY Index: 1.17950000 DC Sem Index: 1.20700000 DC Inflation: 1.02331496 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	846,171	1,252,944	636,241	166,278	76,314	2,977,948
1a	Audit Adjustments						
2	Cost Per Diem	57.3520	84.9223	43.1233	11.2700	5.1724	201.8401
3	Cost Per Diem Inflated	59.2506	86.9023	44.5509			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	59.2506	86.9023	44.5509	11.2700	5.1724	207.1462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.2610		49.5278			
7	Provider Target Rate	60.6144		50.6589			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	86.9023	44.5509	11.2700	5.1724	198.8531
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	86.9023	44.5509	11.2700	5.1724	198.8531
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325244-00 - 2012/01
197.59

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Kendall FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 8/31/1989	Mortgage Information	Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 3,215,000.00	Total Amount	Per Diem
RS to Start Calcs: 1989/07	Type: Variable [3]	80% Capital(1): 3,961,783	9.1630
Indexed Asset Value 4,952,229	< 60% of Base: False	20% ROE(2): 990,446	0.6490
FRVS Base Asset: 3,578,520	Interest Rate: 6.7400 %	Insurance Cost(3): 5,650	0.1344
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Taxes Cost(3): 68,193	1.6223
ROE Factor 0.025830	Amortization Rate: 6.7400 %	Home Office(3): 17,350	0.4128
	Interest Only: False	Replacement(3&4): 564,587	0.0000
	Yearly Payment: 361,205	Total FRVS PD:	11.9815

(1) 80% Capital (\$3,961,783) amortized at 6.7400% for 20 years Principal & Interest of \$361,205 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1630

(2) 20% ROE (\$990,446) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6490

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,821
Comparison Date: 1/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,578,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	86.9023	86.9023	6.3025	80.5998
Indirect Care	44.5509	44.5509	3.2310	41.3199
Property	11.2700	11.9815	0.8689	11.1126
ROE	5.1724	3.9310	0.2851	3.6459
ROE Adjustment	-3.9310	-3.9310	-0.2851	-3.6459
Quality Assess-Medicaid Share				\$9.1227
Supplemental Rate Add-on				\$8.1747
Totals	194.9221	194.3922	14.0981	197.5915

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325252-00 - 2012/01

199.52

Heartland of Miami Lakes

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5725 NW 186th Street Hialeah FL 33015 County: Dade [13] Region: South [2] Area: 11 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/14/1990 Acquired Date: 9/14/1990 Entered Medicaid 9/14/1990 Med # Active Date: 12/20/2007 Previous Med # 202932	10/01/2010-09/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,875 Medicare: 31,685 Medicaid: 9,858	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 22.99242% Occupancy: 97.88813% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 122.38342% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.24546328 Semester Index: 1.27500780 Cost: 1.02372171 Target: 1.01598689 DC FY Index: 1.18500000 DC Sem Index: 1.20700000 DC Inflation: 1.01856540 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	534,592	820,231	474,876	153,588	44,149	2,027,436
1a	Audit Adjustments						
2	Cost Per Diem	54.2293	83.2046	48.1716	15.5800	4.4785	205.6640
3	Cost Per Diem Inflated	55.5157	84.7493	49.3143			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	55.5157	84.7493	49.3143	15.5800	4.4785	209.6378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.7592		49.0701			
7	Provider Target Rate	59.0783		50.1908			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	84.7493	49.3143	13.6500	4.4785	203.1496
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	84.7493	49.3143	13.6500	4.4785	203.1496
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325252-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

199.52

Heartland of Miami Lakes

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	9/14/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,600,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Fixed [2]	80% Capital(1):	4,101,555	12.4655
Indexed Asset Value	5,126,944	< 60% of Base:	False	20% ROE(2):	1,025,389	0.6612
FRVS Base Asset:	3,620,880	Interest Rate:	10.5000 %	Insurance Cost(3):	6,950	0.1621
Occup Adj Factor:	0.9000	Chase Rate:	10.0000 %	Taxes Cost(3):	57,753	1.3470
ROE Factor	0.025420	Amortization Rate:	10.5000 %	Home Office(3):	29,881	0.6969
		Interest Only:	False	Replacement(3&4):	389,630	0.0000
		Yearly Payment:	491,389	Total FRVS PD:		15.3327

(1) 80% Capital (\$4,101,555) amortized at 10.5000% for 20 years Principal & Interest of \$491,389 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$12.4655

(2) 20% ROE (\$1,025,389) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6612

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,620,880

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	84.7493	84.7493	6.1464	78.6029
Indirect Care	49.3143	49.3143	3.5765	45.7378
Property	13.6500	15.3327	1.1120	14.2207
ROE	4.4785	2.6800	0.1944	2.4856
ROE Adjustment	-2.6800	-2.6800	-0.1944	-2.4856
Quality Assess-Medicaid Share				\$5.5200
Supplemental Rate Add-on				\$8.1747
Totals	200.4696	200.3538	14.5306	199.5179

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325261-00 - 2012/01 200.58

Heartland of Orange Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
570 Wells Road Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 3/22/1990 Acquired Date: 3/22/1990 Entered Medicaid 4/26/1990 Med # Active Date: 12/20/2007 Previous Med # 202169	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,622 Medicare: 12,280 Medicaid: 17,112	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 43.18813% Occupancy: 90.46119% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.09798% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	748,280	1,397,667	791,570	174,885	113,376	3,225,778
1a	Audit Adjustments						
2	Cost Per Diem	43.7284	81.6776	46.2582	10.2200	6.6255	188.5098
3	Cost Per Diem Inflated	45.8890	84.2246	48.5437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	45.8890	84.2246	48.5437	10.2200	6.6255	195.5028
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8353		48.1391			
7	Provider Target Rate	63.2475		49.2385			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	45.8890	84.2246	48.5437	10.2200	6.6255	195.5028
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	45.8890	84.2246	48.5437	10.2200	6.6255	195.5028
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325261-00 - 2012/01
200.58

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Orange Park

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/26/1990	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
Year of Phase-In/ Full:	Amount: 3,600,000.00	80% Capital(1):	3,975,540 9.5726
RS to Start Calcs: 1990/01	Type: Variable [3]	20% ROE(2):	993,885 0.7458
Indexed Asset Value 4,969,425	< 60% of Base: False	Insurance Cost(3):	2,715 0.0685
FRVS Base Asset: 3,602,760	Interest Rate: 7.2600 %	Taxes Cost(3):	76,307 1.9259
Occup Adj Factor: 0.9000	Chase Rate: 8.2500 %	Home Office(3):	29,688 0.7493
ROE Factor 0.029580	Amortization Rate: 7.2600 %	Replacement(3&4):	201,072 0.0000
	Interest Only: False	Total FRVS PD:	13.0621
	Yearly Payment: 377,350		

(1) 80% Capital (\$3,975,540) amortized at 7.2600% for 20 years Principal & Interest of \$377,350 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.5726

(2) 20% ROE (\$993,885) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7458

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,023
Comparison Date: 7/1/1989	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	45.8890	45.8890	3.3281	42.5609
Patient Care				
Direct Care	84.2246	84.2246	6.1083	78.1163
Indirect Care	48.5437	48.5437	3.5206	45.0231
Property	10.2200	13.0621	0.9473	12.1148
ROE	6.6255	5.5808	0.4047	5.1761
ROE Adjustment	-5.5808	-5.5808	-0.4047	-5.1761
Quality Assess-Medicaid Share				\$14.5950
Supplemental Rate Add-on				\$8.1747
Totals	189.9220	191.7194	13.9043	200.5848

***Medicaid Trend Adjustment :**



0 325279-00 - 2012/01

201.21

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

MCHS Winter Park

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2075 Lochmond Drive Winter Park FL 32792 County: Orange [48] Region: Central [3] Area: 7 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 7/1/1977 Acquired Date: 7/1/1977 Entered Medicaid 7/1/1977 Med # Active Date: 12/20/2007 Previous Med # 204854	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 138 Maximum: 50,370 Max Annualized: 50,370 Total Patient: 37,905 Medicare: 10,636 Medicaid: 19,165	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 50.56061% Occupancy: 75.25313% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.08429% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,595	1,642,040	792,378	189,925	149,249	3,903,187
1a	Audit Adjustments						
2	Cost Per Diem	58.9405	85.6791	41.3451	9.9100	7.7876	203.6623
3	Cost Per Diem Inflated	61.8527	88.3509	43.3879			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	61.8527	88.3509	43.3879	9.9100	7.7876	211.2891
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.1913		47.1821			
7	Provider Target Rate	64.6345		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	88.3509	43.3879	9.9100	7.7876	198.5782
12/13	Medicaid Adjustment Rate		0.0557	0.0274			
14	Prospective Per Diem 11	49.1418	88.4066	43.4153	9.9100	7.7876	198.6613
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325279-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

201.21

MCHS Winter Park

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem		
				Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 2,068,000.00			
RS to Start Calcs:	1977/07	Type: Fixed [2]	80% Capital(1):	2,928,746	6.2455
Indexed Asset Value	3,660,933	< 60% of Base: False	20% ROE(2):	732,187	0.4778
FRVS Base Asset:	2,386,545	Interest Rate: 7.5000 %	Insurance Cost(3):	1,226	0.0323
Occup Adj Factor:	0.9000	Chase Rate: 13.0000 %	Taxes Cost(3):	50,416	1.3301
ROE Factor	0.029580	Amortization Rate: 7.5000 %	Home Office(3):	30,440	0.8031
		Interest Only: False	Replacement(3&4):	850,823	0.0000
		Yearly Payment: 283,125	Total FRVS PD:		8.8888

(1) 80% Capital (\$2,928,746) amortized at 7.5000% for 20 years Principal & Interest of \$283,125 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$6.2455

(2) 20% ROE (\$732,187) times the ROE factor (0.029580) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = \$0.4778

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 138	Effective PBS Limitation	3,933,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	88.4066	88.4066	6.4116	81.9950
Indirect Care	43.4153	43.4153	3.1487	40.2666
Property	9.9100	8.8888	0.7187	9.1913
ROE	7.7876	6.9396	0.5648	7.2228
ROE Adjustment	-6.9396	-6.9396	-0.5033	-6.4363
Quality Assess-Medicaid Share				\$15.2154
Supplemental Rate Add-on				\$8.1747
Totals	191.7217	189.8525	13.9045	201.2073

***Medicaid Trend Adjustment :**



0 325287-00 - 2012/01
194.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland-South Jacksonville of Jacksonville FL, L

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3648 University Boulevard Jacksonville FL 32216 County: Duval [16] Region: North [1] Area: 4 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 11/1/1981 Acquired Date: 11/1/1981 Entered Medicaid 7/1/1980 Med # Active Date: 12/20/2007 Previous Med # 205630	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 40,099 Medicare: 17,788 Medicaid: 14,536	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 36.25028% Occupancy: 93.89767% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.39440% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	646,548	1,161,894	663,483	191,584	50,200	2,713,709
1a	Audit Adjustments						
2	Cost Per Diem	44.4791	79.9322	45.6441	13.1800	3.4535	186.6889
3	Cost Per Diem Inflated	46.0547	81.8653	47.2610			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.0547	81.8653	47.2610	13.1800	3.4535	191.8145
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2644		45.2972			
7	Provider Target Rate	56.5266		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.0547	81.8653	46.3317	13.1800	3.4535	190.8852
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.0547	81.8653	46.3317	13.1800	3.4535	190.8852
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325287-00 - 2012/01
194.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland-South Jacksonville of Jacksonville FL, L

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 1,521,100.00		
RS to Start Calcs: 1981/07		Type: Fixed [2]	80% Capital(1): 4,069,617	11.8438
Indexed Asset Value 5,087,021		< 60% of Base: False	20% ROE(2): 1,017,404	0.6922
FRVS Base Asset: 2,155,424		Interest Rate: 9.5000 %	Insurance Cost(3): 4,696	0.1171
Occup Adj Factor: 0.9000		Chase Rate: 13.0000 %	Taxes Cost(3): 69,844	1.7418
ROE Factor 0.026150		Amortization Rate: 9.5000 %	Home Office(3): 25,947	0.6471
		Interest Only: False	Replacement(3&4): 1,432,755	0.0000
		Yearly Payment: 455,210	Total FRVS PD:	15.0420

(1) 80% Capital (\$4,069,617) amortized at 9.5000% for 20 years Principal & Interest of \$455,210 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$11.8438

(2) 20% ROE (\$1,017,404) times the ROE factor (0.026150) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.6922

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 89	Effective PBS Limitation 2,536,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.0547	46.0547	3.3401	42.7146
Patient Care				
Direct Care	81.8653	81.8653	5.9372	75.9281
Indirect Care	46.3317	46.3317	3.3602	42.9715
Property	13.1800	15.0420	0.9559	12.2241
ROE	3.4535	2.1737	0.2505	3.2030
ROE Adjustment	-2.1737	-2.1737	-0.1576	-2.0161
Quality Assess-Medicaid Share				\$11.7678
Supplemental Rate Add-on				\$8.1747
Totals	188.7115	189.2937	13.6863	194.9677

***Medicaid Trend Adjustment :**



0 325295-00 - 2012/01

202.34

Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Analysis
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2012 through 06/30/2012

Heartland of Brooksville

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
575 Lamar Ave Brooksville FL 34601 County: Hernando [27] Region: North [1] Area: 3 Control Private For profit [1] Current Class North Large [2] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/1/1988 Acquired Date: 1/1/1988 Entered Medicaid 1/1/1988 Med # Active Date: 12/20/2007 Previous Med # 211575	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 32,948 Medicare: 6,463 Medicaid: 21,249	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.49253% Occupancy: 75.22374% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 94.04755% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	960,574	1,709,053	1,022,931	203,778	155,933	4,052,269
1a	Audit Adjustments						
2	Cost Per Diem	45.2056	80.4298	48.1402	9.5900	7.3384	190.7040
3	Cost Per Diem Inflated	47.5477	83.0326	50.6343			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	47.5477	83.0326	50.6343	9.5900	7.3384	198.1430
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.3725		45.2972			
7	Provider Target Rate	60.7285		46.3317			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	47.3261	95.5570	59.4781	13.6500		
9	Prior Semester: Class Ceiling Target Base	45.9795		54.3625			
10	Target Rate Class Ceiling	46.7146		55.2316			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.7146	83.0326	46.3317	9.5900	7.3384	193.0073
12/13	Medicaid Adjustment Rate		1.3538	0.7554			
14	Prospective Per Diem 11	46.7146	84.3864	47.0871	9.5900	7.3384	195.1165
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325295-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

202.34

Heartland of Brooksville

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	1/1/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,564,050	9.9658
Indexed Asset Value	5,705,063	< 60% of Base:	False	20% ROE(2):	1,141,013	0.8805
FRVS Base Asset:	3,530,760	Interest Rate:	6.0150 %	Insurance Cost(3):	1,894	0.0575
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	39,904	1.2111
ROE Factor	0.030420	Amortization Rate:	6.0150 %	Home Office(3):	23,495	0.7131
		Interest Only:	False	Replacement(3&4):	155,238	0.0000
		Yearly Payment:	392,853	Total FRVS PD:		12.8280

(1) 80% Capital (\$4,564,050) amortized at 6.0150% for 20 years Principal & Interest of \$392,853 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.9658

(2) 20% ROE (\$1,141,013) times the ROE factor (0.030420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8805

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.7146	46.7146	3.3879	43.3267
Patient Care				
Direct Care	84.3864	84.3864	6.1201	78.2663
Indirect Care	47.0871	47.0871	3.4150	43.6721
Property	9.5900	12.8280	0.9303	11.8977
ROE	7.3384	6.5843	0.4775	6.1068
ROE Adjustment	-6.5843	-6.5843	-0.4775	-6.1068
Quality Assess-Medicaid Share				\$17.0013
Supplemental Rate Add-on				\$8.1747
Totals	188.5322	191.0161	13.8533	202.3388

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325309-00 - 2012/01

194.00

Heartland of Boynton Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3600 Old Boynton Beach Boynton Beach FL 33436 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/3/1991 Acquired Date: 5/3/1991 Entered Medicaid 1/16/1992 Med # Active Date: 12/20/2007 Previous Med # 204200	07/01/2009-06/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,440 Medicare: 4,789 Medicaid: 25,898	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 64.04055% Occupancy: 92.32877% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.43289% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.20667423 Semester Index: 1.27500780 Cost: 1.05662968 Target: 1.01598689 DC FY Index: 1.16650000 DC Sem Index: 1.20700000 DC Inflation: 1.03471925 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,408,373	1,990,075	873,421	310,776	211,530	4,794,175
1a	Audit Adjustments						
2	Cost Per Diem	54.3815	76.8428	33.7254	12.0000	8.1678	185.1175
3	Cost Per Diem Inflated	57.4611	79.5107	35.6353			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	57.4611	79.5107	35.6353	12.0000	8.1678	192.7749
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.6155		49.0670			
7	Provider Target Rate	59.9542		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	79.5107	35.6353	12.0000	8.1678	186.2713
12/13	Medicaid Adjustment Rate		1.2559	0.5629			
14	Prospective Per Diem 11	50.9575	80.7666	36.1982	12.0000	8.1678	188.0901
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325309-00 - 2012/01
194.00

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Boynton Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 1/16/1992	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1991/01	Type: None [1]		80% Capital(1): 3,994,241	8.5353
Indexed Asset Value 4,992,801	< 60% of Base: True		20% ROE(2): 998,560	0.7995
FRVS Base Asset: 3,642,240	Interest Rate: 8.5000 %		Insurance Cost(3): 4,242	0.1049
Occup Adj Factor: 0.9000	Chase Rate: 8.5000 %		Taxes Cost(3): 92,978	2.2992
ROE Factor 0.031560	Amortization Rate: 8.5000 %		Home Office(3): 23,728	0.5867
	Interest Only: True		Replacement(3&4): 157,261	0.0000
	Yearly Payment: 336,461		Total FRVS PD:	12.3256

- (1) 80% Capital (\$3,994,241) amortized at 8.5000% for 20 years Interest of \$336,461 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5353
- (2) 20% ROE (\$998,560) times the ROE factor (0.031560) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7995
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 30,352
Comparison Date: 7/1/1990	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,642,240

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	80.7666	80.7666	5.8575	74.9091
Indirect Care	36.1982	36.1982	2.6252	33.5730
Property	12.0000	12.3256	0.8939	11.4317
ROE	8.1678	5.2683	0.3821	4.8862
ROE Adjustment	-5.2683	-5.2683	-0.3821	-4.8862
Quality Assess-Medicaid Share				\$18.6454
Supplemental Rate Add-on				\$8.1747
Totals	182.8218	180.2479	13.0723	193.9957

***Medicaid Trend Adjustment :**



0 325325-00 - 2012/01
198.04

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Ft. Myers

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1600 Matthew Drive Ft. Myers FL 33907 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 10/29/1990 Acquired Date: 10/29/1990 Entered Medicaid 4/25/1991 Med # Active Date: 12/20/2007 Previous Med # 203491	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 42,171 Medicare: 18,319 Medicaid: 16,688	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 39.57222% Occupancy: 96.28082% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.37390% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	873,818	1,495,236	588,392	225,622	126,226	3,309,294
1a	Audit Adjustments						
2	Cost Per Diem	52.3621	89.5995	35.2584	13.5200	7.5639	198.3039
3	Cost Per Diem Inflated	54.9492	92.3935	37.0005			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.9492	92.3935	37.0005	13.5200	7.5639	205.4271
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6345		49.0670			
7	Provider Target Rate	62.0193		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	92.3935	37.0005	13.5200	7.5639	201.4354
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	92.3935	37.0005	13.5200	7.5639	201.4354
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325325-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

198.04

Heartland of Ft. Mvers

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	4/25/1991	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,500,000.00		Total Amount	Per Diem
RS to Start Calcs:	1990/07	Type:	Variable [3]	80% Capital(1):	3,563,622	7.7814
Indexed Asset Value	4,454,527	< 60% of Base:	False	20% ROE(2):	890,905	0.6685
FRVS Base Asset:	2,715,660	Interest Rate:	6.0150 %	Insurance Cost(3):	3,762	0.0892
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	91,423	2.1679
ROE Factor	0.029580	Amortization Rate:	6.0150 %	Home Office(3):	31,821	0.7546
		Interest Only:	False	Replacement(3&4):	365,625	0.0000
		Yearly Payment:	306,741	Total FRVS PD:		11.4616

(1) 80% Capital (\$3,563,622) amortized at 6.0150% for 20 years Principal & Interest of \$306,741 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$7.7814

(2) 20% ROE (\$890,905) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6685

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,174
Comparison Date: 1/1/1990	Current RS PBS:	49,785
Comparison Bed 90	Effective PBS Limitation	2,715,660

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	92.3935	92.3935	6.7008	85.6927
Indirect Care	37.0005	37.0005	2.6834	34.3171
Property	13.5200	11.4616	0.8312	10.6304
ROE	7.5639	5.5772	0.4045	5.1727
ROE Adjustment	-5.5772	-5.5772	-0.4045	-5.1727
Quality Assess-Medicaid Share				\$11.9625
Supplemental Rate Add-on				\$8.1747
Totals	195.8582	191.8131	13.9111	198.0392

***Medicaid Trend Adjustment :**



0 325333-00 - 2012/01
191.74

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Lauderhill

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2599 NW 55th Avenue Lauderhill FL 33313 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/13/1989 Acquired Date: 4/13/1989 Entered Medicaid 12/27/1989 Med # Active Date: 12/20/2007 Previous Med # 201570	08/01/2009-07/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 109 Maximum: 39,785 Max Annualized: 39,785 Total Patient: 38,465 Medicare: 4,442 Medicaid: 27,737	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 72.10971% Occupancy: 96.68217% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 120.87568% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.20943572 Semester Index: 1.27500780 Cost: 1.05421709 Target: 1.01598689 DC FY Index: 1.16783181 DC Sem Index: 1.20700000 DC Inflation: 1.03353924 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,286,076	2,050,802	968,001	348,654	205,824	4,859,357
1a	Audit Adjustments						
2	Cost Per Diem	46.3668	73.9374	34.8993	12.5700	7.4206	175.1940
3	Cost Per Diem Inflated	48.8807	76.4172	36.7914			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.8807	76.4172	36.7914	12.5700	7.4206	182.0799
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4015		49.0670			
7	Provider Target Rate	62.8038		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.8807	76.4172	36.7914	12.5700	7.4206	182.0799
12/13	Medicaid Adjustment Rate		1.9008	0.9151			
14	Prospective Per Diem 11	48.8807	78.3180	37.7065	12.5700	7.4206	184.8958
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325333-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

191.74

Heartland of Lauderdale

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 12/27/1989 Year of Phase-In/ Full: RS to Start Calcs: 1989/01 Indexed Asset Value 4,627,298 FRVS Base Asset: 2,519,910 Occup Adj Factor: 0.9000 ROE Factor 0.031040	Mortgage Information		Calculation of FRVS Per Diem				
	Amount: 4,050,000.00		<table border="1"> <tr> <td></td> <td align="center">Total Amount</td> <td align="center">Per Diem</td> </tr> </table>			Total Amount	Per Diem
		Total Amount	Per Diem				
	Type: Variable [3]		80% Capital(1): 3,701,838	8.8989			
	< 60% of Base: False		20% ROE(2): 925,460	0.8023			
	Interest Rate: 6.0150 %		Insurance Cost(3): 3,305	0.0859			
	Chase Rate: 8.5000 %		Taxes Cost(3): 95,063	2.4714			
	Amortization Rate: 6.0150 %		Home Office(3): 22,359	0.5813			
Interest Only: False		Replacement(3&4): 237,532	0.0000				
Yearly Payment: 318,638		Total FRVS PD:	12.8398				

(1) 80% Capital (\$3,701,838) amortized at 6.0150% for 20 years Principal & Interest of \$318,638 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$8.8989

(2) 20% ROE (\$925,460) times the ROE factor (0.031040) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = \$0.8023

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 29,646
Comparison Date: 7/1/1988	Current RS PBS: 49,785
Comparison Bed 85	Effective PBS Limitation 2,519,910

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.8807	48.8807	3.5450	45.3357
Patient Care				
Direct Care	78.3180	78.3180	5.6800	72.6380
Indirect Care	37.7065	37.7065	2.7346	34.9719
Property	12.5700	12.8398	0.9312	11.9086
ROE	7.4206	5.0347	0.3651	4.6696
ROE Adjustment	-5.0347	-5.0347	-0.3651	-4.6696
Quality Assess-Medicaid Share				\$18.7076
Supplemental Rate Add-on				\$8.1747
Totals	179.8611	177.7450	12.8908	191.7365

***Medicaid Trend Adjustment :**



0 325341-00 - 2012/01

201.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Prosperity Oaks

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
11375 Prosperity Farms Road Palm Beach FL 33410 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/9/1991 Acquired Date: 9/9/1991 Entered Medicaid 7/7/1992 Med # Active Date: 12/20/2007 Previous Med # 205061	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,471 Medicare: 11,741 Medicaid: 19,955	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 50.55610% Occupancy: 90.11644% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.66696% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,372	1,664,279	817,678	228,884	153,203	3,837,416
1a	Audit Adjustments						
2	Cost Per Diem	48.7784	83.4016	40.9761	11.4700	7.6774	192.3035
3	Cost Per Diem Inflated	51.1885	86.0023	43.0007			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.1885	86.0023	43.0007	11.4700	7.6774	199.3389
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.7396		49.0670			
7	Provider Target Rate	64.1725		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	86.0023	43.0007	11.4700	7.6774	199.1079
12/13	Medicaid Adjustment Rate		0.0538	0.0269			
14	Prospective Per Diem 11	50.9575	86.0561	43.0276	11.4700	7.6774	199.1886
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325341-00 - 2012/01
201.34

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Prosperity Oaks

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/7/1992	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	5,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1991/07	Type:	Variable [3]	80% Capital(1):	3,834,838	8.3736
Indexed Asset Value	4,793,547	< 60% of Base:	False	20% ROE(2):	958,709	0.7194
FRVS Base Asset:	3,663,600	Interest Rate:	6.0150 %	Insurance Cost(3):	3,708	0.0939
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	91,344	2.3142
ROE Factor	0.029580	Amortization Rate:	6.0150 %	Home Office(3):	27,891	0.7066
		Interest Only:	False	Replacement(3&4):	133,559	0.0000
		Yearly Payment:	330,086	Total FRVS PD:		12.2077

(1) 80% Capital (\$3,834,838) amortized at 6.0150% for 20 years Principal & Interest of \$330,086 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.3736

(2) 20% ROE (\$958,709) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7194

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	30,530
Comparison Date: 1/1/1991	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,663,600

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	86.0561	86.0561	6.2411	79.8150
Indirect Care	43.0276	43.0276	3.1205	39.9071
Property	11.4700	12.2077	0.8854	11.3223
ROE	7.6774	5.3995	0.3916	5.0079
ROE Adjustment	-5.3995	-5.3995	-0.3916	-5.0079
Quality Assess-Medicaid Share				\$14.8587
Supplemental Rate Add-on				\$8.1747
Totals	193.7891	192.2489	13.9427	201.3396

***Medicaid Trend Adjustment :**



0 325350-00 - 2012/01
203.03

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Tamarac

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5901 NW 79th Avenue Tamarac FL 33321 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/1/1988 Acquired Date: 7/1/1988 Entered Medicaid 7/7/1988 Med # Active Date: 12/20/2007 Previous Med # 212857	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 151 Maximum: 55,115 Max Annualized: 55,115 Total Patient: 49,951 Medicare: 16,199 Medicaid: 24,488	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 49.02404% Occupancy: 90.63050% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 113.30966% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,193,204	1,985,867	1,078,109	347,485	219,490	4,824,155
1a	Audit Adjustments						
2	Cost Per Diem	48.7261	81.0955	44.0260	14.1900	8.9632	197.0008
3	Cost Per Diem Inflated	51.1336	83.6243	46.2013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	51.1336	83.6243	46.2013	14.1900	8.9632	204.1124
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.1195		49.0670			
7	Provider Target Rate	65.5839		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	83.6243	46.2013	13.6500	8.9632	203.3963
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	83.6243	46.2013	13.6500	8.9632	203.3963
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325350-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

203.03

Heartland of Tamarac

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	7/7/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	1,952,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/07	Type:	Variable [3]	80% Capital(1):	5,186,247	9.0830
Indexed Asset Value	6,482,809	< 60% of Base:	False	20% ROE(2):	1,296,562	0.7732
FRVS Base Asset:	2,971,723	Interest Rate:	6.1300 %	Insurance Cost(3):	6,989	0.1399
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	159,695	3.1970
ROE Factor	0.029580	Amortization Rate:	6.1300 %	Home Office(3):	35,388	0.7085
		Interest Only:	False	Replacement(3&4):	174,393	0.0000
		Yearly Payment:	450,551	Total FRVS PD:		13.9016

(1) 80% Capital (\$5,186,247) amortized at 6.1300% for 20 years Principal & Interest of \$450,551 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = \$9.0830

(2) 20% ROE (\$1,296,562) times the ROE factor (0.029580) divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = \$0.7732

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	29,423
Comparison Date:	7/1/1987	Current RS PBS:	49,785
Comparison Bed	101	Effective PBS Limitation	2,971,723

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	83.6243	83.6243	6.0648	77.5595
Indirect Care	46.2013	46.2013	3.3507	42.8506
Property	13.6500	13.9016	1.0082	12.8934
ROE	8.9632	6.2404	0.4526	5.7878
ROE Adjustment	-6.2404	-6.2404	-0.4526	-5.7878
Quality Assess-Medicaid Share				\$14.2911
Supplemental Rate Add-on				\$8.1747
Totals	197.1559	194.6847	14.1194	203.0311

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325368-00 - 2012/01

204.37

MCHS- Boca Raton

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
375 N W Street Boca Raton FL 33431 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1984 Acquired Date: 9/1/1984 Entered Medicaid 9/1/1984 Med # Active Date: 12/20/2007 Previous Med # 309770	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 59,021 Medicare: 8,797 Medicaid: 40,457	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 68.54679% Occupancy: 89.83409% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.31396% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,897,132	3,181,919	1,737,249	698,692	175,488	7,690,480
1a	Audit Adjustments						
2	Cost Per Diem	46.8926	78.6494	42.9406	17.2700	4.3376	190.0902
3	Cost Per Diem Inflated	48.5537	80.5515	44.4617			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5537	80.5515	44.4617	17.2700	4.3376	195.1745
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5619		49.0670			
7	Provider Target Rate	66.0364		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.5537	80.5515	44.4617	13.6500	4.3376	191.5545
12/13	Medicaid Adjustment Rate		1.6807	0.9277			
14	Prospective Per Diem 11	48.5537	82.2322	45.3894	13.6500	4.3376	194.1629
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325368-00 - 2012/01
204.37

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS- Boca Raton

FRVS

FRVS Status as of this Semester: **Not on FRV [1]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information		Calculation of FRVS Per Diem	
	Amount:		Total Amount	Per Diem
RS to Start Calcs: 1984/07	Type:	3,600,000.00	80% Capital(1):	5,934,962 9.4833
Indexed Asset Value: 7,418,702	< 60% of Base:	Variable [3]	20% ROE(2):	1,483,740 0.6562
FRVS Base Asset: 3,420,000	Interest Rate:	False	Insurance Cost(3):	8,307 0.1407
Occup Adj Factor: 0.9000	Chase Rate:	7.2000 %	Taxes Cost(3):	141,311 2.3942
ROE Factor: 0.026150	Amortization Rate:	8.0000 %	Home Office(3):	31,894 0.5404
	Interest Only:	7.2000 %	Replacement(3&4):	1,045,049 0.0000
	Yearly Payment:	False	Total FRVS PD:	13.2148
		560,747		

(1) 80% Capital (\$5,934,962) amortized at 7.2000% for 20 years Principal & Interest of \$560,747 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.4833

(2) 20% ROE (\$1,483,740) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6562

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed: 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.5537	48.5537	3.5213	45.0324
Patient Care				
Direct Care	82.2322	82.2322	5.9638	76.2684
Indirect Care	45.3894	45.3894	3.2918	42.0976
Property	13.6500	13.2148	0.9900	12.6600
ROE	4.3376	2.0321	0.3146	4.0230
ROE Adjustment	-2.0321	-2.0321	-0.1474	-1.8847
Quality Assess-Medicaid Share				\$17.9976
Supplemental Rate Add-on				\$8.1747
Totals	192.1308	189.3901	13.9341	204.3690

***Medicaid Trend Adjustment :**



0 325376-00 - 2012/01
194.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS- Bovnton Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3001 S Congress Ave Boynton Beach FL 33426 County: Palm Beach[50] Region: South[2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 3/1/1985 Acquired Date: 3/1/1985 Entered Medicaid 3/1/1985 Med # Active Date: 12/20/2007 Previous Med # 310182	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 57,334 Medicare: 18,504 Medicaid: 28,831	Superior: 0 Standard: 151 Conditional: 30 Total: 181
			Inflation
			FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,231,927	2,302,176	1,219,641	641,490	133,887	5,529,121
1a	Audit Adjustments						
2	Cost Per Diem	42.7292	79.8507	42.3031	22.2500	4.6439	191.7769
3	Cost Per Diem Inflated	44.2428	81.7818	43.8016			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.2428	81.7818	43.8016	22.2500	4.6439	196.7201
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0947		49.0670			
7	Provider Target Rate	63.5128		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.2428	81.7818	43.8016	13.6500	4.6439	188.1201
12/13	Medicaid Adjustment Rate		0.0220	0.0118			
14	Prospective Per Diem 11	44.2428	81.8038	43.8134	13.6500	4.6439	188.1539
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325376-00 - 2012/01
194.97

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS- Boynton Beach

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1985/01	Amount: 4,116,079.00	80% Capital(1): 6,302,033	9.8544
Indexed Asset Value 7,877,541	Type: Variable [3]	20% ROE(2): 1,575,508	0.6968
FRVS Base Asset: 3,420,000	< 60% of Base: False	Insurance Cost(3): 6,260	0.1092
Occup Adj Factor: 0.9000	Interest Rate: 6.9200 %	Taxes Cost(3): 149,237	2.6029
ROE Factor 0.026150	Chase Rate: 13.0000 %	Home Office(3): 33,464	0.5837
	Amortization Rate: 6.9200 %	Replacement(3&4): 178,067	0.0000
	Interest Only: False	Total FRVS PD:	13.8470
	Yearly Payment: 582,689		

(1) 80% Capital (\$6,302,033) amortized at 6.9200% for 20 years Principal & Interest of \$582,689 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.8544

(2) 20% ROE (\$1,575,508) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6968

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.2428	44.2428	3.2087	41.0341
Patient Care				
Direct Care	81.8038	81.8038	5.9328	75.8710
Indirect Care	43.8134	43.8134	3.1775	40.6359
Property	13.6500	13.8470	0.9900	12.6600
ROE	4.6439	2.1964	0.3368	4.3071
ROE Adjustment	-2.1964	-2.1964	-0.1593	-2.0371
Quality Assess-Medicaid Share				\$14.3240
Supplemental Rate Add-on				\$8.1747
Totals	185.9575	183.7070	13.4865	194.9697

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325384-00 - 2012/01
204.45

Manor Care of Ft. Myers FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
13881 Eagle Ridge Drive Ft. Myers Fl 33912 County: Lee[36] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/16/1999 Acquired Date: 12/16/1999 Entered Medicaid 5/1/2000 Med # Active Date: 12/20/2007 Previous Med # 310174	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,853 Medicare: 17,649 Medicaid: 11,746	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 28.75187% Occupancy: 93.27169% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 116.61178% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	604,990	997,212	545,780	116,403	61,819	2,326,204
1a	Audit Adjustments						
2	Cost Per Diem	51.5060	84.8980	46.4652	9.9100	5.2630	198.0422
3	Cost Per Diem Inflated	53.3306	86.9512	48.1112			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	53.3306	86.9512	48.1112	9.9100	5.2630	203.5660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.5393		49.0670			
7	Provider Target Rate	63.9676		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	86.9512	48.1112	9.9100	5.2630	201.1929
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	86.9512	48.1112	9.9100	5.2630	201.1929
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325384-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

204.45

Manor Care of Ft. Myers FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	5/1/2000	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1999/07	Type:	None [1]	80% Capital(1):	4,172,749	9.4464
Indexed Asset Value	5,215,936	< 60% of Base:	True	20% ROE(2):	1,043,187	0.6920
FRVS Base Asset:	0	Interest Rate:	9.0000 %	Insurance Cost(3):	7,745	0.1896
Occup Adj Factor:	0.9000	Chase Rate:	9.0000 %	Taxes Cost(3):	68,151	1.6682
ROE Factor	0.026150	Amortization Rate:	9.0000 %	Home Office(3):	26,691	0.6533
		Interest Only:	True	Replacement(3&4):	413,608	0.0000
		Yearly Payment:	372,376	Total FRVS PD:		12.6495

(1) 80% Capital (\$4,172,749) amortized at 9.0000% for 20 years Interest of \$372,376 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.4464

(2) 20% ROE (\$1,043,187) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6920

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,846
Comparison Date: 1/1/1999	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,661,520

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	86.9512	86.9512	6.3061	80.6451
Indirect Care	48.1112	48.1112	3.4892	44.6220
Property	9.9100	12.6495	0.9174	11.7321
ROE	5.2630	2.3660	0.1716	2.1944
ROE Adjustment	-2.3660	-2.3660	-0.1716	-2.1944
Quality Assess-Medicaid Share				\$12.0129
Supplemental Rate Add-on				\$8.1747
Totals	198.8269	198.6694	14.4084	204.4486

***Medicaid Trend Adjustment :**



0 325422-00 - 2012/01
211.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS - Lely Palms

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6135 Rattlesnake Hammock R Naples FL 34113 County: Collier [11] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 5/26/1984 Acquired Date: 5/26/1984 Entered Medicaid 5/26/1984 Med # Active Date: 12/20/2007 Previous Med # 319368	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 117 Maximum: 42,705 Max Annualized: 42,705 Total Patient: 38,338 Medicare: 16,181 Medicaid: 17,644	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 46.02222% Occupancy: 89.77403% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 112.23887% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	918,976	1,507,706	833,085	384,463	175,781	3,820,011
1a	Audit Adjustments						
2	Cost Per Diem	52.0843	85.4515	47.2163	21.7900	9.9627	216.5048
3	Cost Per Diem Inflated	54.6577	88.1162	49.5492			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	54.6577	88.1162	49.5492	21.7900	9.9627	224.0758
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.3181		49.0670			
7	Provider Target Rate	72.9469		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	88.1162	49.5492	13.6500	9.9627	212.2356
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	88.1162	49.5492	13.6500	9.9627	212.2356
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325422-00 - 2012/01
211.49

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS - Lely Palms

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full: RS to Start Calcs: 1984/01 Indexed Asset Value 5,350,798 FRVS Base Asset: 2,764,500 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	4,280,638	9.6604
	< 60% of Base:	True	20% ROE(2):	1,070,160	0.8236
	Interest Rate:	8.7500 %	Insurance Cost(3):	4,075	0.1063
	Chase Rate:	8.7500 %	Taxes Cost(3):	41,998	1.0955
	Amortization Rate:	8.7500 %	Home Office(3):	34,993	0.9127
	Interest Only:	True	Replacement(3&4):	391,774	0.0000
Yearly Payment:	371,294	Total FRVS PD:	12.5985		

- (1) 80% Capital (\$4,280,638) amortized at 8.7500% for 20 years Interest of \$371,294 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$9.6604
- (2) 20% ROE (\$1,070,160) times the ROE factor (0.029580) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = \$0.8236
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 97	Effective PBS Limitation	2,764,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	88.1162	88.1162	6.3906	81.7256
Indirect Care	49.5492	49.5492	3.5935	45.9557
Property	13.6500	12.5985	0.9900	12.6600
ROE	9.9627	6.2045	0.7225	9.2402
ROE Adjustment	-6.2045	-6.2045	-0.4500	-5.7545
Quality Assess-Medicaid Share				\$12.2234
Supplemental Rate Add-on				\$8.1747
Totals	206.0311	201.2214	14.9423	211.4869

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325449-00 - 2012/01

198.57

Manor Care of Naples FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3601 Lakewood Blvd Naples FL 34112 County: Collier [11] Region: South [2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 4/1/1983 Acquired Date: 4/1/1983 Entered Medicaid 4/1/1983 Med # Active Date: 12/20/2007 Previous Med # 309958	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 37,528 Medicare: 11,549 Medicaid: 22,783	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 60.70934% Occupancy: 85.68037% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 107.12081% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	846,359	1,920,133	1,129,610	274,079	67,679	4,237,860
1a	Audit Adjustments						
2	Cost Per Diem	37.1487	84.2792	49.5813	12.0300	2.9706	186.0098
3	Cost Per Diem Inflated	38.4647	86.3174	51.3377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	38.4647	86.3174	51.3377	12.0300	2.9706	191.1204
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.1318		49.0670			
7	Provider Target Rate	64.5736		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	38.4647	86.3174	50.1876	12.0300	2.9706	189.9703
12/13	Medicaid Adjustment Rate		1.0400	0.6047			
14	Prospective Per Diem 11	38.4647	87.3574	50.7923	12.0300	2.9706	191.6150
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325449-00 - 2012/01
198.57

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care of Naples FL, LLC

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	Mortgage Information		Calculation of FRVS Per Diem	
			Total Amount	Per Diem
Year of Phase-In/ Full:		Amount: 3,000,000.00		
RS to Start Calcs:	1983/01	Type: Variable [3]	80% Capital(1): 4,710,654	9.1109
Indexed Asset Value	5,888,318	< 60% of Base: False	20% ROE(2): 1,177,664	0.7812
FRVS Base Asset:	3,420,000	Interest Rate: 4.5500 %	Insurance Cost(3): 4,052	0.1080
Occup Adj Factor:	0.9000	Chase Rate: 8.0000 %	Taxes Cost(3): 31,612	0.8424
ROE Factor	0.026150	Amortization Rate: 4.5500 %	Home Office(3): 23,405	0.6237
		Interest Only: False	Replacement(3&4): 180,056	0.0000
		Yearly Payment: 359,151	Total FRVS PD:	11.4662

(1) 80% Capital (\$4,710,654) amortized at 4.5500% for 20 years Principal & Interest of \$359,151 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.1109

(2) 20% ROE (\$1,177,664) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7812

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	38.4647	38.4647	2.7896	35.6751
Patient Care				
Direct Care	87.3574	87.3574	6.3355	81.0219
Indirect Care	50.7923	50.7923	3.6837	47.1086
Property	12.0300	11.4662	0.8725	11.1575
ROE	2.9706	2.1176	0.2154	2.7552
ROE Adjustment	-2.1176	-2.1176	-0.1536	-1.9640
Quality Assess-Medicaid Share				\$14.6412
Supplemental Rate Add-on				\$8.1747
Totals	189.4974	188.0806	13.7431	198.5702

***Medicaid Trend Adjustment :**



0 325457-00 - 2012/01
197.86

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS- Plantation

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
6931 W Sunrise Blvd Plantation FL 33313 County: Broward [6] Region: South [2] Area: 10 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 9/1/1985 Acquired Date: 9/1/1985 Entered Medicaid 9/1/1985 Med # Active Date: 12/20/2007 Previous Med # 309940	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,922 Medicare: 15,756 Medicaid: 19,717	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.03258% Occupancy: 95.71233% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 119.66316% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	885,659	1,501,615	982,341	307,980	79,434	3,757,029
1a	Audit Adjustments						
2	Cost Per Diem	44.9185	76.1584	49.8220	15.6200	4.0287	190.5476
3	Cost Per Diem Inflated	46.5097	78.0002	51.5869			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.5097	78.0002	51.5869	15.6200	4.0287	195.7455
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.8635		49.0670			
7	Provider Target Rate	75.5504		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.5097	78.0002	50.1876	13.6500	4.0287	192.3762
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.5097	78.0002	50.1876	13.6500	4.0287	192.3762
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325457-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

197.86

MCHS- Plantation

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS: Year of Phase-In/ Full:	Mortgage Information	Calculation of FRVS Per Diem	
		Total Amount	Per Diem
RS to Start Calcs: 1985/07	Amount: 4,000,000.00	80% Capital(1): 3,782,803	9.7757
Indexed Asset Value: 4,728,504	Type: Variable [3]	20% ROE(2): 945,701	0.6273
FRVS Base Asset: 3,420,000	< 60% of Base: False	Insurance Cost(3): 5,852	0.1396
Occup Adj Factor: 0.9000	Interest Rate: 8.2000 %	Taxes Cost(3): 76,838	1.8329
ROE Factor: 0.026150	Chase Rate: 13.0000 %	Home Office(3): 25,847	0.6165
	Amortization Rate: 8.2000 %	Replacement(3&4): 325,300	0.0000
	Interest Only: False	Total FRVS PD:	12.9920
	Yearly Payment: 385,360		

(1) 80% Capital (\$3,782,803) amortized at 8.2000% for 20 years Principal & Interest of \$385,360 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.7757

(2) 20% ROE (\$945,701) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6273

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 28,500
Comparison Date: 10/1/1985	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.5097	46.5097	3.3731	43.1366
Patient Care				
Direct Care	78.0002	78.0002	5.6569	72.3433
Indirect Care	50.1876	50.1876	3.6398	46.5478
Property	13.6500	12.9920	0.9900	12.6600
ROE	4.0287	2.0940	0.2922	3.7365
ROE Adjustment	-2.0940	-2.0940	-0.1519	-1.9421
Quality Assess-Medicaid Share				\$13.2010
Supplemental Rate Add-on				\$8.1747
Totals	190.2822	187.6895	13.8001	197.8578

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325465-00 - 2012/01
196.39

Manor Care Nursing Center of Sarasota FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
5511 Swift Road Sarasota FL 34231 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 12/1/1983 Acquired Date: 12/1/1983 Entered Medicaid 9/1/1985 Med # Active Date: 12/20/2007 Previous Med # 310832	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 178 Maximum: 64,970 Max Annualized: 64,970 Total Patient: 59,783 Medicare: 14,055 Medicaid: 29,260	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 48.94368% Occupancy: 92.01632% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.04226% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,633	2,606,838	1,096,470	425,148	124,487	5,413,576
1a	Audit Adjustments						
2	Cost Per Diem	39.6662	89.0922	37.4733	14.5300	4.2545	185.0162
3	Cost Per Diem Inflated	41.0713	91.2468	38.8008			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	41.0713	91.2468	38.8008	14.5300	4.2545	189.9034
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.6807		49.0670			
7	Provider Target Rate	56.9524		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	41.0713	91.2468	38.8008	13.6500	4.2545	189.0234
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	41.0713	91.2468	38.8008	13.6500	4.2545	189.0234
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325465-00 - 2012/01
196.39

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care Nursing Center of Sarasota FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	12/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	3,390,000.00		Total Amount	Per Diem
RS to Start Calcs:	1983/07	Type:	Fixed [2]	80% Capital(1):	5,553,995	12.1552
Indexed Asset Value	6,942,494	< 60% of Base:	False	20% ROE(2):	1,388,499	0.6210
FRVS Base Asset:	3,420,000	Interest Rate:	11.5000 %	Insurance Cost(3):	5,596	0.0936
Occup Adj Factor:	0.9000	Chase Rate:	13.0000 %	Taxes Cost(3):	55,041	0.9207
ROE Factor	0.026150	Amortization Rate:	11.5000 %	Home Office(3):	34,887	0.5836
		Interest Only:	False	Replacement(3&4):	1,066,172	0.0000
		Yearly Payment:	710,753	Total FRVS PD:		14.3741

- (1) 80% Capital (\$5,553,995) amortized at 11.5000% for 20 years Principal & Interest of \$710,753 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$12.1552
- (2) 20% ROE (\$1,388,499) times the ROE factor (0.026150) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = \$0.6210
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	28,500
Comparison Date: 10/1/1985	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,420,000

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	41.0713	41.0713	2.9787	38.0926
Patient Care				
Direct Care	91.2468	91.2468	6.6176	84.6292
Indirect Care	38.8008	38.8008	2.8140	35.9868
Property	13.6500	14.3741	1.0425	13.3316
ROE	4.2545	3.2080	0.2327	2.9753
ROE Adjustment	-3.2080	-3.2080	-0.2327	-2.9753
Quality Assess-Medicaid Share				\$16.1776
Supplemental Rate Add-on				\$8.1747
Totals	185.8154	185.4930	13.4528	196.3925

*Medicaid Trend Adjustment :



0 325473-00 - 2012/01
207.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care of Venice FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1450 E. Venice Venice FL 34292 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/5/1997 Acquired Date: 6/5/1997 Entered Medicaid 6/5/1997 Med # Active Date: 12/20/2007 Previous Med # 309788	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 129 Maximum: 47,085 Max Annualized: 47,085 Total Patient: 39,690 Medicare: 15,219 Medicaid: 15,073	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 37.97682% Occupancy: 84.29436% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.38797% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	707,591	1,382,438	666,978	229,562	56,003	3,042,572
1a	Audit Adjustments						
2	Cost Per Diem	46.9443	91.7162	44.2499	15.2300	3.7155	201.8559
3	Cost Per Diem Inflated	48.6073	93.9343	45.8174			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.6073	93.9343	45.8174	15.2300	3.7155	207.3045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6860		49.0670			
7	Provider Target Rate	61.0491		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.6073	93.9343	45.8174	13.6500	3.7155	205.7245
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	48.6073	93.9343	45.8174	13.6500	3.7155	205.7245
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325473-00 - 2012/01
207.47

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care of Venice FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/5/1997	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1997/01	Type:	None [1]	80% Capital(1):	4,412,662	8.7715
Indexed Asset Value	5,515,828	< 60% of Base:	True	20% ROE(2):	1,103,166	0.6807
FRVS Base Asset:	4,711,854	Interest Rate:	8.5000 %	Insurance Cost(3):	7,895	0.1989
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	87,183	2.1966
ROE Factor	0.026150	Amortization Rate:	8.5000 %	Home Office(3):	24,369	0.6140
		Interest Only:	True	Replacement(3&4):	84,051	0.0000
		Yearly Payment:	371,707	Total FRVS PD:		12.4617

- (1) 80% Capital (\$4,412,662) amortized at 8.5000% for 20 years Interest of \$371,707 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$8.7715
- (2) 20% ROE (\$1,103,166) times the ROE factor (0.026150) divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = \$0.6807
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	36,526
Comparison Date: 7/1/1996	Current RS PBS:	49,785
Comparison Bed 129	Effective PBS Limitation	4,711,854

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.6073	48.6073	3.5252	45.0821
Patient Care				
Direct Care	93.9343	93.9343	6.8125	87.1218
Indirect Care	45.8174	45.8174	3.3229	42.4945
Property	13.6500	12.4617	0.9038	11.5579
ROE	3.7155	3.2035	0.2323	2.9712
ROE Adjustment	-3.2035	-3.2035	-0.2323	-2.9712
Quality Assess-Medicaid Share				\$13.0401
Supplemental Rate Add-on				\$8.1747
Totals	202.5210	200.8207	14.5644	207.4711

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325481-00 - 2012/01 201.16

MCHS West Palm Beach

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2300 Village Blvd West Palm Beach FL 33409 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 6/1/1996 Acquired Date: 6/1/1996 Entered Medicaid 6/1/1996 Med # Active Date: 12/20/2007 Previous Med # 309931	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 39,230 Medicare: 14,468 Medicaid: 18,625	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 47.47642% Occupancy: 89.56621% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 111.97904% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	821,040	1,524,736	871,873	310,106	169,521	3,697,276
1a	Audit Adjustments						
2	Cost Per Diem	44.0827	81.8650	46.8120	16.6500	9.1018	198.5115
3	Cost Per Diem Inflated	46.2608	84.4178	49.1249			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	46.2608	84.4178	49.1249	16.6500	9.1018	205.5553
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.4825		51.1984			
7	Provider Target Rate	66.9780		52.3677			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	46.2608	84.4178	49.1249	13.6500	9.1018	202.5553
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	46.2608	84.4178	49.1249	13.6500	9.1018	202.5553
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325481-00 - 2012/01
201.16

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

MCHS West Palm Beach

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	6/1/1996	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1996/01	Type:	None [1]	80% Capital(1):	4,122,638	8.5481
Indexed Asset Value	5,153,298	< 60% of Base:	True	20% ROE(2):	1,030,660	0.7734
FRVS Base Asset:	4,252,320	Interest Rate:	8.2500 %	Insurance Cost(3):	5,092	0.1298
Occup Adj Factor:	0.9000	Chase Rate:	8.2500 %	Taxes Cost(3):	143,717	3.6634
ROE Factor	0.029580	Amortization Rate:	8.2500 %	Home Office(3):	30,015	0.7651
		Interest Only:	True	Replacement(3&4):	227,668	0.0000
		Yearly Payment:	336,968	Total FRVS PD:		13.8798

- (1) 80% Capital (\$4,122,638) amortized at 8.2500% for 20 years Interest of \$336,968 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.5481
- (2) 20% ROE (\$1,030,660) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7734
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	35,436
Comparison Date: 7/1/1995	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,252,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	46.2608	46.2608	3.3550	42.9058
Patient Care				
Direct Care	84.4178	84.4178	6.1223	78.2955
Indirect Care	49.1249	49.1249	3.5627	45.5622
Property	13.6500	13.8798	1.0066	12.8732
ROE	9.1018	7.5031	0.5442	6.9589
ROE Adjustment	-7.5031	-7.5031	-0.5442	-6.9589
Quality Assess-Medicaid Share				\$13.3499
Supplemental Rate Add-on				\$8.1747
Totals	195.0522	193.6833	14.0466	201.1613

***Medicaid Trend Adjustment :**



0 325490-00 - 2012/01
214.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Sarasota

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3250 12th Street Sarasota FL 34237 County: Sarasota[58] Region: South[2] Area: 8 Control Private For profit [1] Current Class South Small [3] Class at 1/94: South Small [3] Operating Ex > 18 months [1] Open Date: 10/1/1969 Acquired Date: 10/1/1969 Entered Medicaid 5/1/1970 Med # Active Date: 12/20/2007 Previous Med # 309923	09/01/2009-08/31/2010 Days In CR 365 First Used: 2011/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 87 Maximum: 31,755 Max Annualized: 31,755 Total Patient: 26,421 Medicare: 6,340 Medicaid: 15,038	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 56.91685% Occupancy: 83.20265% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 104.02308% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.21220353 Semester Index: 1.27500780 Cost: 1.05181000 Target: 1.01598689 DC FY Index: 1.16916514 DC Sem Index: 1.20700000 DC Inflation: 1.03236058 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	717,097	1,317,069	751,653	235,645	112,501	3,133,965
1a	Audit Adjustments						
2	Cost Per Diem	47.6857	87.5827	49.9836	15.6700	7.4811	208.4031
3	Cost Per Diem Inflated	50.1563	90.4169	52.5733			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	50.1563	90.4169	52.5733	15.6700	7.4811	216.2976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.8868		59.9316			
7	Provider Target Rate	65.3459		61.3003			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	59.0649	102.9097	80.5769	13.6500		
9	Prior Semester: Class Ceiling Target Base	61.7837		71.4296			
10	Target Rate Class Ceiling	62.7714		72.5715			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.1563	90.4169	52.5733	13.6500	7.4811	214.2776
12/13	Medicaid Adjustment Rate		0.7036	0.4091			
14	Prospective Per Diem 11	50.1563	91.1205	52.9824	13.6500	7.4811	215.3903
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325490-00 - 2012/01
214.40

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

North Sarasota

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 10/1/1985 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 2,218,483 FRVS Base Asset: 1,731,265 Occup Adj Factor: 0.9000 ROE Factor 0.030420	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	825,000.00		Total Amount	Per Diem
	Type:	Fixed [2]	80% Capital(1):	1,774,786	7.7207
	< 60% of Base:	True	20% ROE(2):	443,697	0.4723
	Interest Rate:	8.5000 %	Insurance Cost(3):	2,143	0.0811
	Chase Rate:	12.5000 %	Taxes Cost(3):	45,340	1.7161
	Amortization Rate:	12.5000 %	Home Office(3):	20,383	0.7715
	Interest Only:	True	Replacement(3&4):	181,620	0.0000
Yearly Payment:	220,655	Total FRVS PD:		10.7617	

- (1) 80% Capital (\$1,774,786) amortized at 12.5000% for 20 years Interest of \$220,655 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$7.7207
- (2) 20% ROE (\$443,697) times the ROE factor (0.030420) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = \$0.4723
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination		Used Per Bed Standard:	28,500
Comparison Date:	10/1/1985	Current RS PBS:	49,785
Comparison Bed	147	Effective PBS Limitation	4,189,500

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.1563	50.1563	3.6375	46.5188
Patient Care				
Direct Care	91.1205	91.1205	6.6084	84.5121
Indirect Care	52.9824	52.9824	3.8425	49.1399
Property	13.6500	10.7617	0.7805	9.9812
ROE	7.4811	6.8062	0.4936	6.3126
ROE Adjustment	-6.8062	-6.8062	-0.4936	-6.3126
Quality Assess-Medicaid Share				\$16.0748
Supplemental Rate Add-on				\$8.1747
Totals	208.5841	205.0209	14.8689	214.4015

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325520-00 - 2012/01 190.67

MCHS- Delray

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
16200 Jog Road Delray Beach FL 33446 County: Palm Beach [50] Region: South [2] Area: 9 Control Private For profit [1] Current Class South Large [4] Class at 1/94: South Large [4] Operating Ex > 18 months [1] Open Date: 2/17/1999 Acquired Date: 2/17/1999 Entered Medicaid 2/17/1999 Med # Active Date: 12/20/2007 Previous Med # 309761	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 41,187 Medicare: 20,189 Medicaid: 16,520	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 40.10974% Occupancy: 94.03425% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 117.56516% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.22862856 Semester Index: 1.27500780 Cost: 1.03774879 Target: 1.01598689 DC FY Index: 1.17749915 DC Sem Index: 1.20700000 DC Inflation: 1.02505382 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	835,001	1,174,214	780,045	282,822	44,152	3,116,234
1a	Audit Adjustments						
2	Cost Per Diem	50.5449	71.0783	47.2182	17.1200	2.6726	188.6340
3	Cost Per Diem Inflated	52.4529	72.8591	49.0006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	52.4529	72.8591	49.0006	17.1200	2.6726	194.1052
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0301		49.0670			
7	Provider Target Rate	60.3783		50.1876			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	50.9575	97.3020	63.9522	13.6500		
9	Prior Semester: Class Ceiling Target Base	51.1535		57.8210			
10	Target Rate Class Ceiling	51.9713		58.7454			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	50.9575	72.8591	49.0006	13.6500	2.6726	189.1398
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	50.9575	72.8591	49.0006	13.6500	2.6726	189.1398
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325520-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

190.67

MCHS- Delrav

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/17/1999	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	0.00		Total Amount	Per Diem
RS to Start Calcs:	1999/01	Type:	None [1]	80% Capital(1):	4,194,588	8.1654
Indexed Asset Value	5,243,235	< 60% of Base:	True	20% ROE(2):	1,048,647	0.7039
FRVS Base Asset:	4,594,920	Interest Rate:	7.7500 %	Insurance Cost(3):	6,360	0.1544
Occup Adj Factor:	0.9000	Chase Rate:	7.7500 %	Taxes Cost(3):	108,934	2.6449
ROE Factor	0.026460	Amortization Rate:	7.7500 %	Home Office(3):	26,845	0.6518
		Interest Only:	True	Replacement(3&4):	2,409,396	0.0000
		Yearly Payment:	321,881	Total FRVS PD:		12.3204

(1) 80% Capital (\$4,194,588) amortized at 7.7500% for 20 years Interest of \$321,881 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$8.1654

(2) 20% ROE (\$1,048,647) times the ROE factor (0.026460) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.7039

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	38,291
Comparison Date: 7/1/1998	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	4,594,920

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	50.9575	50.9575	3.6957	47.2618
Patient Care				
Direct Care	72.8591	72.8591	5.2840	67.5751
Indirect Care	49.0006	49.0006	3.5537	45.4469
Property	13.6500	12.3204	0.8935	11.4269
ROE	2.6726	0.3180	0.0231	0.2949
ROE Adjustment	-0.3180	-0.3180	-0.0231	-0.2949
Quality Assess-Medicaid Share				\$10.7827
Supplemental Rate Add-on				\$8.1747
Totals	188.8218	185.1376	13.4269	190.6681

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325678-00 - 2012/01

205.38

Manor Care-Carrollwood of Tampa FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
3030 W. Bearass Avenue Tampa FL 33618 County: Hillsborough [29] Region: Central [3] Area: 6 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 5/18/1990 Acquired Date: 5/18/1990 Entered Medicaid 7/20/1990 Med # Active Date: 12/20/2007 Previous Med # 319350	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,357 Medicare: 20,030 Medicaid: 12,398	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 30.72082% Occupancy: 92.13927% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 115.19598% Weighted Low Occ Adjustment Factor: 100.00000%		Inflation FY Index: 1.23138707 Semester Index: 1.27500780 Cost: 1.03542406 Target: 1.01598689 DC FY Index: 1.17849915 DC Sem Index: 1.20700000 DC Inflation: 1.02418402 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	897,056	1,072,437	603,027	174,440	54,288	2,801,248
1a	Audit Adjustments						
2	Cost Per Diem	72.3549	86.5008	48.6391	14.0700	4.3788	225.9436
3	Cost Per Diem Inflated	74.9180	88.5927	50.3621			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	74.9180	88.5927	50.3621	14.0700	4.3788	232.3216
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4550		53.6578			
7	Provider Target Rate	60.8129		54.8833			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	49.1418	88.5927	50.3621	13.6500	4.3788	206.1254
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	49.1418	88.5927	50.3621	13.6500	4.3788	206.1254
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 325678-00 - 2012/01
205.38

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care-Carrollwood of Tampa FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 7/20/1990	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:	Amount: 0.00			Total Amount	Per Diem
RS to Start Calcs: 1990/01	Type: None [1]		80% Capital(1): 4,064,668	10.2344	
Indexed Asset Value 5,080,835	< 60% of Base: True		20% ROE(2): 1,016,167	0.6741	
FRVS Base Asset: 3,602,760	Interest Rate: 10.0000 %		Insurance Cost(3): 4,657	0.1154	
Occup Adj Factor: 0.9000	Chase Rate: 10.0000 %		Taxes Cost(3): 54,207	1.3432	
ROE Factor 0.026150	Amortization Rate: 10.0000 %		Home Office(3): 27,191	0.6738	
	Interest Only: True		Replacement(3&4): 430,950	0.0000	
	Yearly Payment: 403,440		Total FRVS PD:	13.0409	

(1) 80% Capital (\$4,064,668) amortized at 10.0000% for 20 years Interest of \$403,440 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$10.2344

(2) 20% ROE (\$1,016,167) times the ROE factor (0.026150) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.6741

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 30,023
Comparison Date: 7/1/1989	Current RS PBS: 49,785
Comparison Bed 120	Effective PBS Limitation 3,602,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.1418	49.1418	3.5640	45.5778
Patient Care				
Direct Care	88.5927	88.5927	6.4251	82.1676
Indirect Care	50.3621	50.3621	3.6525	46.7096
Property	13.6500	13.0409	0.9458	12.0951
ROE	4.3788	3.4850	0.2527	3.2323
ROE Adjustment	-3.4850	-3.4850	-0.2527	-3.2323
Quality Assess-Medicaid Share				\$10.6528
Supplemental Rate Add-on				\$8.1747
Totals	202.6404	201.1375	14.5874	205.3776

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325686-00 - 2012/01

192.24

MCHS Dunedin

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
870 Patricia Ave Dunedin FL 34698 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 4/18/1983 Acquired Date: 5/1/1996 Entered Medicaid 5/1/1996 Med # Active Date: 12/20/2007 Previous Med # 310191	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 38,569 Medicare: 12,971 Medicaid: 18,110	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 46.95481% Occupancy: 88.05708% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 110.09227% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.21497768	Semester Index: 1.27500780
		Cost: 1.04940841	Target: 1.01598689
		DC FY Index: 1.17050000	DC Sem Index: 1.20700000
		DC Inflation: 1.03118326	PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,064	1,519,069	749,459	297,910	145,848	3,477,350
1a	Audit Adjustments						
2	Cost Per Diem	42.2454	83.8801	41.3837	16.4500	8.0535	192.0127
3	Cost Per Diem Inflated	44.3327	86.4958	43.4284			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.3327	86.4958	43.4284	16.4500	8.0535	198.7604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9679		48.7854			
7	Provider Target Rate	62.3603		49.8996			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.3327	86.4958	43.4284	13.6500	8.0535	195.9604
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.3327	86.4958	43.4284	13.6500	8.0535	195.9604
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325686-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

192.24

MCHS Dunedin

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 5/1/1996 Year of Phase-In/ Full: RS to Start Calcs: 1996/01 Indexed Asset Value 3,601,618 FRVS Base Asset: 3,043,800 Occup Adj Factor: 0.9000 ROE Factor 0.029580	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00		Total Amount	Per Diem
	Type:	None [1]	80% Capital(1):	2,881,294	5.9743
	< 60% of Base:	True	20% ROE(2):	720,324	0.5405
	Interest Rate:	8.2500 %	Insurance Cost(3):	4,998	0.1296
	Chase Rate:	8.2500 %	Taxes Cost(3):	64,256	1.6660
	Amortization Rate:	8.2500 %	Home Office(3):	29,264	0.7587
	Interest Only:	True	Replacement(3&4):	248,759	0.0000
Yearly Payment:	235,505	Total FRVS PD:	9.0691		

- (1) 80% Capital (\$2,881,294) amortized at 8.2500% for 20 years Interest of \$235,505 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$5.9743
- (2) 20% ROE (\$720,324) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.5405
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	25,365
Comparison Date: 7/1/1982	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,043,800

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.3327	44.3327	3.2152	41.1175
Patient Care				
Direct Care	86.4958	86.4958	6.2730	80.2228
Indirect Care	43.4284	43.4284	3.1496	40.2788
Property	13.6500	9.0691	0.6577	8.4114
ROE	8.0535	6.9207	0.5019	6.4188
ROE Adjustment	-6.9207	-6.9207	-0.5019	-6.4188
Quality Assess-Medicaid Share				\$14.0371
Supplemental Rate Add-on				\$8.1747
Totals	189.0397	183.3260	13.2955	192.2423

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 325694-00 - 2012/01

191.26

Manor Care of Palm Harbor FL, LLC

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
2851 Tampa Road Palm Harbor FL 34684 County: Pinellas [52] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 9/28/1990 Acquired Date: 9/28/1990 Entered Medicaid 9/28/1990 Med # Active Date: 12/20/2007 Previous Med # 310395	06/01/2010-05/31/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 180 Maximum: 65,700 Max Annualized: 65,700 Total Patient: 60,086 Medicare: 21,371 Medicaid: 25,923	Superior: 181 Standard: 0 Conditional: 0 Total: 181
	Medicaid Utilization 43.14316% Occupancy: 91.45510% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.34060% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.23138707	
		Semester Index: 1.27500780	
		Cost: 1.03542406	
		Target: 1.01598689	
		DC FY Index: 1.17849915	
		DC Sem Index: 1.20700000	
		DC Inflation: 1.02418402	
		PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,123,627	2,138,930	1,026,545	343,739	111,031	4,743,872
1a	Audit Adjustments						
2	Cost Per Diem	43.3448	82.5109	39.5998	13.2600	4.2831	182.9986
3	Cost Per Diem Inflated	44.8802	84.5063	41.0026			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	44.8802	84.5063	41.0026	13.2600	4.2831	187.9322
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5271		47.1821			
7	Provider Target Rate	55.7724		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	44.8802	84.5063	41.0026	13.2600	4.2831	187.9322
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	44.8802	84.5063	41.0026	13.2600	4.2831	187.9322
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325694-00 - 2012/01
191.26

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Manor Care of Palm Harbor FL, LLC

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 9/28/1990	Mortgage Information		Calculation of FRVS Per Diem	
Year of Phase-In/ Full:	Amount: 0.00		Total Amount	Per Diem
RS to Start Calcs: 1990/07	Type: None [1]		80% Capital(1): 5,544,170	9.3064
Indexed Asset Value 6,930,212	< 60% of Base: True		20% ROE(2): 1,386,042	0.6130
FRVS Base Asset: 5,431,320	Interest Rate: 10.0000 %		Insurance Cost(3): 8,774	0.1460
Occup Adj Factor: 0.9000	Chase Rate: 10.0000 %		Taxes Cost(3): 100,416	1.6712
ROE Factor 0.026150	Amortization Rate: 10.0000 %		Home Office(3): 35,338	0.5881
	Interest Only: True		Replacement(3&4): 602,118	0.0000
	Yearly Payment: 550,288		Total FRVS PD:	12.3247

(1) 80% Capital (\$5,544,170) amortized at 10.0000% for 20 years Interest of \$550,288 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$9.3064

(2) 20% ROE (\$1,386,042) times the ROE factor (0.026150) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = \$0.6130

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard: 30,174
Comparison Date: 1/1/1990	Current RS PBS: 49,785
Comparison Bed 180	Effective PBS Limitation 5,431,320

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	44.8802	44.8802	3.2549	41.6253
Patient Care				
Direct Care	84.5063	84.5063	6.1288	78.3775
Indirect Care	41.0026	41.0026	2.9737	38.0289
Property	13.2600	12.3247	0.8938	11.4309
ROE	4.2831	3.2853	0.2383	3.0470
ROE Adjustment	-3.2853	-3.2853	-0.2383	-3.0470
Quality Assess-Medicaid Share				\$13.6275
Supplemental Rate Add-on				\$8.1747
Totals	184.6469	182.7138	13.2512	191.2648

***Medicaid Trend Adjustment :**



0 325708-00 - 2012/01
189.15

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

Heartland of Zephyrhills

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
 Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
38220 Henry Drive Zephyrhills FL 33540 County: Pasco [51] Region: Central [3] Area: 5 Control Private For profit [1] Current Class Central Large [6] Class at 1/94: North Large [2] Operating Ex > 18 months [1] Open Date: 1/25/1988 Acquired Date: 1/25/1988 Entered Medicaid 2/4/1988 Med # Active Date: 12/20/2007 Previous Med # 211834	10/01/2009-09/30/2010 Days In CR 365 First Used: 2011/07 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 120 Maximum: 43,800 Max Annualized: 43,800 Total Patient: 40,162 Medicare: 13,185 Medicaid: 22,052 Medicaid Utilization 54.90762% Occupancy: 91.69406% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 114.63937% Weighted Low Occ Adjustment Factor: 100.00000%	Superior: 0 Standard: 181 Conditional: 0 Total: 181 Inflation FY Index: 1.21497768 Semester Index: 1.27500780 Cost: 1.04940841 Target: 1.01598689 DC FY Index: 1.17050000 DC Sem Index: 1.20700000 DC Inflation: 1.03118326 PS Target: 1.02283842

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,019,384	1,645,703	860,796	200,012	144,726	3,870,621
1a	Audit Adjustments						
2	Cost Per Diem	46.2264	74.6283	39.0348	9.0700	6.5629	175.5225
3	Cost Per Diem Inflated	48.5104	76.9555	40.9634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	48.5104	76.9555	40.9634	9.0700	6.5629	182.0622
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1988		47.1821			
7	Provider Target Rate	56.4595		48.2597			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	49.1418	96.4295	61.7152	13.6500		
9	Prior Semester: Class Ceiling Target Base	48.5666		56.0375			
10	Target Rate Class Ceiling	49.3430		56.9334			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	48.5104	76.9555	40.9634	9.0700	6.5629	182.0622
12/13	Medicaid Adjustment Rate		0.4249	0.2262			
14	Prospective Per Diem 11	48.5104	77.3804	41.1896	9.0700	6.5629	182.7133
15	Inflated Usual & Customary Charge						

Usual and Customary Limitations not applied after 7/1/2002

Provider has submitted Supplemental Schedule.



0 325708-00 - 2012/01

Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
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189.15

Heartland of Zephyrhills

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS:	2/4/1988	Mortgage Information		Calculation of FRVS Per Diem		
Year of Phase-In/ Full:		Amount:	4,000,000.00		Total Amount	Per Diem
RS to Start Calcs:	1988/01	Type:	Variable [3]	80% Capital(1):	4,437,983	9.6906
Indexed Asset Value	5,547,479	< 60% of Base:	False	20% ROE(2):	1,109,496	0.8325
FRVS Base Asset:	3,530,760	Interest Rate:	6.0150 %	Insurance Cost(3):	3,116	0.0776
Occup Adj Factor:	0.9000	Chase Rate:	8.5000 %	Taxes Cost(3):	59,203	1.4741
ROE Factor	0.029580	Amortization Rate:	6.0150 %	Home Office(3):	26,161	0.6514
		Interest Only:	False	Replacement(3&4):	278,060	0.0000
		Yearly Payment:	382,002	Total FRVS PD:		12.7262

(1) 80% Capital (\$4,437,983) amortized at 6.0150% for 20 years Principal & Interest of \$382,002 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$9.6906

(2) 20% ROE (\$1,109,496) times the ROE factor (0.029580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = \$0.8325

(3) Pass-throughs: Cost divided by Total Patient Days

(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	29,423
Comparison Date: 7/1/1987	Current RS PBS:	49,785
Comparison Bed 120	Effective PBS Limitation	3,530,760

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	48.5104	48.5104	3.5182	44.9922
Patient Care				
Direct Care	77.3804	77.3804	5.6120	71.7684
Indirect Care	41.1896	41.1896	2.9872	38.2024
Property	9.0700	12.7262	0.9230	11.8032
ROE	6.5629	5.7450	0.4167	5.3283
ROE Adjustment	-5.7450	-5.7450	-0.4167	-5.3283
Quality Assess-Medicaid Share				\$14.2066
Supplemental Rate Add-on				\$8.1747
Totals	176.9683	179.8066	13.0404	189.1475

***Medicaid Trend Adjustment :**



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Analysis
 Computation of Nursing Home Medicaid Reimbursement Rate
 Rate Semester 01/01/2012 through 06/30/2012

0 326011-00 - 2012/01

200.56

Moosehaven, Inc.

Type of Cost Report: Prospective [3] Type of Cost: Actual [2] Type of Rate: Prospective [1]
Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change [1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
1701 Park Avenue Orange Park FL 32073 County: Clay [10] Region: North [1] Area: 4 Control Private Non-Profit [3] Current Class North Small [1] Class at 1/94: North Small [1] Operating Ex > 18 months [1] Open Date: 1/1/1922 Acquired Date: 1/1/1922 Entered Medicaid 4/17/2008 Med # Active Date: 4/17/2008 Previous Med #	05/01/2010-04/30/2011 Days In CR 365 First Used: 2012/01 Last Used: 2012/01 Unaudited [3] Initial CR? False	Number of Beds: 36 Maximum: 13,140 Max Annualized: 13,140 Total Patient: 11,062 Medicare: 1,430 Medicaid: 5,952	Superior: 0 Standard: 181 Conditional: 0 Total: 181
	Medicaid Utilization 53.80582% Occupancy: 84.18569% Statewide Low Occupancy Threshold: 79.98480% Medicaid Low Occupancy Threshold: 42.01030% Low Occupancy Adjustment Factor: 105.25211% Weighted Low Occ Adjustment Factor: 100.00000%	Inflation	
		FY Index: 1.22862856 Semester Index: 1.27500780 Cost: 1.03774879 Target: 1.01598689 DC FY Index: 1.17749915 DC Sem Index: 1.20700000 DC Inflation: 1.02505382 PS Target: 1.02283842	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	384,440	629,279	642,910	75,948	0	1,732,577
1a	Audit Adjustments						
2	Cost Per Diem	64.5901	105.7256	108.0158	12.7601		291.0916
3	Cost Per Diem Inflated	67.0283	108.3744	112.0933			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	67.0283	108.3744	112.0933	12.7601		300.2561
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.0288		97.5721			
7	Provider Target Rate	66.5140		99.8005			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	53.0768	94.3159	66.7500	13.6500		
9	Prior Semester: Class Ceiling Target Base	49.2094		59.8127			
10	Target Rate Class Ceiling	49.9961		60.7689			
10a	New Provider Target Limitation	49.7430		58.8077			
10b	Base for line 10a	48.6323		57.4946			
11	Lesser of 5,7,8,10, 10a	49.7430	94.3159	58.8077	12.7601		215.6267
12/13	Medicaid Adjustment Rate		0.4038	0.2518			
14	Prospective Per Diem 11	49.7430	94.7197	59.0595	12.7601		216.2823
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.



0 326011-00 - 2012/01

Florida Agency For Health Care Administration
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200.56

Moosehaven, Inc.

FRVS

FRVS Status as of this Semester: **On FRV [2]**

Began FRVS: 4/17/2008 Year of Phase-In/ Full: RS to Start Calcs: 1971/07 Indexed Asset Value 435,653 FRVS Base Asset: 0 Occup Adj Factor: 0.9000 ROE Factor 0.026460	Mortgage Information		Calculation of FRVS Per Diem		
	Amount:	0.00			
	Type:	None [1]	80% Capital(1):	348,522	2.2615
	< 60% of Base:	True	20% ROE(2):	87,131	0.1950
	Interest Rate:	0.0000 %	Insurance Cost(3):	14,325	1.2950
	Chase Rate:	7.7500 %	Taxes Cost(3):	1,734	0.1568
	Amortization Rate:	7.7500 %	Home Office(3):	0	0.0000
	Interest Only:	True	Replacement(3&4):	3,899	0.0000
Yearly Payment:	26,745	Total FRVS PD:	3.9083		

- (1) 80% Capital (\$348,522) amortized at 7.7500% for 20 years Interest of \$26,745 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$2.2615
- (2) 20% ROE (\$87,131) times the ROE factor (0.026460) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = \$0.1950
- (3) Pass-throughs: Cost divided by Total Patient Days
- (4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	Used Per Bed Standard:	10,669
Comparison Date: 1/1/1972	Current RS PBS:	49,785
Comparison Bed 36	Effective PBS Limitation	384,084

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component
Operating	49.7430	49.7430	3.6076	46.1354
Patient Care				
Direct Care	94.7197	94.7197	6.8695	87.8502
Indirect Care	59.0595	59.0595	4.2832	54.7763
Property	12.7601	3.9083	0.2834	3.6249
ROE	0.0000	0.0000		
ROE Adjustment	0.0000	0.0000		
Supplemental Rate Add-on				\$8.1747
Totals	216.2823	207.4305	15.0437	200.5615

***Medicaid Trend Adjustment :**