0 001135-00 - 2013/07

218.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**60**	Superior:	**0**
Live Oak FL 32060		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Suwannee[61]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**20,316**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,967**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**11,351**	FY Index:	**1.27684492**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**55.87222%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.51366%**	Cost:	**1.03483699**
Open Date:	**1/21/1988**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/21/1988**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**1/21/1988**	Low Occupancy Adjustment Factor:			**116.58379%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/1/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**257109**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	675,446	794,308	634,474	412,609	0	2,516,837
1a	Audit Adjustments						
2	Cost Per Diem	59.5054	69.9769	55.8959	**36.3500**		221.7282
3	Cost Per Diem Inflated	61.5784	71.6097	57.8431			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.5784**	**71.6097**	**57.8431**	**36.3500**		227.3812
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8116		53.6785			
7	Provider Target Rate	**54.9538**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6018**	**71.6097**	**54.8179**	**13.6500**		192.6794
12/13	Medicaid Adjustment Rate		0.4731	0.3621			
14	Prospective Per Diem 11	**52.6018**	**72.0828**	**55.1800**	**13.6500**		**193.5146**
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 Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Surrev 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	**3,023,852**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**1,820,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0100**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**12.0100**	**%**
Interest Only:	**False**	
Yearly Payment:	**319,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,419,082**	**16.2271**
20% ROE(2):	**604,770**	**0.4731**
Insurance Cost(3):	**24,124**	**1.1874**
Taxes Cost(3):	**37,925**	**1.8668**
Home Office(3):	**14,065**	**0.6923**
Replacement(3&4):	**225,897**	**0.0000**
Total FRVS PD:		**20.4467**

(1) 80% Capital ($2,419,082) amortized at 12.0100% for 20 years Principal & Interest of $319,837 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $16.2271
(2) 20% ROE ($604,770) times the ROE factor (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4731
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**72.0828**	**72.0828**	**3.1337**	**68.9491**	
Indirect Care	**55.1800**	**55.1800**	**2.3989**	**52.7811**	
Property	**13.6500**	**20.4467**	**0.8889**	**19.5578**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9661**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.5146**	**200.3113**	**8.7083**	**218.4055**	

***Medicaid Trend Adjustment :**

0 001136-00 - 2013/07

220.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Lake Worth FL 33461		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**40,334**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,108**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,162**		
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**						

Medicaid Utilization	**52.46690%**
Occupancy:	**91.83515%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.72874%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,053,641	1,660,167	1,168,157	852,829	0	4,734,794
1a	Audit Adjustments						
2	Cost Per Diem	49.7893	78.4504	55.2007	**40.3000**		223.7404
3	Cost Per Diem Inflated	51.5238	80.2809	57.1237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5238**	**80.2809**	**57.1237**	**40.3000**		229.2284
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7473		52.8299			
7	Provider Target Rate	**49.7820**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.7820**	**80.2809**	**53.9513**	**13.6500**		197.6642
12/13	Medicaid Adjustment Rate		0.2228	0.1497			
14	Prospective Per Diem 11	**49.7820**	**80.5037**	**54.1010**	**13.6500**		**198.0367**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 001136-00 - 2013/07

220.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE of Palm Beach

FRVS

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

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,749,195**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**479,558**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,599,356**	**12.1653**
20% ROE(2):	**1,149,839**	**0.4498**
Insurance Cost(3):	**37,784**	**0.9368**
Taxes Cost(3):	**71,303**	**1.7678**
Home Office(3):	**27,681**	**0.6863**
Replacement(3&4):	**26,647**	**0.0000**
Total FRVS PD:		**16.0060**

(1) 80% Capital ($4,599,356) amortized at 10.5000% for 20 years Interest of $479,558 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1653
(2) 20% ROE ($1,149,839) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4498
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.7820**	**49.7820**	**2.1642**	**47.6178**	
Patient Care					
Direct Care	**80.5037**	**80.5037**	**3.4998**	**77.0039**	
Indirect Care	**54.1010**	**54.1010**	**2.3519**	**51.7491**	
Property	**13.6500**	**16.0060**	**0.6958**	**15.3102**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1789**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.0367**	**200.3927**	**8.7117**	**220.6963**	

***Medicaid Trend Adjustment :**

0 001416-00 - 2013/07

195.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**24**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**8,760**	Standard:	**184**
County:	**Indian River[31]**	First Used:	**2013/01**	Max Annualized:	**8,760**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**8,536**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**0**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,028**		
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 #							

Medicaid Utilization	**35.47329%**
Occupancy:	**97.44292%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.79553%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	133,721	227,322	197,435	10,235	0	568,713
1a	Audit Adjustments						
2	Cost Per Diem	44.1615	75.0733	65.2031	**3.3801**		187.8180
3	Cost Per Diem Inflated	46.5465	77.5032	68.7246			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5465**	**77.5032**	**68.7246**	**3.3801**		196.1544
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2436		81.0904			
7	Provider Target Rate	**56.4162**		**82.8116**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**67.6500**		**74.7873**			
10b	Base for line 10a	66.2439		73.2328			
11	Lesser of 5,7,8,10, 10a	**46.5465**	**77.5032**	**68.7246**	**3.3801**		196.1544
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.5465**	**77.5032**	**68.7246**	**3.3801**		**196.1544**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 001416-00 - 2013/07

195.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Florida Baptist Retirement Center

FRVS

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

Began FRVS:	**7/30/2008**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**257,656**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**12,218**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**206,125**	**1.5497**
20% ROE(2):	**51,531**	**0.1580**
Insurance Cost(3):	**6,352**	**0.7441**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**7,949**	**0.0000**
Total FRVS PD:		**2.4518**

(1) 80% Capital ($206,125) amortized at 6.0000% for 20 years Interest of $12,218 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $1.5497
(2) 20% ROE ($51,531) times the ROE factor (0.024170) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $0.1580
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**24**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**256,056**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5465**	**46.5465**	**2.0235**	**44.5230**	
Patient Care					
Direct Care	**77.5032**	**77.5032**	**3.3693**	**74.1339**	
Indirect Care	**68.7246**	**68.7246**	**2.9877**	**65.7369**	
Property	**3.3801**	**2.4518**	**0.1066**	**2.3452**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.1544**	**195.2261**	**8.4871**	**195.5754**	

***Medicaid Trend Adjustment :**

0 002400-00 - 2013/07

247.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**104**	Superior:	**0**
Port Charlotte FL 33952		Days In CR	**365**	Maximum:	**37,960**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2012/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**31,588**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,287**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**12,758**		
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**						

Medicaid Utilization	**40.38876%**
Occupancy:	**83.21391%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.86443%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	763,398	1,281,958	896,347	335,408	7,273	3,284,384
1a	Audit Adjustments						
2	Cost Per Diem	59.8368	100.4827	70.2576	**26.2900**	**0.5701**	257.4372
3	Cost Per Diem Inflated	63.0684	103.7350	74.0520			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.0684**	**103.7350**	**74.0520**	**26.2900**	**0.5701**	267.7155
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.9058		70.0814			
7	Provider Target Rate	**74.4533**		**71.5690**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**57.9268**		**65.3546**			
10b	Base for line 10a	56.7228		63.9962			
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**	**0.5701**	229.9876
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**99.9385**	**61.8071**	**13.6500**	**0.5701**	**229.9876**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 002400-00 - 2013/07

247.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Village Place Health and Rehab Center

FRVS

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

Began FRVS:	**9/22/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,257,216**
FRVS Base Asset:	**3,036,280**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**5.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**422,145**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,205,773**	**12.3564**
20% ROE(2):	**1,051,443**	**0.7439**
Insurance Cost(3):	**67,075**	**2.1234**
Taxes Cost(3):	**46,510**	**1.4724**
Home Office(3):	**29,633**	**0.9381**
Replacement(3&4):	**36,685**	**0.0000**
Total FRVS PD:		**17.6342**

(1) 80% Capital ($4,205,773) amortized at 8.0000% for 20 years Principal & Interest of $422,145 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $12.3564
(2) 20% ROE ($1,051,443) times the ROE factor (0.024170) divided by annual available days (37,960) 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			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,036,280**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**17.6342**	**0.7666**	**16.8676**	
ROE	**0.5701**	**0.5700**	**0.0248**	**0.5452**	
ROE Adjustment	**-0.5700**	**-0.5700**	**-0.0248**	**-0.5452**	
Quality Assess-Medicaid Share				**$15.2830**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.4176**	**233.4017**	**10.1467**	**247.3744**	

***Medicaid Trend Adjustment :**

0 003521-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Trinity FL 34655		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Pasco[51]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,086**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,046**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**21,665**		
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 #							

Medicaid Utilization	**52.73086%**
Occupancy:	**93.54736%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.88642%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,612	1,558,496	1,439,455	931,378	0	4,885,941
1a	Audit Adjustments						
2	Cost Per Diem	44.1547	71.9361	66.4415	**42.9900**		225.5223
3	Cost Per Diem Inflated	45.4544	73.4616	68.3972			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4544**	**73.4616**	**68.3972**	**42.9900**		230.3032
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6531		85.3297			
7	Provider Target Rate	**61.9405**		**87.1409**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**50.7454**		**57.3517**			
10b	Base for line 10a	49.6907		56.1596			
11	Lesser of 5,7,8,10, 10a	**45.4544**	**73.4616**	**57.3517**	**13.6500**		189.9177
12/13	Medicaid Adjustment Rate		0.2257	0.1762			
14	Prospective Per Diem 11	**45.4544**	**73.6873**	**57.5279**	**13.6500**		**190.3196**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 003521-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Trinity Regional Rehab Center

FRVS

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

Began FRVS:	**11/25/2008**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2007/07**
Indexed Asset Value	**5,851,853**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**8,729,094.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9400**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**338,653**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,681,482**	**8.5909**
20% ROE(2):	**1,170,371**	**0.4329**
Insurance Cost(3):	**131,595**	**3.2029**
Taxes Cost(3):	**101,688**	**2.4750**
Home Office(3):	**44,963**	**1.0944**
Replacement(3&4):	**2,000**	**0.0000**
Total FRVS PD:		**15.7961**

(1) 80% Capital ($4,681,482) amortized at 3.9400% for 20 years Principal & Interest of $338,653 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5909
(2) 20% ROE ($1,170,371) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4329
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2008**	Used Per Bed Standard:	**46,708**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,604,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4544**	**45.4544**	**1.9760**	**43.4784**	
Patient Care					
Direct Care	**73.6873**	**73.6873**	**3.2034**	**70.4839**	
Indirect Care	**57.5279**	**57.5279**	**2.5009**	**55.0270**	
Property	**13.6500**	**15.7961**	**0.6867**	**15.1094**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2292**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.3196**	**192.4657**	**8.3670**	**209.1643**	

***Medicaid Trend Adjustment :**

0 005219-00 - 2013/07

218.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34772		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,645**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,347**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,407**		
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**						

Medicaid Utilization	**62.50953%**
Occupancy:	**92.54326%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.62109%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,118,240	1,946,006	1,344,237	572,420	0	4,980,903
1a	Audit Adjustments						
2	Cost Per Diem	44.0131	76.5933	52.9081	**22.5300**		196.0445
3	Cost Per Diem Inflated	45.9129	78.7084	55.1918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9129**	**78.7084**	**55.1918**	**22.5300**		202.3431
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6671		59.9038			
7	Provider Target Rate	**55.8275**		**61.1753**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**49.4549**		**57.4664**			
10b	Base for line 10a	48.4270		56.2720			
11	Lesser of 5,7,8,10, 10a	**45.9129**	**78.7084**	**55.1918**	**13.6500**		193.4631
12/13	Medicaid Adjustment Rate		1.1077	0.7767			
14	Prospective Per Diem 11	**45.9129**	**79.8161**	**55.9685**	**13.6500**		**195.3475**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005219-00 - 2013/07

218.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,559,862**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**550,927**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,447,890**	**13.9758**
20% ROE(2):	**1,111,972**	**0.5024**
Insurance Cost(3):	**47,247**	**1.1624**
Taxes Cost(3):	**51,660**	**1.2710**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,995**	**0.0000**
Total FRVS PD:		**16.9116**

(1) 80% Capital ($4,447,890) amortized at 11.0000% for 20 years Principal & Interest of $550,927 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9758
(2) 20% ROE ($1,111,972) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5024
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9129**	**45.9129**	**1.9960**	**43.9169**	
Patient Care					
Direct Care	**79.8161**	**79.8161**	**3.4699**	**76.3462**	
Indirect Care	**55.9685**	**55.9685**	**2.4331**	**53.5354**	
Property	**13.6500**	**16.9116**	**0.7352**	**16.1764**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0666**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.3475**	**198.6091**	**8.6342**	**218.8779**	

***Medicaid Trend Adjustment :**

0 005372-00 - 2013/07

202.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Debary 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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**184**
Debary FL 32713		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Volusia[64]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,534**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,406**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,975**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.35446%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.82648%**	Cost:	**1.05400743**
Open Date:	**7/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/1/1983**	Low Occupancy Adjustment Factor:			**119.49836%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**213551**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,090,888	2,173,551	1,198,618	951,150	0	5,414,207
1a	Audit Adjustments						
2	Cost Per Diem	38.9951	77.6962	42.8460	**34.0000**		193.5373
3	Cost Per Diem Inflated	41.1011	80.2110	45.1600			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1011**	**80.2110**	**45.1600**	**34.0000**		200.4721
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3702		54.7014			
7	Provider Target Rate	**42.2483**		**55.8625**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**47.0436**		**57.2136**			
10b	Base for line 10a	46.0658		56.0244			
11	Lesser of 5,7,8,10, 10a	**41.1011**	**80.2110**	**45.1600**	**13.6500**		180.1221
12/13	Medicaid Adjustment Rate		1.5660	0.8817			
14	Prospective Per Diem 11	**41.1011**	**81.7770**	**46.0417**	**13.6500**		**182.5698**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005372-00 - 2013/07

202.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Debary Manor

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	**4,961,022**
FRVS Base Asset:	**1,460,322**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,008,973.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**409,548**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,968,818**	**10.3893**
20% ROE(2):	**992,204**	**0.6084**
Insurance Cost(3):	**34,131**	**0.8218**
Taxes Cost(3):	**42,614**	**1.0260**
Home Office(3):	**35,464**	**0.8539**
Replacement(3&4):	**98,661**	**0.0000**
Total FRVS PD:		**13.6994**

(1) 80% Capital ($3,968,818) amortized at 8.3750% for 20 years Principal & Interest of $409,548 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3893
(2) 20% ROE ($992,204) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6084
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1011**	**41.1011**	**1.7868**	**39.3143**	
Patient Care					
Direct Care	**81.7770**	**81.7770**	**3.5551**	**78.2219**	
Indirect Care	**46.0417**	**46.0417**	**2.0016**	**44.0401**	
Property	**13.6500**	**13.6994**	**0.5956**	**13.1038**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9672**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.5698**	**182.6192**	**7.9391**	**202.4837**	

***Medicaid Trend Adjustment :**

0 005374-00 - 2013/07

218.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Bunnell FL 32110		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Flagler[18]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,301**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,256**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,219**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.25362148**
Open Date:	**11/25/1985**					Semester Index:	**1.32132636**
Acquired Date:	**11/25/1985**					Cost:	**1.05400743**
Entered Medicaid	**11/25/1985**					Target:	**1.01485834**
Med # Active Date:	**12/4/2008**					**DC FY Index:**	**1.18950000**
Previous Med #	**213519**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03236654**
						PS Target:	**1.02122620**

Medicaid Utilization	**60.09528%**
Occupancy:	**92.01142%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.95087%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	999,622	2,053,197	1,246,979	747,398	0	5,047,196
1a	Audit Adjustments						
2	Cost Per Diem	41.2743	84.7763	51.4876	**30.8600**		208.3982
3	Cost Per Diem Inflated	43.5034	87.5202	54.2683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5034**	**87.5202**	**54.2683**	**30.8600**		216.1519
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9567		57.3252			
7	Provider Target Rate	**41.8261**		**58.5420**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.7241**		**57.2655**			
10b	Base for line 10a	44.7737		56.0752			
11	Lesser of 5,7,8,10, 10a	**41.8261**	**87.5202**	**54.2683**	**13.6500**		197.2646
12/13	Medicaid Adjustment Rate		0.9940	0.6163			
14	Prospective Per Diem 11	**41.8261**	**88.5142**	**54.8846**	**13.6500**		**198.8749**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005374-00 - 2013/07

218.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Flagler Pines

FRVS

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

Began FRVS:	**7/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,121,084**
FRVS Base Asset:	**2,444,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,905**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,296,867**	**10.7028**
20% ROE(2):	**824,217**	**0.5054**
Insurance Cost(3):	**36,685**	**0.9103**
Taxes Cost(3):	**30,116**	**0.7473**
Home Office(3):	**36,945**	**0.9167**
Replacement(3&4):	**131,749**	**0.0000**
Total FRVS PD:		**13.7825**

(1) 80% Capital ($3,296,867) amortized at 11.5000% for 20 years Principal & Interest of $421,905 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7028
(2) 20% ROE ($824,217) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5054
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8261**	**41.8261**	**1.8183**	**40.0078**	
Patient Care					
Direct Care	**88.5142**	**88.5142**	**3.8480**	**84.6662**	
Indirect Care	**54.8846**	**54.8846**	**2.3860**	**52.4986**	
Property	**13.6500**	**13.7825**	**0.5992**	**13.1833**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4985**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.8749**	**199.0074**	**8.6515**	**218.6908**	

***Medicaid Trend Adjustment :**

0 005379-00 - 2013/07

202.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Longwood FL 32750		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,039**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,539**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,336**		
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**						

Medicaid Utilization	**66.60981%**
Occupancy:	**93.44035%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.75157%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,194,891	2,084,873	1,222,314	734,245	0	5,236,323
1a	Audit Adjustments						
2	Cost Per Diem	43.7113	76.2684	44.7144	**26.8600**		191.5541
3	Cost Per Diem Inflated	44.9979	77.8857	46.0306			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9979**	**77.8857**	**46.0306**	**26.8600**		195.7742
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4588		57.6389			
7	Provider Target Rate	**44.3813**		**58.8624**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.8946**		**59.0388**			
10b	Base for line 10a	47.8783		57.8117			
11	Lesser of 5,7,8,10, 10a	**44.3813**	**77.8857**	**46.0306**	**13.6500**		181.9476
12/13	Medicaid Adjustment Rate		1.4554	0.8601			
14	Prospective Per Diem 11	**44.3813**	**79.3411**	**46.8907**	**13.6500**		**184.2631**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005379-00 - 2013/07

202.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,150,959**
FRVS Base Asset:	**2,415,321**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,285,679.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,599**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,320,767**	**8.2597**
20% ROE(2):	**830,192**	**0.3071**
Insurance Cost(3):	**30,345**	**0.7394**
Taxes Cost(3):	**38,922**	**0.9484**
Home Office(3):	**63,364**	**1.5440**
Replacement(3&4):	**156,600**	**0.0000**
Total FRVS PD:		**11.7986**

(1) 80% Capital ($3,320,767) amortized at 7.6872% for 20 years Principal & Interest of $325,599 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2597
(2) 20% ROE ($830,192) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3071
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3813**	**44.3813**	**1.9294**	**42.4519**	
Patient Care					
Direct Care	**79.3411**	**79.3411**	**3.4492**	**75.8919**	
Indirect Care	**46.8907**	**46.8907**	**2.0385**	**44.8522**	
Property	**13.6500**	**11.7986**	**0.5129**	**11.2857**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4115**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.2631**	**182.4117**	**7.9300**	**202.7296**	

***Medicaid Trend Adjustment :**

0 005380-00 - 2013/07

217.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Maitland FL 32751		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**46,568**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,782**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,929**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**68.56425%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**70.87976%**	Cost:	**1.05400743**
Open Date:	**3/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**3/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**3/1/1983**	Low Occupancy Adjustment Factor:			**89.32119%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**214167**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,326,226	2,651,831	1,483,321	749,374	0	6,210,752
1a	Audit Adjustments						
2	Cost Per Diem	41.5367	83.0540	46.4569	**23.4700**		194.5176
3	Cost Per Diem Inflated	43.7800	85.7422	48.9659			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7800**	**85.7422**	**48.9659**	**23.4700**		201.9581
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7661		59.5425			
7	Provider Target Rate	**52.8649**		**60.8064**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**53.3809**		**60.5757**			
10b	Base for line 10a	52.2714		59.3166			
11	Lesser of 5,7,8,10, 10a	**43.7800**	**85.7422**	**48.9659**	**13.6500**		192.1381
12/13	Medicaid Adjustment Rate		1.7907	1.0226			
14	Prospective Per Diem 11	**43.7800**	**87.5329**	**49.9885**	**13.6500**		**194.9514**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005380-00 - 2013/07

217.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Rehabilitation Center of Winter 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:	**1983/01**
Indexed Asset Value	**6,096,188**
FRVS Base Asset:	**3,384,742**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.7160**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.7160**	**%**
Interest Only:	**False**	
Yearly Payment:	**758,378**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,876,950**	**12.8256**
20% ROE(2):	**1,219,238**	**0.4984**
Insurance Cost(3):	**49,670**	**1.0666**
Taxes Cost(3):	**66,500**	**1.4280**
Home Office(3):	**43,506**	**0.9342**
Replacement(3&4):	**105,529**	**0.0000**
Total FRVS PD:		**16.7528**

(1) 80% Capital ($4,876,950) amortized at 14.7160% for 20 years Principal & Interest of $758,378 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.8256
(2) 20% ROE ($1,219,238) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4984
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7800**	**43.7800**	**1.9033**	**41.8767**	
Patient Care					
Direct Care	**87.5329**	**87.5329**	**3.8053**	**83.7276**	
Indirect Care	**49.9885**	**49.9885**	**2.1732**	**47.8153**	
Property	**13.6500**	**16.7528**	**0.7283**	**16.0245**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7848**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.9514**	**198.0542**	**8.6101**	**217.0653**	

***Medicaid Trend Adjustment :**

0 005381-00 - 2013/07

206.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**97**	Superior:	**0**
Monticello FL 32344		Days In CR	**365**	Maximum:	**35,405**	Standard:	**184**
County: **Jefferson[33]**		First Used:	**2012/07**	Max Annualized:	**35,405**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**31,874**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,868**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**23,433**		
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**						

Medicaid Utilization	**73.51760%**
Occupancy:	**90.02683%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.44993%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	937,326	1,939,568	887,222	579,967	0	4,344,083
1a	Audit Adjustments						
2	Cost Per Diem	40.0003	82.7708	37.8621	**24.7500**		185.3832
3	Cost Per Diem Inflated	42.1606	85.4498	39.9069			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1606**	**85.4498**	**39.9069**	**24.7500**		192.2673
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5298		53.6785			
7	Provider Target Rate	**44.4538**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**47.4670**		**59.4727**			
10b	Base for line 10a	46.4804		58.2366			
11	Lesser of 5,7,8,10, 10a	**42.1606**	**85.4498**	**39.9069**	**13.6500**		181.1673
12/13	Medicaid Adjustment Rate		2.2608	1.0558			
14	Prospective Per Diem 11	**42.1606**	**87.7106**	**40.9627**	**13.6500**		**184.4839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005381-00 - 2013/07

206.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Brvnwood Center

FRVS

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

Began FRVS:	**1/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**3,588,412**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,684,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**342,773**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,870,730**	**10.7572**
20% ROE(2):	**717,682**	**0.5444**
Insurance Cost(3):	**20,363**	**0.6389**
Taxes Cost(3):	**33,488**	**1.0506**
Home Office(3):	**25,784**	**0.8089**
Replacement(3&4):	**87,509**	**0.0000**
Total FRVS PD:		**13.8000**

(1) 80% Capital ($2,870,730) amortized at 10.4500% for 20 years Principal & Interest of $342,773 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $10.7572
(2) 20% ROE ($717,682) times the ROE factor (0.024170) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.5444
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1606**	**42.1606**	**1.8329**	**40.3277**	
Patient Care					
Direct Care	**87.7106**	**87.7106**	**3.8131**	**83.8975**	
Indirect Care	**40.9627**	**40.9627**	**1.7808**	**39.1819**	
Property	**13.6500**	**13.8000**	**0.5999**	**13.2001**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8942**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.4839**	**184.6339**	**8.0267**	**206.3378**	

***Medicaid Trend Adjustment :**

0 005383-00 - 2013/07

212.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Marianna FL 32446		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Jackson[32]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**20,422**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,543**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,284**		
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**						

Medicaid Utilization	**74.84086%**
Occupancy:	**93.25114%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.51313%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	643,363	1,132,320	760,745	375,834	0	2,912,262
1a	Audit Adjustments						
2	Cost Per Diem	42.0939	74.0853	49.7739	**24.5900**		190.5431
3	Cost Per Diem Inflated	44.3673	76.4832	52.4621			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3673**	**76.4832**	**52.4621**	**24.5900**		197.9026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2559		60.8864			
7	Provider Target Rate	**45.1953**		**62.1788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**49.5312**		**59.6972**			
10b	Base for line 10a	48.5017		58.4564			
11	Lesser of 5,7,8,10, 10a	**44.3673**	**76.4832**	**52.4621**	**13.6500**		186.9626
12/13	Medicaid Adjustment Rate		2.1374	1.4661			
14	Prospective Per Diem 11	**44.3673**	**78.6206**	**53.9282**	**13.6500**		**190.5661**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005383-00 - 2013/07

212.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Nursing Pavilion at Chipola Retirement Center

FRVS

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

Began FRVS:	**5/7/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**2,567,867**
FRVS Base Asset:	**1,711,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**250,270**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,054,294**	**12.6976**
20% ROE(2):	**513,573**	**0.6298**
Insurance Cost(3):	**17,370**	**0.8506**
Taxes Cost(3):	**18,808**	**0.9210**
Home Office(3):	**17,381**	**0.8511**
Replacement(3&4):	**67,644**	**0.0000**
Total FRVS PD:		**15.9501**

(1) 80% Capital ($2,054,294) amortized at 10.7500% for 20 years Principal & Interest of $250,270 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.6976
(2) 20% ROE ($513,573) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6298
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3673**	**44.3673**	**1.9288**	**42.4385**	
Patient Care					
Direct Care	**78.6206**	**78.6206**	**3.4179**	**75.2027**	
Indirect Care	**53.9282**	**53.9282**	**2.3444**	**51.5838**	
Property	**13.6500**	**15.9501**	**0.6934**	**15.2567**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6544**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.5661**	**192.8662**	**8.3845**	**212.9725**	

***Medicaid Trend Adjustment :**

0 005384-00 - 2013/07

224.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **115**	Superior: **0**
Panama City FL 32401	Days In CR **365**	Maximum: **41,975**	Standard: **184**
County: **Bay[3]**	First Used: **2012/07**	Max Annualized: **41,975**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2013/07**	Total Patient: **39,094**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,444**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **22,286**	
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**			

Medicaid Utilization	**57.00619%**
Occupancy:	**93.13639%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.36853%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	910,025	2,006,950	1,095,314	689,529	0	4,701,818
1a	Audit Adjustments						
2	Cost Per Diem	40.8339	90.0543	49.1481	**30.9400**		210.9763
3	Cost Per Diem Inflated	43.0392	92.9690	51.8025			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0392**	**92.9690**	**51.8025**	**30.9400**		218.7507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5170		58.7638			
7	Provider Target Rate	**44.4407**		**60.0111**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**47.5913**		**59.5776**			
10b	Base for line 10a	46.6021		58.3393			
11	Lesser of 5,7,8,10, 10a	**43.0392**	**92.9690**	**51.8025**	**13.6500**		201.4607
12/13	Medicaid Adjustment Rate		0.7328	0.4083			
14	Prospective Per Diem 11	**43.0392**	**93.7018**	**52.2108**	**13.6500**		**202.6018**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005384-00 - 2013/07

224.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,066,883**
FRVS Base Asset:	**3,635,035**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**493,828**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,053,506**	**13.0720**
20% ROE(2):	**1,013,377**	**0.6484**
Insurance Cost(3):	**37,212**	**0.9519**
Taxes Cost(3):	**65,720**	**1.6811**
Home Office(3):	**36,374**	**0.9304**
Replacement(3&4):	**98,961**	**0.0000**
Total FRVS PD:		**17.2838**

(1) 80% Capital ($4,053,506) amortized at 10.7500% for 20 years Principal & Interest of $493,828 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $13.0720
(2) 20% ROE ($1,013,377) times the ROE factor (0.024170) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.6484
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**115**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,635,035**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0392**	**43.0392**	**1.8711**	**41.1681**	
Patient Care					
Direct Care	**93.7018**	**93.7018**	**4.0735**	**89.6283**	
Indirect Care	**52.2108**	**52.2108**	**2.2698**	**49.9410**	
Property	**13.6500**	**17.2838**	**0.7514**	**16.5324**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6437**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.6018**	**206.2356**	**8.9658**	**224.7499**	

***Medicaid Trend Adjustment :**

0 005385-00 - 2013/07

207.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32401		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**41,210**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,583**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,543**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**69.26231%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.08676%**	Cost:	**1.05400743**
Open Date:	**8/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**8/1/1984**	Low Occupancy Adjustment Factor:			**118.56617%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**211851**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,033,987	2,453,705	1,319,643	543,459	0	5,350,794
1a	Audit Adjustments						
2	Cost Per Diem	36.2256	85.9652	46.2335	**19.0400**		187.4643
3	Cost Per Diem Inflated	38.1821	88.7476	48.7305			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1821**	**88.7476**	**48.7305**	**19.0400**		194.7002
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9896		57.7704			
7	Provider Target Rate	**42.8809**		**58.9966**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.8337**		**57.6975**			
10b	Base for line 10a	44.8810		56.4983			
11	Lesser of 5,7,8,10, 10a	**38.1821**	**88.7476**	**48.7305**	**13.6500**		189.3102
12/13	Medicaid Adjustment Rate		1.9232	1.0560			
14	Prospective Per Diem 11	**38.1821**	**90.6708**	**49.7865**	**13.6500**		**192.2894**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005385-00 - 2013/07

207.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Panama City Nursing Center

FRVS

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

Began FRVS:	**8/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**2,480,711**
FRVS Base Asset:	**1,395,468**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**246,736**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,984,569**	**6.2592**
20% ROE(2):	**496,142**	**0.3042**
Insurance Cost(3):	**31,572**	**0.7661**
Taxes Cost(3):	**25,244**	**0.6126**
Home Office(3):	**35,605**	**0.8640**
Replacement(3&4):	**90,341**	**0.0000**
Total FRVS PD:		**8.8061**

(1) 80% Capital ($1,984,569) amortized at 12.5000% for 20 years Interest of $246,736 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.2592
(2) 20% ROE ($496,142) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3042
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1821**	**38.1821**	**1.6599**	**36.5222**	
Patient Care					
Direct Care	**90.6708**	**90.6708**	**3.9417**	**86.7291**	
Indirect Care	**49.7865**	**49.7865**	**2.1644**	**47.6221**	
Property	**13.6500**	**8.8061**	**0.3828**	**8.4233**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4043**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.2894**	**187.4455**	**8.1488**	**207.5374**	

***Medicaid Trend Adjustment :**

0 005386-00 - 2013/07

209.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Quincy FL 32351		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Gadsden[20]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,141**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,127**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,454**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**84.13184%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.21233%**	Cost:	**1.05400743**
Open Date:	**11/19/1985**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/19/1985**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/19/1985**	Low Occupancy Adjustment Factor:			**121.24476%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**253413**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,480,918	2,458,753	1,687,722	764,743	0	6,392,136
1a	Audit Adjustments						
2	Cost Per Diem	41.7701	69.3505	47.6031	**21.5700**		180.2937
3	Cost Per Diem Inflated	44.0260	71.5951	50.1740			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0260**	**71.5951**	**50.1740**	**21.5700**		187.3651
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3551		53.7151			
7	Provider Target Rate	**44.2754**		**54.8553**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.7241**		**54.0871**			
10b	Base for line 10a	44.7737		52.9629			
11	Lesser of 5,7,8,10, 10a	**44.0260**	**71.5951**	**50.1740**	**13.6500**		179.4451
12/13	Medicaid Adjustment Rate		2.7491	1.9266			
14	Prospective Per Diem 11	**44.0260**	**74.3442**	**52.1006**	**13.6500**		**184.1208**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005386-00 - 2013/07

209.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Riverchase Care Center

FRVS

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

Began FRVS:	**1/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,694,651**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**543,966**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,555,721**	**13.7992**
20% ROE(2):	**1,138,930**	**0.6983**
Insurance Cost(3):	**28,862**	**0.6849**
Taxes Cost(3):	**42,971**	**1.0197**
Home Office(3):	**32,317**	**0.7669**
Replacement(3&4):	**62,355**	**0.0000**
Total FRVS PD:		**16.9690**

(1) 80% Capital ($4,555,721) amortized at 10.4500% for 20 years Principal & Interest of $543,966 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.7992
(2) 20% ROE ($1,138,930) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6983
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0260**	**44.0260**	**1.9140**	**42.1120**	
Patient Care					
Direct Care	**74.3442**	**74.3442**	**3.2320**	**71.1122**	
Indirect Care	**52.1006**	**52.1006**	**2.2650**	**49.8356**	
Property	**13.6500**	**16.9690**	**0.7377**	**16.2313**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4512**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.1208**	**187.4398**	**8.1487**	**209.5787**	

***Medicaid Trend Adjustment :**

0 005387-00 - 2013/07

211.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Live Oak FL 32064		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Suwannee[61]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**62,943**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,785**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**48,552**		
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**						

Medicaid Utilization	**77.13646%**
Occupancy:	**95.80365%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.72977%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,994,254	3,672,561	2,178,298	1,663,392	0	9,508,505
1a	Audit Adjustments						
2	Cost Per Diem	41.0746	75.6418	44.8653	**34.2600**		195.8417
3	Cost Per Diem Inflated	43.2929	78.0901	47.2884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2929**	**78.0901**	**47.2884**	**34.2600**		202.9314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0258		56.9382			
7	Provider Target Rate	**44.9603**		**58.1468**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**49.5642**		**58.8418**			
10b	Base for line 10a	48.5340		57.6188			
11	Lesser of 5,7,8,10, 10a	**43.2929**	**78.0901**	**47.2884**	**13.6500**		182.3214
12/13	Medicaid Adjustment Rate		2.3840	1.4436			
14	Prospective Per Diem 11	**43.2929**	**80.4741**	**48.7320**	**13.6500**		**186.1490**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005387-00 - 2013/07

211.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Suwannee Health Care Center

FRVS

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

Began FRVS:	**9/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**8,592,964**
FRVS Base Asset:	**3,332,561**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.8000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**896,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,874,371**	**15.1672**
20% ROE(2):	**1,718,593**	**0.7025**
Insurance Cost(3):	**52,335**	**0.8315**
Taxes Cost(3):	**79,220**	**1.2586**
Home Office(3):	**51,433**	**0.8171**
Replacement(3&4):	**183,571**	**0.0000**
Total FRVS PD:		**18.7769**

(1) 80% Capital ($6,874,371) amortized at 11.8000% for 20 years Principal & Interest of $896,837 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.1672
(2) 20% ROE ($1,718,593) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7025
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2929**	**43.2929**	**1.8821**	**41.4108**	
Patient Care					
Direct Care	**80.4741**	**80.4741**	**3.4985**	**76.9756**	
Indirect Care	**48.7320**	**48.7320**	**2.1185**	**46.6135**	
Property	**13.6500**	**18.7769**	**0.8163**	**17.9606**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3276**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.1490**	**191.2759**	**8.3154**	**211.1245**	

***Medicaid Trend Adjustment :**

0 005388-00 - 2013/07

237.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**245**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**89,425**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**89,425**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**41,009**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,276**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**35,452**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**12/1/1983**					Target:	**1.01485834**
Acquired Date:	**12/1/1983**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**12/1/1983**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**					**DC Inflation:**	**1.03236654**
Previous Med #	**228915**					**PS Target:**	**1.02122620**

Medicaid Utilization	**86.44932%**
Occupancy:	**45.85854%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**57.78998%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,663,089	2,989,259	1,922,492	916,434	0	7,491,274
1a	Audit Adjustments						
2	Cost Per Diem	46.9110	84.3185	54.2280	**25.8500**		211.3075
3	Cost Per Diem Inflated	49.4445	87.0476	57.1567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4445**	**87.0476**	**57.1567**	**25.8500**		219.4988
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6075		60.9670			
7	Provider Target Rate	**52.7029**		**62.2611**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**55.3282**		**62.8807**			
10b	Base for line 10a	54.1782		61.5737			
11	Lesser of 5,7,8,10, 10a	**49.4445**	**87.0476**	**57.1567**	**13.6500**		207.2988
12/13	Medicaid Adjustment Rate		3.5694	2.3437			
14	Prospective Per Diem 11	**49.4445**	**90.6170**	**59.5004**	**13.6500**		**213.2119**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005388-00 - 2013/07

237.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Berkshire Manor

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	**9,625,917**
FRVS Base Asset:	**5,509,033**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**10,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**985,475**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,700,734**	**12.2446**
20% ROE(2):	**1,925,183**	**0.5782**
Insurance Cost(3):	**40,271**	**0.9820**
Taxes Cost(3):	**56,400**	**1.3753**
Home Office(3):	**35,461**	**0.8647**
Replacement(3&4):	**79,469**	**0.0000**
Total FRVS PD:		**16.0448**

(1) 80% Capital ($7,700,734) amortized at 11.5000% for 20 years Principal & Interest of $985,475 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $12.2446
(2) 20% ROE ($1,925,183) times the ROE factor (0.024170) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $0.5782
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**245**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,982,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4445**	**49.4445**	**2.1495**	**47.2950**	
Patient Care					
Direct Care	**90.6170**	**90.6170**	**3.9394**	**86.6776**	
Indirect Care	**59.5004**	**59.5004**	**2.5867**	**56.9137**	
Property	**13.6500**	**16.0448**	**0.6975**	**15.3473**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4602**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**213.2119**	**215.6067**	**9.3731**	**237.5302**	

***Medicaid Trend Adjustment :**

0 005519-00 - 2013/07

217.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**138**	Superior:	**0**
Melbourne FL 32901		Days In CR	**366**	Maximum:	**50,508**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**50,370**	Conditional:	**3**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,779**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,407**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,767**		
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**						

Medicaid Utilization	**74.25840%**
Occupancy:	**84.69747%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.73399%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,279,138	2,779,959	1,467,418	819,271	0	6,345,786
1a	Audit Adjustments						
2	Cost Per Diem	40.2663	87.5109	46.1932	**25.7900**		199.7604
3	Cost Per Diem Inflated	41.4515	89.3666	47.5529			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4515**	**89.3666**	**47.5529**	**25.7900**		204.1610
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2098		55.7279			
7	Provider Target Rate	**48.2119**		**56.9108**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.3028**		**56.3785**			
10b	Base for line 10a	47.2988		55.2067			
11	Lesser of 5,7,8,10, 10a	**41.4515**	**89.3666**	**47.5529**	**13.6500**		192.0210
12/13	Medicaid Adjustment Rate		2.3991	1.2766			
14	Prospective Per Diem 11	**41.4515**	**91.7657**	**48.8295**	**13.6500**		**195.6967**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005519-00 - 2013/07

217.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,728,554**
FRVS Base Asset:	**3,933,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information

Amount:	**3,595,040.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4680**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4680**	**%**
Interest Only:	**False**	
Yearly Payment:	**480,380**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**5,382,843**	**10.5967**
20% ROE(2):	**1,345,711**	**0.4328**
Insurance Cost(3):	**33,324**	**0.7790**
Taxes Cost(3):	**45,494**	**1.0635**
Home Office(3):	**67,061**	**1.5676**
Replacement(3&4):	**110,844**	**0.0000**
Total FRVS PD:		**14.4396**

(1) 80% Capital ($5,382,843) amortized at 6.4680% for 20 years Principal & Interest of $480,380 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $10.5967
(2) 20% ROE ($1,345,711) times the ROE factor (0.014580) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.4328
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**138**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4515**	**41.4515**	**1.8020**	**39.6495**	
Patient Care					
Direct Care	**91.7657**	**91.7657**	**3.9893**	**87.7764**	
Indirect Care	**48.8295**	**48.8295**	**2.1228**	**46.7067**	
Property	**13.6500**	**14.4396**	**0.6277**	**13.8119**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2185**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.6967**	**196.4863**	**8.5418**	**216.9994**	

***Medicaid Trend Adjustment :**

0 005523-00 - 2013/07

208.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**146**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**53,290**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**53,290**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**42,434**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,196**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**38,516**		
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**						

Medicaid Utilization	**90.76684%**
Occupancy:	**79.62845%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.34611%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,386,554	2,859,875	1,720,832	976,766	0	6,944,027
1a	Audit Adjustments						
2	Cost Per Diem	35.9994	74.2516	44.6784	**25.3600**		180.2894
3	Cost Per Diem Inflated	37.9436	76.6549	47.0914			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9436**	**76.6549**	**47.0914**	**25.3600**		187.0499
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7479		53.4014			
7	Provider Target Rate	**44.6765**		**54.5349**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**50.3819**		**58.4430**			
10b	Base for line 10a	49.3347		57.2283			
11	Lesser of 5,7,8,10, 10a	**37.9436**	**76.6549**	**47.0914**	**13.6500**		175.3399
12/13	Medicaid Adjustment Rate		3.4495	2.1191			
14	Prospective Per Diem 11	**37.9436**	**80.1044**	**49.2105**	**13.6500**		**180.9085**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005523-00 - 2013/07

208.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,972,066**
FRVS Base Asset:	**4,161,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**713,781**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,577,653**	**14.8825**
20% ROE(2):	**1,394,413**	**0.7027**
Insurance Cost(3):	**31,689**	**0.7468**
Taxes Cost(3):	**30,643**	**0.7221**
Home Office(3):	**32,829**	**0.7736**
Replacement(3&4):	**48,313**	**0.0000**
Total FRVS PD:		**17.8277**

(1) 80% Capital ($5,577,653) amortized at 11.5000% for 20 years Principal & Interest of $713,781 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $14.8825
(2) 20% ROE ($1,394,413) times the ROE factor (0.024170) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $0.7027
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9436**	**37.9436**	**1.6495**	**36.2941**	
Patient Care					
Direct Care	**80.1044**	**80.1044**	**3.4824**	**76.6220**	
Indirect Care	**49.2105**	**49.2105**	**2.1393**	**47.0712**	
Property	**13.6500**	**17.8277**	**0.7750**	**17.0527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5494**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.9085**	**185.0862**	**8.0462**	**208.4258**	

***Medicaid Trend Adjustment :**

0 005543-00 - 2013/07

220.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **192**	Superior: **0**
Daytona Beach FL 32114	Days In CR **365**	Maximum: **70,080**	Standard: **184**
County: **Volusia[64]**	First Used: **2013/01**	Max Annualized: **70,080**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **46,845**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,216**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **39,458**	
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**			

Medicaid Utilization	**84.23097%**
Occupancy:	**66.84504%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**84.23672%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,745,458	3,222,929	1,883,667	713,401	0	7,565,455
1a	Audit Adjustments						
2	Cost Per Diem	44.2358	81.6800	47.7385	**18.0800**		191.7343
3	Cost Per Diem Inflated	46.6249	84.3237	50.3167			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6249**	**84.3237**	**50.3167**	**18.0800**		199.3453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9391		62.4069			
7	Provider Target Rate	**48.9567**		**63.7316**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**47.7510**		**58.9756**			
10b	Base for line 10a	46.7585		57.7498			
11	Lesser of 5,7,8,10, 10a	**46.6249**	**84.3237**	**50.3167**	**13.6500**		194.9153
12/13	Medicaid Adjustment Rate		3.2473	1.9377			
14	Prospective Per Diem 11	**46.6249**	**87.5710**	**52.2544**	**13.6500**		**200.1003**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005543-00 - 2013/07

220.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor on the Green

FRVS

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

Began FRVS:	**7/19/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**6,273,292**
FRVS Base Asset:	**3,805,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,495,865.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**517,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,018,634**	**8.2109**
20% ROE(2):	**1,254,658**	**0.4808**
Insurance Cost(3):	**39,155**	**0.8358**
Taxes Cost(3):	**46,816**	**0.9994**
Home Office(3):	**39,324**	**0.8394**
Replacement(3&4):	**78,504**	**0.0000**
Total FRVS PD:		**11.3663**

(1) 80% Capital ($5,018,634) amortized at 8.3750% for 20 years Principal & Interest of $517,880 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $8.2109
(2) 20% ROE ($1,254,658) times the ROE factor (0.024170) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $0.4808
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**192**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6249**	**46.6249**	**2.0269**	**44.5980**	
Patient Care					
Direct Care	**87.5710**	**87.5710**	**3.8070**	**83.7640**	
Indirect Care	**52.2544**	**52.2544**	**2.2717**	**49.9827**	
Property	**13.6500**	**11.3663**	**0.4941**	**10.8722**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.1475**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.1003**	**197.8166**	**8.5997**	**220.2008**	

***Medicaid Trend Adjustment :**

0 005547-00 - 2013/07

210.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**122**	Superior:	**0**
Deland FL 32724		Days In CR	**365**	Maximum:	**44,530**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,136**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,556**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,676**		
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**						

Medicaid Utilization	**73.93861%**
Occupancy:	**90.13249%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.58309%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,192,484	2,361,106	1,404,568	691,154	0	5,649,312
1a	Audit Adjustments						
2	Cost Per Diem	40.1834	79.5628	47.3301	**23.2900**		190.3663
3	Cost Per Diem Inflated	42.3536	82.1380	49.8863			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3536**	**82.1380**	**49.8863**	**23.2900**		197.6679
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1561		57.7561			
7	Provider Target Rate	**49.1783**		**58.9820**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**52.0677**		**60.6724**			
10b	Base for line 10a	50.9855		59.4113			
11	Lesser of 5,7,8,10, 10a	**42.3536**	**82.1380**	**49.8863**	**13.6500**		188.0279
12/13	Medicaid Adjustment Rate		2.2121	1.3435			
14	Prospective Per Diem 11	**42.3536**	**84.3501**	**51.2298**	**13.6500**		**191.5835**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005547-00 - 2013/07

210.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,552,482**
FRVS Base Asset:	**2,076,193**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,586,938.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3750**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.3750**	**%**
Interest Only:	**False**	
Yearly Payment:	**293,268**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,841,986**	**7.3176**
20% ROE(2):	**710,496**	**0.4285**
Insurance Cost(3):	**33,868**	**0.8438**
Taxes Cost(3):	**36,070**	**0.8987**
Home Office(3):	**33,727**	**0.8403**
Replacement(3&4):	**152,153**	**0.0000**
Total FRVS PD:		**10.3289**

(1) 80% Capital ($2,841,986) amortized at 8.3750% for 20 years Principal & Interest of $293,268 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $7.3176
(2) 20% ROE ($710,496) times the ROE factor (0.024170) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $0.4285
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**122**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,477,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3536**	**42.3536**	**1.8412**	**40.5124**	
Patient Care					
Direct Care	**84.3501**	**84.3501**	**3.6670**	**80.6831**	
Indirect Care	**51.2298**	**51.2298**	**2.2271**	**49.0027**	
Property	**13.6500**	**10.3289**	**0.4490**	**9.8799**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0806**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.5835**	**188.2624**	**8.1843**	**209.9951**	

***Medicaid Trend Adjustment :**

0 005549-00 - 2013/07

232.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**59**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**365**	Maximum:	**21,535**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2012/07**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**18,844**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,913**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**13,319**		
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**						

Medicaid Utilization	**70.68032%**
Occupancy:	**87.50407%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.27080%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	667,631	1,141,041	720,222	338,835	0	2,867,729
1a	Audit Adjustments						
2	Cost Per Diem	50.1262	85.6702	54.0748	**25.4400**		215.3112
3	Cost Per Diem Inflated	52.8334	88.4430	56.9952			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8334**	**88.4430**	**56.9952**	**25.4400**		223.7116
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4785		63.2996			
7	Provider Target Rate	**54.6136**		**64.6432**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**57.0747**		**63.2101**			
10b	Base for line 10a	55.8884		61.8963			
11	Lesser of 5,7,8,10, 10a	**52.8334**	**88.4430**	**56.9952**	**13.6500**		211.9216
12/13	Medicaid Adjustment Rate		2.0577	1.3260			
14	Prospective Per Diem 11	**52.8334**	**90.5007**	**58.3212**	**13.6500**		**215.3053**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005549-00 - 2013/07

232.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oaks Of Kissimmee

FRVS

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

Began FRVS:	**7/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**1,757,388**
FRVS Base Asset:	**923,314**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1250**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.1250**	**%**
Interest Only:	**False**	
Yearly Payment:	**142,430**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,405,910**	**7.3488**
20% ROE(2):	**351,478**	**0.4383**
Insurance Cost(3):	**18,783**	**0.9968**
Taxes Cost(3):	**29,438**	**1.5622**
Home Office(3):	**17,917**	**0.9508**
Replacement(3&4):	**42,730**	**0.0000**
Total FRVS PD:		**11.2969**

(1) 80% Capital ($1,405,910) amortized at 8.1250% for 20 years Principal & Interest of $142,430 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $7.3488
(2) 20% ROE ($351,478) times the ROE factor (0.024170) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.4383
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**59**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8334**	**52.8334**	**2.2968**	**50.5366**	
Patient Care					
Direct Care	**90.5007**	**90.5007**	**3.9344**	**86.5663**	
Indirect Care	**58.3212**	**58.3212**	**2.5354**	**55.7858**	
Property	**13.6500**	**11.2969**	**0.4911**	**10.8058**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1040**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.3053**	**212.9522**	**9.2577**	**232.6349**	

***Medicaid Trend Adjustment :**

0 005701-00 - 2013/07

214.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at 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	
2021 SW 1 Avenue		**06/01/2011-05/31/2012**		Number of Beds:	**133**	Superior:	**0**
Ocala FL 34474		Days In CR	**366**	Maximum:	**48,678**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/01**	Max Annualized:	**48,545**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**35,086**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,737**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,090**		
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**						

Medicaid Utilization	**54.40917%**
Occupancy:	**72.07773%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**90.83086%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	837,562	1,706,199	1,384,547	242,061	0	4,170,369
1a	Audit Adjustments						
2	Cost Per Diem	43.8744	89.3766	72.5273	**12.6800**		218.4583
3	Cost Per Diem Inflated	45.8698	91.9474	75.8259			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8698**	**91.9474**	**75.8259**	**12.6800**		226.3231
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.4828		88.6257			
7	Provider Target Rate	**73.0001**		**90.5069**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**43.0954**		**49.8062**			
10b	Base for line 10a	42.1997		48.7710			
11	Lesser of 5,7,8,10, 10a	**43.0954**	**91.9474**	**49.8062**	**12.6800**		197.5290
12/13	Medicaid Adjustment Rate		0.4561	0.2471			
14	Prospective Per Diem 11	**43.0954**	**92.4035**	**50.0533**	**12.6800**		**198.2322**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005701-00 - 2013/07

214.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Ocala

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	**3,489,704**
FRVS Base Asset:	**1,786,469**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**347,093**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,791,763**	**7.9444**
20% ROE(2):	**697,941**	**0.2995**
Insurance Cost(3):	**39,332**	**1.1210**
Taxes Cost(3):	**42,259**	**1.2044**
Home Office(3):	**28,302**	**0.8066**
Replacement(3&4):	**1,691**	**0.0000**
Total FRVS PD:		**11.3759**

(1) 80% Capital ($2,791,763) amortized at 12.5000% for 20 years Interest of $347,093 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $7.9444
(2) 20% ROE ($697,941) times the ROE factor (0.018750) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.2995
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**133**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0954**	**43.0954**	**1.8735**	**41.2219**	
Patient Care					
Direct Care	**92.4035**	**92.4035**	**4.0171**	**88.3864**	
Indirect Care	**50.0533**	**50.0533**	**2.1760**	**47.8773**	
Property	**12.6800**	**11.3759**	**0.4945**	**10.8814**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1806**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.2322**	**196.9281**	**8.5611**	**214.3840**	

***Medicaid Trend Adjustment :**

0 005811-00 - 2013/07

223.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Palatka FL 32177		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Putnam[54]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**60,318**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,849**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**37,316**		
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**						

Medicaid Utilization	**61.86545%**
Occupancy:	**91.55738%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.37869%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,649,967	3,207,911	1,894,230	648,925	0	7,401,033
1a	Audit Adjustments						
2	Cost Per Diem	44.2161	85.9661	50.7619	**17.3900**		198.3341
3	Cost Per Diem Inflated	46.1246	88.3401	52.9530			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1246**	**88.3401**	**52.9530**	**17.3900**		204.8077
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3732		60.9896			
7	Provider Target Rate	**53.4849**		**62.2842**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.2100**		**55.4879**			
10b	Base for line 10a	45.2495		54.3346			
11	Lesser of 5,7,8,10, 10a	**46.1246**	**88.3401**	**52.9530**	**13.6500**		201.0677
12/13	Medicaid Adjustment Rate		1.1792	0.7069			
14	Prospective Per Diem 11	**46.1246**	**89.5193**	**53.6599**	**13.6500**		**202.9538**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005811-00 - 2013/07

223.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,105,048**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**8,164,874.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6724**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.6724**	**%**
Interest Only:	**False**	
Yearly Payment:	**734,059**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,484,038**	**12.4143**
20% ROE(2):	**1,621,010**	**0.4882**
Insurance Cost(3):	**68,992**	**1.1438**
Taxes Cost(3):	**140,000**	**2.3210**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.3673**

(1) 80% Capital ($6,484,038) amortized at 9.6724% for 20 years Principal & Interest of $734,059 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4143
(2) 20% ROE ($1,621,010) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4882
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1246**	**46.1246**	**2.0052**	**44.1194**	
Patient Care					
Direct Care	**89.5193**	**89.5193**	**3.8917**	**85.6276**	
Indirect Care	**53.6599**	**53.6599**	**2.3328**	**51.3271**	
Property	**13.6500**	**16.3673**	**0.7115**	**15.6558**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9259**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.9538**	**205.6711**	**8.9412**	**223.4922**	

***Medicaid Trend Adjustment :**

0 005814-00 - 2013/07

238.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boynton 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		**01/01/2012-12/31/2012**		Number of Beds:	**81**	Superior:	**0**
Boynton Beach FL 33437		Days In CR	**366**	Maximum:	**29,646**	Standard:	**184**
County: **Palm Beach[50]**		First Used:	**2013/07**	Max Annualized:	**29,565**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**25,566**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**9,798**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**10,700**		
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**							

Medicaid Utilization	**41.85246%**
Occupancy:	**86.23760%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.67482%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	640,371	955,746	672,627	360,911	0	2,629,655
1a	Audit Adjustments						
2	Cost Per Diem	59.8478	89.3221	62.8623	**33.7300**		245.7622
3	Cost Per Diem Inflated	61.6094	91.2162	64.7126			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.6094**	**91.2162**	**64.7126**	**33.7300**		251.2682
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1757		69.0060			
7	Provider Target Rate	**52.2620**		**70.4707**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**60.3949**		**69.7559**			
10b	Base for line 10a	59.1396		68.3060			
11	Lesser of 5,7,8,10, 10a	**52.2620**	**91.2162**	**64.7126**	**13.6500**		221.8408
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.2620**	**91.2162**	**64.7126**	**13.6500**		**221.8408**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005814-00 - 2013/07

238.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boynton Health Care Center

FRVS

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

Began FRVS:	**9/14/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**3,184,114**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,280,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0898**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0898**	**%**
Interest Only:	**False**	
Yearly Payment:	**276,792**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,547,291**	**10.4024**
20% ROE(2):	**636,823**	**0.3489**
Insurance Cost(3):	**24,941**	**0.9756**
Taxes Cost(3):	**68,498**	**2.6793**
Home Office(3):	**58,738**	**2.2975**
Replacement(3&4):	**200,851**	**0.0000**
Total FRVS PD:		**16.7037**

(1) 80% Capital ($2,547,291) amortized at 9.0898% for 20 years Principal & Interest of $276,792 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.4024
(2) 20% ROE ($636,823) times the ROE factor (0.014580) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.3489
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**71**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,758,066**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.2620**	**52.2620**	**2.2720**	**49.9900**	
Patient Care					
Direct Care	**91.2162**	**91.2162**	**3.9655**	**87.2507**	
Indirect Care	**64.7126**	**64.7126**	**2.8133**	**61.8993**	
Property	**13.6500**	**16.7037**	**0.7262**	**15.9775**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6665**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.8408**	**224.8945**	**9.7770**	**238.6204**	

***Medicaid Trend Adjustment :**

0 005826-00 - 2013/07

195.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**266**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**97,090**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**97,090**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**83,688**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,746**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**65,311**		
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**						

Medicaid Utilization	**78.04106%**
Occupancy:	**86.19632%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.62280%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,409,473	5,806,318	2,807,500	1,069,141	0	12,092,432
1a	Audit Adjustments						
2	Cost Per Diem	36.8923	88.9026	42.9866	**16.3700**		185.1515
3	Cost Per Diem Inflated	38.8848	91.7801	45.3082			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8848**	**91.7801**	**45.3082**	**16.3700**		192.3431
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0513		55.9133			
7	Provider Target Rate	**47.0288**		**57.1001**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.3028**		**56.9664**			
10b	Base for line 10a	47.2988		55.7824			
11	Lesser of 5,7,8,10, 10a	**38.8848**	**91.7801**	**45.3082**	**13.6500**		189.6231
12/13	Medicaid Adjustment Rate		2.8953	1.4293			
14	Prospective Per Diem 11	**38.8848**	**94.6754**	**46.7375**	**13.6500**		**193.9477**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005826-00 - 2013/07

195.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Accentia Health & Rehabilitation Center of Tampa

FRVS

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

Began FRVS:	**9/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**7,073,691**
FRVS Base Asset:	**3,288,408**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information

Amount:	**1,371,412.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**703,563**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**5,658,953**	**8.0517**
20% ROE(2):	**1,414,738**	**0.3913**
Insurance Cost(3):	**46,251**	**0.5527**
Taxes Cost(3):	**119,329**	**1.4259**
Home Office(3):	**71,428**	**0.8535**
Replacement(3&4):	**219,184**	**0.0000**
Total FRVS PD:		**11.2751**

(1) 80% Capital ($5,658,953) amortized at 12.5000% for 20 years Interest of $703,563 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $8.0517
(2) 20% ROE ($1,414,738) times the ROE factor (0.024170) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $0.3913
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**266**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,581,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8848**	**38.8848**	**1.6904**	**37.1944**	
Patient Care					
Direct Care	**94.6754**	**94.6754**	**4.1158**	**90.5596**	
Indirect Care	**46.7375**	**46.7375**	**2.0318**	**44.7057**	
Property	**13.6500**	**11.2751**	**0.4902**	**10.7849**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.9418**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.9477**	**191.5728**	**8.3282**	**195.0228**	

***Medicaid Trend Adjustment :**

0 005849-00 - 2013/07

242.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**76**	Superior:	**0**
Clearwater FL 33756		Days In CR	**365**	Maximum:	**27,740**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**27,740**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**24,417**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,531**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,832**		
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**						

Medicaid Utilization	**85.31761%**
Occupancy:	**88.02091%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.92211%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,047,045	1,760,048	1,163,412	521,008	0	4,491,513
1a	Audit Adjustments						
2	Cost Per Diem	50.2614	84.4877	55.8474	**25.0100**		215.6065
3	Cost Per Diem Inflated	52.9759	87.2223	58.8636			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.9759**	**87.2223**	**58.8636**	**25.0100**		224.0718
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3481		65.9283			
7	Provider Target Rate	**54.4805**		**67.3277**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**57.8964**		**68.7156**			
10b	Base for line 10a	56.6930		67.2873			
11	Lesser of 5,7,8,10, 10a	**52.9759**	**87.2223**	**58.8636**	**13.6500**		212.7118
12/13	Medicaid Adjustment Rate		3.4655	2.3388			
14	Prospective Per Diem 11	**52.9759**	**90.6878**	**61.2024**	**13.6500**		**218.5161**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005849-00 - 2013/07

242.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Glen Oaks Health Care Center

FRVS

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

Began FRVS:	**2/6/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**3,568,680**
FRVS Base Asset:	**2,253,096**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,715,349.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4500**	**%**
Chase Rate:	**11.0000**	**%**
Amortization Rate:	**10.4500**	**%**
Interest Only:	**False**	
Yearly Payment:	**340,888**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,854,944**	**13.6541**
20% ROE(2):	**713,736**	**0.6910**
Insurance Cost(3):	**22,332**	**0.9146**
Taxes Cost(3):	**22,048**	**0.9030**
Home Office(3):	**22,014**	**0.9016**
Replacement(3&4):	**67,407**	**0.0000**
Total FRVS PD:		**17.0643**

(1) 80% Capital ($2,854,944) amortized at 10.4500% for 20 years Principal & Interest of $340,888 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = $13.6541
(2) 20% ROE ($713,736) times the ROE factor (0.024170) divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = $0.6910
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**76**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,253,096**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9759**	**52.9759**	**2.3030**	**50.6729**	
Patient Care					
Direct Care	**90.6878**	**90.6878**	**3.9425**	**86.7453**	
Indirect Care	**61.2024**	**61.2024**	**2.6607**	**58.5417**	
Property	**13.6500**	**17.0643**	**0.7418**	**16.3225**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3150**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.5161**	**221.9304**	**9.6480**	**242.4338**	

***Medicaid Trend Adjustment :**

0 005850-00 - 2013/07

211.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,786**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,554**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,863**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**66.68023%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.40182%**	Cost:	**1.05400743**
Open Date:	**1/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**1/1/1983**	Low Occupancy Adjustment Factor:			**120.22339%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**214132**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,102,138	2,409,138	1,245,695	663,418	0	5,420,389
1a	Audit Adjustments						
2	Cost Per Diem	39.5556	86.4637	44.7079	**23.8100**		194.5372
3	Cost Per Diem Inflated	41.6919	89.2622	47.1225			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6919**	**89.2622**	**47.1225**	**23.8100**		201.8866
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4988		55.0566			
7	Provider Target Rate	**45.4433**		**56.2252**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.6661**		**56.7738**			
10b	Base for line 10a	47.6546		55.5938			
11	Lesser of 5,7,8,10, 10a	**41.6919**	**89.2622**	**47.1225**	**13.6500**		191.7266
12/13	Medicaid Adjustment Rate		1.6750	0.8843			
14	Prospective Per Diem 11	**41.6919**	**90.9372**	**48.0068**	**13.6500**		**194.2859**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005850-00 - 2013/07

211.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heritage Park

FRVS

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

Began FRVS:	**9/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,833,453**
FRVS Base Asset:	**2,122,271**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,455,094.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**300,694**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,066,762**	**7.6280**
20% ROE(2):	**766,691**	**0.4701**
Insurance Cost(3):	**37,496**	**0.8973**
Taxes Cost(3):	**53,647**	**1.2839**
Home Office(3):	**36,936**	**0.8839**
Replacement(3&4):	**292,159**	**0.0000**
Total FRVS PD:		**11.1632**

(1) 80% Capital ($3,066,762) amortized at 7.6872% for 20 years Principal & Interest of $300,694 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6280
(2) 20% ROE ($766,691) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4701
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6919**	**41.6919**	**1.8125**	**39.8794**	
Patient Care					
Direct Care	**90.9372**	**90.9372**	**3.9533**	**86.9839**	
Indirect Care	**48.0068**	**48.0068**	**2.0870**	**45.9198**	
Property	**13.6500**	**11.1632**	**0.4853**	**10.6779**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4811**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.2859**	**191.7991**	**8.3381**	**211.7785**	

***Medicaid Trend Adjustment :**

0 005851-00 - 2013/07

222.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**90**	Superior:	**0**
Eustis FL 32726		Days In CR	**365**	Maximum:	**32,850**	Standard:	**184**
County: **Lake[35]**		First Used:	**2013/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**30,814**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,787**	Inflation	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**19,213**	FY Index:	**1.25362148**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**62.35153%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**93.80213%**	Cost:	**1.05400743**
Open Date:	**1/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**2/1/1982**	Low Occupancy Adjustment Factor:			**118.20749%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**213870**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	826,261	1,527,512	1,160,906	519,904	0	4,034,583
1a	Audit Adjustments						
2	Cost Per Diem	43.0053	79.5041	60.4229	**27.0600**		209.9923
3	Cost Per Diem Inflated	45.3279	82.0774	63.6862			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3279**	**82.0774**	**63.6862**	**27.0600**		218.1515
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7390		64.5808			
7	Provider Target Rate	**44.6674**		**65.9516**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**49.7513**		**65.9759**			
10b	Base for line 10a	48.7172		64.6046			
11	Lesser of 5,7,8,10, 10a	**44.6674**	**82.0774**	**63.6862**	**13.6500**		204.0810
12/13	Medicaid Adjustment Rate		1.1405	0.8849			
14	Prospective Per Diem 11	**44.6674**	**83.2179**	**64.5711**	**13.6500**		**206.1064**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005851-00 - 2013/07

222.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lake Eustis Care Center

FRVS

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

Began FRVS:	**8/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,159,895**
FRVS Base Asset:	**1,010,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,624,895.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5350**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**277,828**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,527,916**	**9.3972**
20% ROE(2):	**631,979**	**0.5167**
Insurance Cost(3):	**25,409**	**0.8246**
Taxes Cost(3):	**29,273**	**0.9500**
Home Office(3):	**30,547**	**0.9913**
Replacement(3&4):	**93,034**	**0.0000**
Total FRVS PD:		**12.6798**

(1) 80% Capital ($2,527,916) amortized at 9.2500% for 20 years Principal & Interest of $277,828 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $9.3972
(2) 20% ROE ($631,979) times the ROE factor (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.5167
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6674**	**44.6674**	**1.9418**	**42.7256**	
Patient Care					
Direct Care	**83.2179**	**83.2179**	**3.6177**	**79.6002**	
Indirect Care	**64.5711**	**64.5711**	**2.8071**	**61.7640**	
Property	**13.6500**	**12.6798**	**0.5512**	**12.1286**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9988**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.1064**	**205.1362**	**8.9178**	**222.0536**	

***Medicaid Trend Adjustment :**

0 006339-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Lake Placid FL 33852		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Highlands[28]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**60,058**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,507**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**37,969**		
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:	**12/4/2008**						
Previous Med #	**214124**						

Medicaid Utilization	**63.22055%**
Occupancy:	**91.41248%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.19610%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,422,851	3,094,997	1,777,221	1,105,278	0	7,400,347
1a	Audit Adjustments						
2	Cost Per Diem	37.4740	81.5138	46.8072	**29.1100**		194.9050
3	Cost Per Diem Inflated	39.4979	84.1521	49.3351			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4979**	**84.1521**	**49.3351**	**29.1100**		202.0951
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1227		57.7750			
7	Provider Target Rate	**41.9956**		**59.0013**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8280**		**56.3785**			
10b	Base for line 10a	46.8339		55.2067			
11	Lesser of 5,7,8,10, 10a	**39.4979**	**84.1521**	**49.3351**	**13.6500**		186.6351
12/13	Medicaid Adjustment Rate		1.2516	0.7338			
14	Prospective Per Diem 11	**39.4979**	**85.4037**	**50.0689**	**13.6500**		**188.6205**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006339-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lake Placid Health Care Center

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**8,046,381**
FRVS Base Asset:	**2,984,578**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**8,129,560.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**631,154**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,437,105**	**10.6740**
20% ROE(2):	**1,609,276**	**0.6578**
Insurance Cost(3):	**50,002**	**0.8326**
Taxes Cost(3):	**88,737**	**1.4775**
Home Office(3):	**54,232**	**0.9030**
Replacement(3&4):	**107,198**	**0.0000**
Total FRVS PD:		**14.5449**

(1) 80% Capital ($6,437,105) amortized at 7.6872% for 20 years Principal & Interest of $631,154 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.6740
(2) 20% ROE ($1,609,276) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6578
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4979**	**39.4979**	**1.7171**	**37.7808**	
Patient Care					
Direct Care	**85.4037**	**85.4037**	**3.7128**	**81.6909**	
Indirect Care	**50.0689**	**50.0689**	**2.1767**	**47.8922**	
Property	**13.6500**	**14.5449**	**0.6323**	**13.9126**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2440**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.6205**	**189.5154**	**8.2389**	**207.3569**	

***Medicaid Trend Adjustment :**

0 006340-00 - 2013/07

204.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Bradford[4]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,652**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,904**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,644**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**68.76981%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.09589%**	Cost:	**1.05400743**
Open Date:	**6/25/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/25/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/2/1990**	Low Occupancy Adjustment Factor:			**119.83786%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/4/2008**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**213888**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,060,392	2,178,671	1,280,670	1,065,557	0	5,585,290
1a	Audit Adjustments						
2	Cost Per Diem	37.0197	76.0603	44.7099	**37.2000**		194.9899
3	Cost Per Diem Inflated	39.0190	78.5221	47.1246			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0190**	**78.5221**	**47.1246**	**37.2000**		201.8657
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7364		54.9584			
7	Provider Target Rate	**43.6435**		**56.1250**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.7241**		**56.0085**			
10b	Base for line 10a	44.7737		54.8444			
11	Lesser of 5,7,8,10, 10a	**39.0190**	**78.5221**	**47.1246**	**13.6500**		178.3157
12/13	Medicaid Adjustment Rate		1.6581	0.9951			
14	Prospective Per Diem 11	**39.0190**	**80.1802**	**48.1197**	**13.6500**		**180.9689**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006340-00 - 2013/07

204.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Windsor Manor

FRVS

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

Began FRVS:	**7/2/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,488,645**
FRVS Base Asset:	**3,595,587**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,618,667.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**561,912**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,390,916**	**14.2545**
20% ROE(2):	**1,097,729**	**0.6731**
Insurance Cost(3):	**28,294**	**0.6793**
Taxes Cost(3):	**41,666**	**1.0003**
Home Office(3):	**34,056**	**0.8176**
Replacement(3&4):	**65,058**	**0.0000**
Total FRVS PD:		**17.4248**

(1) 80% Capital ($4,390,916) amortized at 11.5000% for 20 years Principal & Interest of $561,912 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2545
(2) 20% ROE ($1,097,729) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6731
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0190**	**39.0190**	**1.6963**	**37.3227**	
Patient Care					
Direct Care	**80.1802**	**80.1802**	**3.4857**	**76.6945**	
Indirect Care	**48.1197**	**48.1197**	**2.0919**	**46.0278**	
Property	**13.6500**	**17.4248**	**0.7575**	**16.6673**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2674**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.9689**	**184.7437**	**8.0314**	**204.8161**	

***Medicaid Trend Adjustment :**

0 006408-00 - 2013/07

229.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 South		**07/01/2010-06/30/2011**		Number of Beds:	**159**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**58,035**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**53,471**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,503**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**40,541**		
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**						

Medicaid Utilization	**75.81867%**
Occupancy:	**92.13578%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.10758%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23415178**
Semester Index:	**1.32132636**
Cost:	**1.07063522**
Target:	**1.01485834**
DC FY Index:	**1.17950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.04111912**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,962,570	3,337,838	2,146,599	467,438	0	7,914,445
1a	Audit Adjustments						
2	Cost Per Diem	48.4095	82.3324	52.9488	**11.5300**		195.2207
3	Cost Per Diem Inflated	51.8289	85.7178	56.6889			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8289**	**85.7178**	**56.6889**	**11.5300**		205.7656
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6031		61.6605			
7	Provider Target Rate	**54.7409**		**62.9693**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**50.8379**		**57.4664**			
10b	Base for line 10a	49.7812		56.2720			
11	Lesser of 5,7,8,10, 10a	**50.8379**	**85.7178**	**56.6889**	**11.5300**		204.7746
12/13	Medicaid Adjustment Rate		2.4898	1.6466			
14	Prospective Per Diem 11	**50.8379**	**88.2076**	**58.3355**	**11.5300**		**208.9110**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006408-00 - 2013/07

229.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation Center of St. Pete

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,177,519**
FRVS Base Asset:	**1,587,729**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**5,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9728**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.9728**	**%**
Interest Only:	**False**	
Yearly Payment:	**218,063**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,542,015**	**4.1749**
20% ROE(2):	**635,504**	**0.3143**
Insurance Cost(3):	**67,124**	**1.2553**
Taxes Cost(3):	**62,923**	**1.1768**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**58,139**	**0.0000**
Total FRVS PD:		**6.9213**

(1) 80% Capital ($2,542,015) amortized at 5.9728% for 20 years Principal & Interest of $218,063 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $4.1749
(2) 20% ROE ($635,504) times the ROE factor (0.025830) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.3143
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**159**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,531,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.8379**	**50.8379**	**2.2101**	**48.6278**	
Patient Care					
Direct Care	**88.2076**	**88.2076**	**3.8347**	**84.3729**	
Indirect Care	**58.3355**	**58.3355**	**2.5360**	**55.7995**	
Property	**11.5300**	**6.9213**	**0.5012**	**11.0288**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8879**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.9110**	**204.3023**	**9.0820**	**229.5533**	

***Medicaid Trend Adjustment :**

0 006483-00 - 2013/07

223.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 34997		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Martin[43]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**39,875**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,993**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,050**		
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**						

Medicaid Utilization	**67.83699%**
Occupancy:	**91.03881%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.72521%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,916	2,246,202	1,389,851	746,310	0	5,518,279
1a	Audit Adjustments						
2	Cost Per Diem	41.9932	83.0389	51.3808	**27.5900**		204.0029
3	Cost Per Diem Inflated	44.2611	85.7266	54.1557			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2611**	**85.7266**	**54.1557**	**27.5900**		211.7334
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4877		61.7430			
7	Provider Target Rate	**47.4745**		**63.0536**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**51.8140**		**63.9448**			
10b	Base for line 10a	50.7370		62.6157			
11	Lesser of 5,7,8,10, 10a	**44.2611**	**85.7266**	**54.1557**	**13.6500**		197.7934
12/13	Medicaid Adjustment Rate		1.7202	1.0867			
14	Prospective Per Diem 11	**44.2611**	**87.4468**	**55.2424**	**13.6500**		**200.6003**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006483-00 - 2013/07

223.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Salerno Bay Manor

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,360,890**
FRVS Base Asset:	**3,321,973**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,162,740.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,506**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,288,712**	**10.6673**
20% ROE(2):	**1,072,178**	**0.6574**
Insurance Cost(3):	**35,890**	**0.9001**
Taxes Cost(3):	**83,888**	**2.1038**
Home Office(3):	**35,847**	**0.8990**
Replacement(3&4):	**64,128**	**0.0000**
Total FRVS PD:		**15.2276**

(1) 80% Capital ($4,288,712) amortized at 7.6872% for 20 years Principal & Interest of $420,506 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6673
(2) 20% ROE ($1,072,178) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6574
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2611**	**44.2611**	**1.9242**	**42.3369**	
Patient Care					
Direct Care	**87.4468**	**87.4468**	**3.8016**	**83.6452**	
Indirect Care	**55.2424**	**55.2424**	**2.4016**	**52.8408**	
Property	**13.6500**	**15.2276**	**0.6620**	**14.5656**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8024**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.6003**	**202.1779**	**8.7894**	**223.0273**	

***Medicaid Trend Adjustment :**

0 006489-00 - 2013/07

234.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Roval 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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Royal Palm Beach FL 33411		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**40,542**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,613**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,995**		
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**						

Medicaid Utilization	**61.65211%**
Occupancy:	**92.56164%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.64425%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,247,868	2,203,802	1,315,566	774,345	0	5,541,581
1a	Audit Adjustments						
2	Cost Per Diem	49.9247	88.1697	52.6332	**30.9800**		221.7076
3	Cost Per Diem Inflated	52.6210	91.0234	55.4758			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6210**	**91.0234**	**55.4758**	**30.9800**		230.1002
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9906		61.4430			
7	Provider Target Rate	**50.0305**		**62.7472**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**52.1072**		**60.9842**			
10b	Base for line 10a	51.0242		59.7166			
11	Lesser of 5,7,8,10, 10a	**50.0305**	**91.0234**	**55.4758**	**13.6500**		210.1797
12/13	Medicaid Adjustment Rate		1.1932	0.7272			
14	Prospective Per Diem 11	**50.0305**	**92.2166**	**56.2030**	**13.6500**		**212.1001**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006489-00 - 2013/07

234.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval Manor

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,911,147**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,446,928.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6872**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.6872**	**%**
Interest Only:	**False**	
Yearly Payment:	**463,668**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,728,918**	**11.7623**
20% ROE(2):	**1,182,229**	**0.7249**
Insurance Cost(3):	**36,196**	**0.8928**
Taxes Cost(3):	**105,066**	**2.5915**
Home Office(3):	**40,768**	**1.0056**
Replacement(3&4):	**102,270**	**0.0000**
Total FRVS PD:		**16.9771**

(1) 80% Capital ($4,728,918) amortized at 7.6872% for 20 years Principal & Interest of $463,668 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7623
(2) 20% ROE ($1,182,229) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7249
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0305**	**50.0305**	**2.1750**	**47.8555**	
Patient Care					
Direct Care	**92.2166**	**92.2166**	**4.0090**	**88.2076**	
Indirect Care	**56.2030**	**56.2030**	**2.4433**	**53.7597**	
Property	**13.6500**	**16.9771**	**0.7380**	**16.2391**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9011**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.1001**	**215.4272**	**9.3653**	**234.7994**	

***Medicaid Trend Adjustment :**

0 006767-00 - 2013/07

227.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**93**	Superior:	**0**
Labelle FL 33935		Days In CR	**365**	Maximum:	**33,945**	Standard:	**184**
County:	**Hendry[26]**	First Used:	**2013/01**	Max Annualized:	**33,945**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**31,077**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,996**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**19,146**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1986**						
Acquired Date:	**11/1/1986**						
Entered Medicaid	**11/25/1986**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213497**						

Medicaid Utilization	**61.60826%**
Occupancy:	**91.55104%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.37070%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	784,679	1,661,863	1,017,720	460,270	0	3,924,532
1a	Audit Adjustments						
2	Cost Per Diem	40.9840	86.7995	53.1558	**24.0400**		204.9793
3	Cost Per Diem Inflated	43.1974	89.6089	56.0266			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1974**	**89.6089**	**56.0266**	**24.0400**		212.8729
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1786		64.5276			
7	Provider Target Rate	**50.2225**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**56.9638**		**65.8973**			
10b	Base for line 10a	55.7798		64.5276			
11	Lesser of 5,7,8,10, 10a	**43.1974**	**89.6089**	**56.0266**	**13.6500**		202.4829
12/13	Medicaid Adjustment Rate		1.1702	0.7317			
14	Prospective Per Diem 11	**43.1974**	**90.7791**	**56.7583**	**13.6500**		**204.3848**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006767-00 - 2013/07

227.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oakbrook of LaBelle

FRVS

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

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**3,927,755**
FRVS Base Asset:	**1,397,653**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,700,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**402,113**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,142,204**	**13.1622**
20% ROE(2):	**785,551**	**0.6215**
Insurance Cost(3):	**28,798**	**0.9267**
Taxes Cost(3):	**42,002**	**1.3515**
Home Office(3):	**27,824**	**0.8953**
Replacement(3&4):	**58,434**	**0.0000**
Total FRVS PD:		**16.9572**

(1) 80% Capital ($3,142,204) amortized at 11.5000% for 20 years Principal & Interest of $402,113 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $13.1622
(2) 20% ROE ($785,551) times the ROE factor (0.024170) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.6215
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1974**	**43.1974**	**1.8779**	**41.3195**	
Patient Care					
Direct Care	**90.7791**	**90.7791**	**3.9465**	**86.8326**	
Indirect Care	**56.7583**	**56.7583**	**2.4675**	**54.2908**	
Property	**13.6500**	**16.9572**	**0.7372**	**16.2200**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9571**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**204.3848**	**207.6920**	**9.0291**	**227.4564**	

***Medicaid Trend Adjustment :**

0 008793-00 - 2013/07

231.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34203		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**38,212**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,302**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,264**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**8/1/1985**					Target:	**1.01485834**
Acquired Date:	**8/1/1985**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**8/1/1985**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/1/2007**					**DC Inflation:**	**1.03236654**
Previous Med #	**316610**					**PS Target:**	**1.02122620**

Medicaid Utilization		**63.49838%**
Occupancy:		**87.24201%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**109.94055%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,078,251	2,249,363	1,011,274	1,299,822	0	5,638,710
1a	Audit Adjustments						
2	Cost Per Diem	44.4383	92.7037	41.6780	**53.5700**		232.3900
3	Cost Per Diem Inflated	46.8383	95.7042	43.9289			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8383**	**95.7042**	**43.9289**	**53.5700**		240.0414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0778		53.1594			
7	Provider Target Rate	**50.1195**		**54.2878**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**55.5819**		**60.9782**			
10b	Base for line 10a	54.4266		59.7108			
11	Lesser of 5,7,8,10, 10a	**46.8383**	**95.7042**	**43.9289**	**13.6500**		200.1214
12/13	Medicaid Adjustment Rate		1.4533	0.6671			
14	Prospective Per Diem 11	**46.8383**	**97.1575**	**44.5960**	**13.6500**		**202.2418**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 008793-00 - 2013/07

231.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.2450**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.2450**	**%**
Interest Only:	**False**	
Yearly Payment:	**806,743**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,653,868**	**20.4653**
20% ROE(2):	**1,413,467**	**0.8667**
Insurance Cost(3):	**34,460**	**0.9018**
Taxes Cost(3):	**84,268**	**2.2053**
Home Office(3):	**7,808**	**0.2043**
Replacement(3&4):	**21,910**	**0.0000**
Total FRVS PD:		**24.6434**

(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 (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.8667
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8383**	**46.8383**	**2.0362**	**44.8021**	
Patient Care					
Direct Care	**97.1575**	**97.1575**	**4.2237**	**92.9338**	
Indirect Care	**44.5960**	**44.5960**	**1.9387**	**42.6573**	
Property	**13.6500**	**24.6434**	**1.0713**	**23.5721**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6135**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.2418**	**213.2352**	**9.2699**	**231.4152**	

***Medicaid Trend Adjustment :**

0 010082-00 - 2013/07

222.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Courtvard Gardens 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	
17781 Thelma Ave		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Jupiter FL 33458		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**30,062**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,959**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,870**		
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**						

Medicaid Utilization	**56.11736%**
Occupancy:	**68.44718%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**86.25571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	713,039	1,352,562	967,922	378,732	0	3,412,255
1a	Audit Adjustments						
2	Cost Per Diem	42.2667	80.1756	57.3753	**22.4500**		202.2676
3	Cost Per Diem Inflated	44.0911	82.3897	59.8518			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0911**	**82.3897**	**59.8518**	**22.4500**		208.7826
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5314		63.8408			
7	Provider Target Rate	**54.6677**		**65.1959**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**51.3580**		**59.4454**			
10b	Base for line 10a	50.2905		58.2098			
11	Lesser of 5,7,8,10, 10a	**44.0911**	**82.3897**	**59.4454**	**13.6500**		199.5762
12/13	Medicaid Adjustment Rate		0.5670	0.4091			
14	Prospective Per Diem 11	**44.0911**	**82.9567**	**59.8545**	**13.6500**		**200.5523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 010082-00 - 2013/07

222.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Courtyard Gardens Rehabilitation Center

FRVS

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

Began FRVS:	**7/8/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,567,078**
FRVS Base Asset:	**3,289,560**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,580,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,706**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,453,662**	**8.9474**
20% ROE(2):	**1,113,416**	**0.5030**
Insurance Cost(3):	**85,996**	**2.8606**
Taxes Cost(3):	**72,026**	**2.3959**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**298,537**	**0.0000**
Total FRVS PD:		**14.7069**

(1) 80% Capital ($4,453,662) amortized at 5.0000% for 20 years Principal & Interest of $352,706 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9474
(2) 20% ROE ($1,113,416) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5030
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0911**	**44.0911**	**1.9168**	**42.1743**	
Patient Care					
Direct Care	**82.9567**	**82.9567**	**3.6064**	**79.3503**	
Indirect Care	**59.8545**	**59.8545**	**2.6021**	**57.2524**	
Property	**13.6500**	**14.7069**	**0.6394**	**14.0675**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6483**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.5523**	**201.6092**	**8.7647**	**222.3292**	

***Medicaid Trend Adjustment :**

0 010453-00 - 2013/07

223.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heartland 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	
5401 Sawyer Road		**01/01/2011-12/31/2011**		Number of Beds:	**140**	Superior:	**0**
Sarasota FL 34233		Days In CR	**365**	Maximum:	**51,100**	Standard:	**184**
County: **Sarasota[58]**		First Used:	**2013/01**	Max Annualized:	**51,100**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**35,458**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**18,986**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**2,735**	FY Index:	**1.25362148**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**7.71335%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**69.38943%**	Cost:	**1.05400743**
Open Date:	**10/1/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/10/2009**	Low Occupancy Adjustment Factor:			**87.44311%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/10/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	162,996	250,094	146,547	54,344	10,519	624,500
1a	Audit Adjustments						
2	Cost Per Diem	59.5963	91.4420	53.5821	**19.8698**	**3.8461**	228.3363
3	Cost Per Diem Inflated	62.8149	94.4017	56.4759			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.8149**	**94.4017**	**56.4759**	**19.8698**	**3.8461**	237.4084
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	86.4752		76.4904			
7	Provider Target Rate	**88.3107**		**78.1140**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**52.2941**		**59.7029**			
10b	Base for line 10a	51.2072		58.4620			
11	Lesser of 5,7,8,10, 10a	**52.2941**	**94.4017**	**56.4759**	**13.6500**	**3.8461**	220.6678
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.2941**	**94.4017**	**56.4759**	**13.6500**	**3.8461**	**220.6678**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 010453-00 - 2013/07

223.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Sarasota FL,LLC

FRVS

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

Began FRVS:	**7/10/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**4,889,510**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**7,959,885.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.1400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**263,626**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,911,608**	**5.7322**
20% ROE(2):	**977,902**	**0.5139**
Insurance Cost(3):	**10,541**	**0.2973**
Taxes Cost(3):	**78,849**	**2.2237**
Home Office(3):	**24,953**	**0.7037**
Replacement(3&4):	**372,207**	**0.0000**
Total FRVS PD:		**9.4708**

(1) 80% Capital ($3,911,608) amortized at 3.1400% for 20 years Principal & Interest of $263,626 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $5.7322
(2) 20% ROE ($977,902) times the ROE factor (0.024170) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.5139
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**140**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,734,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.2941**	**52.2941**	**2.2734**	**50.0207**	
Patient Care					
Direct Care	**94.4017**	**94.4017**	**4.1039**	**90.2978**	
Indirect Care	**56.4759**	**56.4759**	**2.4552**	**54.0207**	
Property	**13.6500**	**9.4708**	**0.4117**	**9.0591**	
ROE	**3.8461**	**1.5119**	**0.0657**	**1.4462**	
ROE Adjustment	**-1.5119**	**-1.5119**	**-0.0657**	**-1.4462**	
Quality Assess-Medicaid Share				**$11.0470**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.1559**	**212.6425**	**9.2442**	**223.2817**	

***Medicaid Trend Adjustment :**

0 011997-00 - 2013/07

219.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Boca Raton 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	
7225 Boca Del Mar Drive		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Palm Beach[50]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**28,568**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**18,962**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**4,539**	FY Index:	**1.25362148**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**15.88841%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**65.22374%**	Cost:	**1.05400743**
Open Date:	**12/1/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/1/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**8/5/2009**	Low Occupancy Adjustment Factor:			**82.19360%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**8/5/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	311,424	387,782	315,673	128,363	3,163	1,146,405
1a	Audit Adjustments						
2	Cost Per Diem	68.6107	85.4334	69.5468	**28.2800**	**0.6968**	252.5677
3	Cost Per Diem Inflated	72.3162	88.1986	73.3028			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.3162**	**88.1986**	**73.3028**	**28.2800**	**0.6968**	262.7944
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	81.1061		79.5818			
7	Provider Target Rate	**82.8277**		**81.2710**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**53.0844**		**59.3142**			
10b	Base for line 10a	51.9810		58.0814			
11	Lesser of 5,7,8,10, 10a	**53.0844**	**88.1986**	**59.3142**	**13.6500**	**0.6968**	214.9440
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.0844**	**88.1986**	**59.3142**	**13.6500**	**0.6968**	**214.9440**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 011997-00 - 2013/07

219.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Boca Raton FL,LLC

FRVS

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

Began FRVS:	**8/5/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**4,243,384**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**12,580,755.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.1400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**228,789**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,394,707**	**5.8039**
20% ROE(2):	**848,677**	**0.5204**
Insurance Cost(3):	**6,984**	**0.2445**
Taxes Cost(3):	**102,949**	**3.6036**
Home Office(3):	**24,601**	**0.8611**
Replacement(3&4):	**1,604,135**	**0.0000**
Total FRVS PD:		**11.0335**

(1) 80% Capital ($3,394,707) amortized at 3.1400% for 20 years Principal & Interest of $228,789 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8039
(2) 20% ROE ($848,677) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5204
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.0844**	**53.0844**	**2.3077**	**50.7767**	
Patient Care					
Direct Care	**88.1986**	**88.1986**	**3.8343**	**84.3643**	
Indirect Care	**59.3142**	**59.3142**	**2.5786**	**56.7356**	
Property	**13.6500**	**11.0335**	**0.4797**	**10.5538**	
ROE	**0.6968**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.9960**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.9440**	**211.6307**	**9.2003**	**219.2628**	

***Medicaid Trend Adjustment :**

0 011998-00 - 2013/07

234.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval 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		**07/01/2011-12/31/2011**		Number of Beds:	**72**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**184**	Maximum:	**13,248**	Standard:	**184**
County:	**Indian River[31]**	First Used:	**2013/01**	Max Annualized:	**26,280**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**8,802**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,623**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**1,563**		
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 #							

Medicaid Utilization	**17.75733%**
Occupancy:	**66.44022%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**83.72657%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	84,193	124,227	133,115	105,471	0	447,006
1a	Audit Adjustments						
2	Cost Per Diem	53.8663	79.4798	85.1663	**67.4798**		285.9922
3	Cost Per Diem Inflated	56.5666	81.9489	89.4357			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.5666**	**81.9489**	**89.4357**	**67.4798**		295.4310
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3789		80.6393			
7	Provider Target Rate	**54.5119**		**82.3510**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**67.7322**		**75.1290**			
10b	Base for line 10a	66.3244		73.5674			
11	Lesser of 5,7,8,10, 10a	**54.5119**	**81.9489**	**75.1290**	**13.6500**		225.2398
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.5119**	**81.9489**	**75.1290**	**13.6500**		**225.2398**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 011998-00 - 2013/07

234.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval Palm Healthcare & Rehabilitation Center

FRVS

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

Began FRVS:	**3/7/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/01**
Indexed Asset Value	**3,232,786**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019790**

Mortgage Information		
Amount:	**3,500,207.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**209,126**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,586,229**	**8.8418**
20% ROE(2):	**646,557**	**0.5410**
Insurance Cost(3):	**5,000**	**0.5681**
Taxes Cost(3):	**17,284**	**1.9636**
Home Office(3):	**1,881**	**0.2137**
Replacement(3&4):	**9,425**	**0.0000**
Total FRVS PD:		**12.1282**

(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 (0.019790) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $0.5410
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2003**	Used Per Bed Standard:	**43,031**
Comparison Bed	**72**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,098,232**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.5119**	**54.5119**	**2.3698**	**52.1421**	
Patient Care					
Direct Care	**81.9489**	**81.9489**	**3.5626**	**78.3863**	
Indirect Care	**75.1290**	**75.1290**	**3.2661**	**71.8629**	
Property	**13.6500**	**12.1282**	**0.5273**	**11.6009**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2902**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.2398**	**223.7180**	**9.7258**	**234.1188**	

***Medicaid Trend Adjustment :**

0 014169-00 - 2013/07

230.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Pinellas[52]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,551**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,153**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**25,228**		
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**						

Medicaid Utilization	**62.21302%**
Occupancy:	**92.58219%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.67014%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,029,650	2,359,673	1,531,585	724,800	0	5,645,708
1a	Audit Adjustments						
2	Cost Per Diem	40.8138	93.5339	60.7097	**28.7300**		223.7874
3	Cost Per Diem Inflated	42.9652	96.5207	63.9099			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9652**	**96.5207**	**63.9099**	**28.7300**		232.1258
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7905		69.3538			
7	Provider Target Rate	**50.8474**		**70.8259**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**54.7703**		**63.7515**			
10b	Base for line 10a	53.6319		62.4264			
11	Lesser of 5,7,8,10, 10a	**42.9652**	**96.5207**	**59.9006**	**13.6500**		213.0365
12/13	Medicaid Adjustment Rate		1.3262	0.8230			
14	Prospective Per Diem 11	**42.9652**	**97.8469**	**60.7236**	**13.6500**		**215.1857**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 014169-00 - 2013/07

230.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Gulf Shore Rehab & Nursing

FRVS

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

Began FRVS:	**2/6/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**2,918,998**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**2,900,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.2900**	**%**
Interest Only:	**False**	
Yearly Payment:	**257,375**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,335,198**	**6.5290**
20% ROE(2):	**583,800**	**0.3409**
Insurance Cost(3):	**115,018**	**2.8364**
Taxes Cost(3):	**107,059**	**2.6401**
Home Office(3):	**12,723**	**0.3138**
Replacement(3&4):	**13,538**	**0.0000**
Total FRVS PD:		**12.6602**

(1) 80% Capital ($2,335,198) amortized at 9.2900% for 20 years Principal & Interest of $257,375 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5290
(2) 20% ROE ($583,800) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3409
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9652**	**42.9652**	**1.8678**	**41.0974**	
Patient Care					
Direct Care	**97.8469**	**97.8469**	**4.2537**	**93.5932**	
Indirect Care	**60.7236**	**60.7236**	**2.6398**	**58.0838**	
Property	**13.6500**	**12.6602**	**0.5504**	**12.1098**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6532**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.1857**	**214.1959**	**9.3117**	**230.3738**	

***Medicaid Trend Adjustment :**

0 015613-00 - 2013/07

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**90**	Superior:	**0**
Carrabelle FL 32322		Days In CR	**365**	Maximum:	**32,850**	Standard:	**184**
County:	**Franklin[19]**	First Used:	**2013/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**23,418**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,876**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**17,993**		
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 #							

Medicaid Utilization	**76.83406%**
Occupancy:	**71.28767%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**89.83524%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,729	1,307,440	862,832	896,771	0	3,810,772
1a	Audit Adjustments						
2	Cost Per Diem	41.3344	72.6638	47.9538	**49.8400**		211.7920
3	Cost Per Diem Inflated	43.5668	75.0157	50.5437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5668**	**75.0157**	**50.5437**	**49.8400**		218.9662
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	105.9794		106.7502			
7	Provider Target Rate	**108.2289**		**109.0161**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**50.4695**		**59.2065**			
10b	Base for line 10a	49.4205		57.9759			
11	Lesser of 5,7,8,10, 10a	**43.5668**	**75.0157**	**50.5437**	**13.6500**		182.7762
12/13	Medicaid Adjustment Rate		2.2646	1.5258			
14	Prospective Per Diem 11	**43.5668**	**77.2803**	**52.0695**	**13.6500**		**186.5666**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 015613-00 - 2013/07

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St. James Health And Rehabilitation Center

FRVS

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

Began FRVS:	**5/26/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2009/01**
Indexed Asset Value	**4,331,277**
FRVS Base Asset:	**4,229,370**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**7,799,191.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**2.7341**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**2.7341**	**%**
Interest Only:	**False**	
Yearly Payment:	**225,108**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,465,022**	**7.6140**
20% ROE(2):	**866,255**	**0.7082**
Insurance Cost(3):	**70,406**	**3.0065**
Taxes Cost(3):	**23,463**	**1.0019**
Home Office(3):	**12,748**	**0.5444**
Replacement(3&4):	**12,652**	**0.0000**
Total FRVS PD:		**12.8750**

(1) 80% Capital ($3,465,022) amortized at 2.7341% for 20 years Principal & Interest of $225,108 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $7.6140
(2) 20% ROE ($866,255) times the ROE factor (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.7082
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2008**	Used Per Bed Standard:	**46,993**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,229,370**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5668**	**43.5668**	**1.8940**	**41.6728**	
Patient Care					
Direct Care	**77.2803**	**77.2803**	**3.3596**	**73.9207**	
Indirect Care	**52.0695**	**52.0695**	**2.2636**	**49.8059**	
Property	**13.6500**	**12.8750**	**0.5597**	**12.3153**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8595**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.5666**	**185.7916**	**8.0769**	**207.4106**	

***Medicaid Trend Adjustment :**

0 017221-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Bayside 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	
4343 Langley Avenue		**07/01/2010-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32504-8511		Days In CR	**549**	Maximum:	**65,880**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**63,529**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,217**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**38,790**		
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**						

Medicaid Utilization	**61.05873%**
Occupancy:	**96.43139%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.52083%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,617,142	3,003,044	1,850,457	936,779	0	7,407,422
1a	Audit Adjustments						
2	Cost Per Diem	41.6897	77.4180	47.7045	**24.1500**		190.9622
3	Cost Per Diem Inflated	44.2358	80.2273	50.6180			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2358**	**80.2273**	**50.6180**	**24.1500**		199.2311
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9247		59.7821			
7	Provider Target Rate	**45.8783**		**61.0510**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.3911**		**55.2369**			
10b	Base for line 10a	44.4476		54.0888			
11	Lesser of 5,7,8,10, 10a	**44.2358**	**80.2273**	**50.6180**	**13.6500**		188.7311
12/13	Medicaid Adjustment Rate		0.9981	0.6297			
14	Prospective Per Diem 11	**44.2358**	**81.2254**	**51.2477**	**13.6500**		**190.3589**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017221-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayside Manor

FRVS

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

Began FRVS:	**5/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,979,228**
FRVS Base Asset:	**1,740,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**2,652,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**305,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,383,382**	**7.7373**
20% ROE(2):	**595,846**	**0.3600**
Insurance Cost(3):	**59,520**	**0.9369**
Taxes Cost(3):	**76,981**	**1.2117**
Home Office(3):	**57,356**	**0.9028**
Replacement(3&4):	**145,126**	**0.0000**
Total FRVS PD:		**11.1487**

(1) 80% Capital ($2,383,382) amortized at 11.5000% for 20 years Principal & Interest of $305,005 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7373
(2) 20% ROE ($595,846) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3600
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2358**	**44.2358**	**1.9231**	**42.3127**	
Patient Care					
Direct Care	**81.2254**	**81.2254**	**3.5311**	**77.6943**	
Indirect Care	**51.2477**	**51.2477**	**2.2279**	**49.0198**	
Property	**13.6500**	**11.1487**	**0.4847**	**10.6640**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8326**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.3589**	**187.8576**	**8.1668**	**207.3598**	

***Medicaid Trend Adjustment :**

0 017222-00 - 2013/07

230.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Margate 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	
5951 Colonial Drive		**07/01/2010-12/31/2011**		Number of Beds:	**170**	Superior:	**0**
Margate FL 33063		Days In CR	**549**	Maximum:	**93,330**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**82,140**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,699**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**47,174**		
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**						

Medicaid Utilization	**57.43121%**
Occupancy:	**88.01029%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.90872%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,952,672	4,003,171	2,453,603	1,846,390	0	10,255,836
1a	Audit Adjustments						
2	Cost Per Diem	41.3930	84.8597	52.0118	**39.1400**		217.4045
3	Cost Per Diem Inflated	43.9210	87.9390	55.1883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.9210**	**87.9390**	**55.1883**	**39.1400**		226.1883
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0579		58.5541			
7	Provider Target Rate	**48.0568**		**59.7970**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**48.1811**		**57.7230**			
10b	Base for line 10a	47.1797		56.5232			
11	Lesser of 5,7,8,10, 10a	**43.9210**	**87.9390**	**55.1883**	**13.6500**		200.6983
12/13	Medicaid Adjustment Rate		0.7352	0.4614			
14	Prospective Per Diem 11	**43.9210**	**88.6742**	**55.6497**	**13.6500**		**201.8949**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017222-00 - 2013/07

230.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Margate Health Care Center

FRVS

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

Began FRVS:	**2/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**8,077,970**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**13,125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**787,295**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,462,376**	**14.0979**
20% ROE(2):	**1,615,594**	**0.6891**
Insurance Cost(3):	**80,567**	**0.9808**
Taxes Cost(3):	**470,672**	**5.7301**
Home Office(3):	**81,969**	**0.9979**
Replacement(3&4):	**143,536**	**0.0000**
Total FRVS PD:		**22.4958**

(1) 80% Capital ($6,462,376) amortized at 10.7500% for 20 years Principal & Interest of $787,295 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $14.0979
(2) 20% ROE ($1,615,594) times the ROE factor (0.023820) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.6891
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9210**	**43.9210**	**1.9094**	**42.0116**	
Patient Care					
Direct Care	**88.6742**	**88.6742**	**3.8550**	**84.8192**	
Indirect Care	**55.6497**	**55.6497**	**2.4193**	**53.2304**	
Property	**13.6500**	**22.4958**	**0.9780**	**21.5178**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8141**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.8949**	**210.7407**	**9.1617**	**230.2295**	

***Medicaid Trend Adjustment :**

0 017223-00 - 2013/07

210.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Rosewood 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	
3107 North H Street		**07/01/2010-12/31/2011**		Number of Beds:	**155**	Superior:	**0**
Pensacola FL 32501		Days In CR	**549**	Maximum:	**85,095**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**82,630**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,789**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**61,235**		
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**						

Medicaid Utilization	**74.10747%**
Occupancy:	**97.10324%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.36748%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,408,417	5,179,409	2,771,605	1,297,570	0	11,657,001
1a	Audit Adjustments						
2	Cost Per Diem	39.3307	84.5825	45.2618	**21.1900**		190.3650
3	Cost Per Diem Inflated	41.7328	87.6517	48.0261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7328**	**87.6517**	**48.0261**	**21.1900**		198.6006
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8557		53.4842			
7	Provider Target Rate	**44.7866**		**54.6195**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**44.5743**		**54.9600**			
10b	Base for line 10a	43.6478		53.8177			
11	Lesser of 5,7,8,10, 10a	**41.7328**	**87.6517**	**48.0261**	**13.6500**		191.0606
12/13	Medicaid Adjustment Rate		2.3772	1.3025			
14	Prospective Per Diem 11	**41.7328**	**90.0289**	**49.3286**	**13.6500**		**194.7403**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017223-00 - 2013/07

210.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.023820**

Mortgage Information

Amount:	**3,487,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**281,575**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,607,970**	**5.5300**
20% ROE(2):	**651,992**	**0.3050**
Insurance Cost(3):	**68,940**	**0.8343**
Taxes Cost(3):	**40,369**	**0.4886**
Home Office(3):	**68,584**	**0.8300**
Replacement(3&4):	**154,386**	**0.0000**
Total FRVS PD:		**7.9879**

(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 (0.023820) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.3050
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**155**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,417,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7328**	**41.7328**	**1.8143**	**39.9185**	
Patient Care					
Direct Care	**90.0289**	**90.0289**	**3.9138**	**86.1151**	
Indirect Care	**49.3286**	**49.3286**	**2.1445**	**47.1841**	
Property	**13.6500**	**7.9879**	**0.3473**	**7.6406**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9628**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.7403**	**189.0782**	**8.2199**	**210.6575**	

***Medicaid Trend Adjustment :**

0 017225-00 - 2013/07

223.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Bay Breeze Nursing & 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	
3387 Gulf Breeze Parkway		**07/01/2010-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Gulf Breeze FL 32563		Days In CR	**549**	Maximum:	**65,880**	Standard:	**184**
County:	**Santa Rosa[57]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**60,709**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,746**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,274**		
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**						

Medicaid Utilization	**58.10341%**
Occupancy:	**92.15088%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.12661%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,368,437	3,099,121	1,812,932	1,132,295	0	7,412,785
1a	Audit Adjustments						
2	Cost Per Diem	38.7945	87.8585	51.3957	**32.1000**		210.1487
3	Cost Per Diem Inflated	41.1638	91.0466	54.5346			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1638**	**91.0466**	**54.5346**	**32.1000**		218.8450
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9780		57.7754			
7	Provider Target Rate	**43.8903**		**59.0018**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**43.5685**		**55.2369**			
10b	Base for line 10a	42.6629		54.0888			
11	Lesser of 5,7,8,10, 10a	**41.1638**	**91.0466**	**54.5346**	**13.6500**		200.3950
12/13	Medicaid Adjustment Rate		0.8300	0.4972			
14	Prospective Per Diem 11	**41.1638**	**91.8766**	**55.0318**	**13.6500**		**201.7222**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017225-00 - 2013/07

223.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay Breeze Nursing & Retirement Center

FRVS

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

Began FRVS:	**6/30/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,899,864**
FRVS Base Asset:	**1,698,423**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**3,767,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**501,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,919,891**	**12.7254**
20% ROE(2):	**979,973**	**0.5922**
Insurance Cost(3):	**73,199**	**1.2057**
Taxes Cost(3):	**81,308**	**1.3393**
Home Office(3):	**58,555**	**0.9645**
Replacement(3&4):	**240,213**	**0.0000**
Total FRVS PD:		**16.8271**

(1) 80% Capital ($3,919,891) amortized at 11.5000% for 20 years Principal & Interest of $501,635 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7254
(2) 20% ROE ($979,973) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5922
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1638**	**41.1638**	**1.7895**	**39.3743**	
Patient Care					
Direct Care	**91.8766**	**91.8766**	**3.9942**	**87.8824**	
Indirect Care	**55.0318**	**55.0318**	**2.3924**	**52.6394**	
Property	**13.6500**	**16.8271**	**0.7315**	**16.0956**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3956**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.7222**	**204.8993**	**8.9076**	**223.2237**	

***Medicaid Trend Adjustment :**

0 017230-00 - 2013/07

216.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Silvercrest 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	
103 Ruby Lane		**07/01/2010-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Crestview FL 32539		Days In CR	**549**	Maximum:	**32,940**	Standard:	**153**
County:	**Okaloosa[46]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**31**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**31,764**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,019**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**19,908**		
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**						

Medicaid Utilization	**62.67473%**
Occupancy:	**96.42987%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.51891%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	900,579	1,437,328	1,013,089	623,917	0	3,974,913
1a	Audit Adjustments						
2	Cost Per Diem	45.2370	72.1985	50.8885	**31.3400**		199.6640
3	Cost Per Diem Inflated	47.9998	74.8184	53.9964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9998**	**74.8184**	**53.9964**	**31.3400**		208.1546
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4202		58.7559			
7	Provider Target Rate	**51.4904**		**60.0031**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**50.5495**		**60.3280**			
10b	Base for line 10a	49.4988		59.0741			
11	Lesser of 5,7,8,10, 10a	**47.9998**	**74.8184**	**53.9964**	**13.6500**		190.4646
12/13	Medicaid Adjustment Rate		0.8871	0.6402			
14	Prospective Per Diem 11	**47.9998**	**75.7055**	**54.6366**	**13.6500**		**191.9919**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017230-00 - 2013/07

216.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,862,995**
FRVS Base Asset:	**1,779,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**1,309,333.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**293,106**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,290,396**	**14.8709**
20% ROE(2):	**572,599**	**0.6920**
Insurance Cost(3):	**33,663**	**1.0598**
Taxes Cost(3):	**32,577**	**1.0256**
Home Office(3):	**26,901**	**0.8469**
Replacement(3&4):	**96,294**	**0.0000**
Total FRVS PD:		**18.4952**

(1) 80% Capital ($2,290,396) amortized at 11.5000% for 20 years Principal & Interest of $293,106 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.8709
(2) 20% ROE ($572,599) times the ROE factor (0.023820) divided by annual available days (21,900) 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			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9998**	**47.9998**	**2.0867**	**45.9131**	
Patient Care					
Direct Care	**75.7055**	**75.7055**	**3.2912**	**72.4143**	
Indirect Care	**54.6366**	**54.6366**	**2.3752**	**52.2614**	
Property	**13.6500**	**18.4952**	**0.8040**	**17.6912**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2739**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.9919**	**196.8371**	**8.5571**	**216.3903**	

***Medicaid Trend Adjustment :**

0 017236-00 - 2013/07

221.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Specialty 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
6984 Pine Forest Road	**07/01/2010-12/31/2011**	Number of Beds: **120**	Superior: **0**
Pensacola FL 32526	Days In CR **549**	Maximum: **65,880**	Standard: **184**
County: **Escambia[17]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **1**	Last Used: **2013/07**	Total Patient: **62,971**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **17,525**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **36,456**	
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**			

Medicaid Utilization	**57.89332%**
Occupancy:	**95.58440%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.45346%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,494,021	3,230,009	1,746,132	1,328,092	0	7,798,254
1a	Audit Adjustments						
2	Cost Per Diem	40.9815	88.6002	47.8970	**36.4300**		213.9087
3	Cost Per Diem Inflated	43.4844	91.8152	50.8222			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4844**	**91.8152**	**50.8222**	**36.4300**		222.5518
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1908		58.4779			
7	Provider Target Rate	**45.1288**		**59.7192**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.3911**		**55.2421**			
10b	Base for line 10a	44.4476		54.0939			
11	Lesser of 5,7,8,10, 10a	**43.4844**	**91.8152**	**50.8222**	**13.6500**		199.7718
12/13	Medicaid Adjustment Rate		0.8153	0.4513			
14	Prospective Per Diem 11	**43.4844**	**92.6305**	**51.2735**	**13.6500**		**201.0384**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017236-00 - 2013/07

221.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,339,868**
FRVS Base Asset:	**3,576,837**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**2,652,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**546,681**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,271,894**	**13.8681**
20% ROE(2):	**1,067,974**	**0.6453**
Insurance Cost(3):	**61,801**	**0.9814**
Taxes Cost(3):	**55,584**	**0.8827**
Home Office(3):	**61,703**	**0.9799**
Replacement(3&4):	**165,477**	**0.0000**
Total FRVS PD:		**17.3574**

(1) 80% Capital ($4,271,894) amortized at 11.5000% for 20 years Principal & Interest of $546,681 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8681
(2) 20% ROE ($1,067,974) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6453
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4844**	**43.4844**	**1.8904**	**41.5940**	
Patient Care					
Direct Care	**92.6305**	**92.6305**	**4.0269**	**88.6036**	
Indirect Care	**51.2735**	**51.2735**	**2.2290**	**49.0445**	
Property	**13.6500**	**17.3574**	**0.7546**	**16.6028**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1620**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.0384**	**204.7458**	**8.9009**	**221.8433**	

***Medicaid Trend Adjustment :**

0 017242-00 - 2013/07

238.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Grand Boulevard 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	
138 Sandestin Lane		**07/01/2010-12/31/2011**		Number of Beds:	**97**	Superior:	**0**
Destin FL 32550		Days In CR	**549**	Maximum:	**53,253**	Standard:	**184**
County:	**Walton[66]**	First Used:	**2013/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**40,535**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,015**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**24,606**		
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**						

Medicaid Utilization	**60.70310%**
Occupancy:	**76.11778%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**95.92203%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,144,388	2,190,982	1,375,588	979,565	0	5,690,523
1a	Audit Adjustments						
2	Cost Per Diem	46.5085	89.0426	55.9046	**39.8100**		231.2657
3	Cost Per Diem Inflated	49.3489	92.2737	59.3189			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3489**	**92.2737**	**59.3189**	**39.8100**		240.7515
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1108		60.0684			
7	Provider Target Rate	**51.1745**		**61.3434**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**48.9212**		**60.6478**			
10b	Base for line 10a	47.9044		59.3872			
11	Lesser of 5,7,8,10, 10a	**48.9212**	**92.2737**	**59.3189**	**13.6500**		214.1638
12/13	Medicaid Adjustment Rate		1.1111	0.7143			
14	Prospective Per Diem 11	**48.9212**	**93.3848**	**60.0332**	**13.6500**		**215.9892**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017242-00 - 2013/07

238.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Grand Boulevard Health & Rehab. Center

FRVS

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

Began FRVS:	**2/24/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**4,719,861**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information

Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**452,373**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,775,889**	**14.1968**
20% ROE(2):	**943,972**	**0.7057**
Insurance Cost(3):	**58,401**	**1.4408**
Taxes Cost(3):	**36,248**	**0.8942**
Home Office(3):	**39,430**	**0.9727**
Replacement(3&4):	**114,177**	**0.0000**
Total FRVS PD:		**18.2102**

(1) 80% Capital ($3,775,889) amortized at 10.5000% for 20 years Principal & Interest of $452,373 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $14.1968
(2) 20% ROE ($943,972) times the ROE factor (0.023820) divided by annual available days (35,405) 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

Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9212**	**48.9212**	**2.1268**	**46.7944**	
Patient Care					
Direct Care	**93.3848**	**93.3848**	**4.0597**	**89.3251**	
Indirect Care	**60.0332**	**60.0332**	**2.6098**	**57.4234**	
Property	**13.6500**	**18.2102**	**0.7917**	**17.4185**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0780**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.9892**	**220.5494**	**9.5880**	**238.8758**	

***Medicaid Trend Adjustment :**

0 017301-00 - 2013/07

212.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Lake Bennett Heath 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	
1901 Kelton Avenue		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Ocoee FL 34761		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**3**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,976**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,270**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,659**		
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**						

Medicaid Utilization	**58.74547%**
Occupancy:	**95.57377%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.44007%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,131,173	1,820,882	1,350,588	918,794	0	5,221,437
1a	Audit Adjustments						
2	Cost Per Diem	45.8726	73.8425	54.7706	**37.2600**		211.7457
3	Cost Per Diem Inflated	47.8526	75.8817	57.1347			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8526**	**75.8817**	**57.1347**	**37.2600**		218.1290
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0253		62.7650			
7	Provider Target Rate	**54.1508**		**64.0973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.4163**		**59.9558**			
10b	Base for line 10a	45.4515		58.7096			
11	Lesser of 5,7,8,10, 10a	**46.4163**	**75.8817**	**57.1347**	**13.6500**		193.0827
12/13	Medicaid Adjustment Rate		0.7344	0.5530			
14	Prospective Per Diem 11	**46.4163**	**76.6161**	**57.6877**	**13.6500**		**194.3701**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017301-00 - 2013/07

212.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lake Bennett Heath and Rehabilitation

FRVS

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

Began FRVS:	**9/8/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,396,987**
FRVS Base Asset:	**4,407,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.9000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**401,691**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,317,590**	**10.1900**
20% ROE(2):	**1,079,397**	**0.4877**
Insurance Cost(3):	**45,425**	**1.0822**
Taxes Cost(3):	**75,227**	**1.7921**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5520**

(1) 80% Capital ($4,317,590) amortized at 7.0000% for 20 years Principal & Interest of $401,691 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1900
(2) 20% ROE ($1,079,397) times the ROE factor (0.017810) 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			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**119**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,407,879**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4163**	**46.4163**	**2.0179**	**44.3984**	
Patient Care					
Direct Care	**76.6161**	**76.6161**	**3.3307**	**73.2854**	
Indirect Care	**57.6877**	**57.6877**	**2.5079**	**55.1798**	
Property	**13.6500**	**13.5520**	**0.5891**	**12.9629**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9619**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.3701**	**194.2721**	**8.4456**	**212.6248**	

***Medicaid Trend Adjustment :**

0 018066-00 - 2013/07

220.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**07/01/2011-06/30/2012**		Number of Beds:	**35**	Superior:	**0**
Coral Springs FL 33065		Days In CR	**366**	Maximum:	**12,810**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**12,775**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**11,908**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,341**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**5,050**		
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**						

Medicaid Utilization	**42.40846%**
Occupancy:	**92.95862%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.14451%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	226,184	416,661	460,298	104,990	0	1,208,133
1a	Audit Adjustments						
2	Cost Per Diem	44.7889	82.5071	91.1481	**20.7901**		239.2342
3	Cost Per Diem Inflated	46.7221	84.7855	95.0824			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7221**	**84.7855**	**95.0824**	**20.7901**		247.3801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	123.7247		108.2193			
7	Provider Target Rate	**126.3509**		**110.5164**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7221**	**84.7855**	**77.6541**	**13.6500**		222.8117
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7221**	**84.7855**	**77.6541**	**13.6500**		**222.8117**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 018066-00 - 2013/07

220.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Park Summit at Coral Springs

FRVS

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

Began FRVS:	**6/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**1,319,362**
FRVS Base Asset:	**997,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**99,476**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,055,490**	**8.6520**
20% ROE(2):	**263,872**	**0.4087**
Insurance Cost(3):	**6,863**	**0.5763**
Taxes Cost(3):	**22,598**	**1.8977**
Home Office(3):	**1,439**	**0.1208**
Replacement(3&4):	**396,744**	**0.0000**
Total FRVS PD:		**11.6555**

(1) 80% Capital ($1,055,490) amortized at 9.5000% for 20 years Interest of $99,476 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = $8.6520
(2) 20% ROE ($263,872) times the ROE factor (0.017810) divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = $0.4087
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**35**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**997,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7221**	**46.7221**	**2.0312**	**44.6909**	
Patient Care					
Direct Care	**84.7855**	**84.7855**	**3.6859**	**81.0996**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**11.6555**	**0.5067**	**11.1488**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**222.8117**	**220.8172**	**9.5997**	**220.0539**	

***Medicaid Trend Adjustment :**

0 018777-00 - 2013/07

242.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay Village 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
8400 Vamo Road	**11/01/2011-12/31/2012**	Number of Beds: **95**	Superior: **0**
Sarasota FL 34231-7899	Days In CR **427**	Maximum: **40,565**	Standard: **184**
County: **Sarasota[58]**	First Used: **2013/07**	Max Annualized: **34,675**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2013/07**	Total Patient: **22,313**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,234**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **4,883**	
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 #			

Medicaid Utilization	**21.88410%**
Occupancy:	**55.00554%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**69.31684%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28130802**
Semester Index:	**1.32132636**
Cost:	**1.03123241**
Target:	**1.01485834**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02191450**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	409,292	666,976	394,377	128,081	0	1,598,726
1a	Audit Adjustments						
2	Cost Per Diem	83.8198	136.5914	80.7653	**26.2300**		327.4065
3	Cost Per Diem Inflated	86.4377	139.5847	83.2878			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**86.4377**	**139.5847**	**83.2878**	**26.2300**		335.5402
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.6752		88.4926			
7	Provider Target Rate	**78.3027**		**90.3710**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**60.4479**		**72.4845**			
10b	Base for line 10a	59.1915		70.9779			
11	Lesser of 5,7,8,10, 10a	**60.4479**	**105.3251**	**72.4845**	**13.6500**		251.9075
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**60.4479**	**105.3251**	**72.4845**	**13.6500**		**251.9075**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 018777-00 - 2013/07

242.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay Village of Sarasota

FRVS

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

Began FRVS:	**2/22/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/07**
Indexed Asset Value	**1,342,741**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

Mortgage Information		
Amount:	**12,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.2150**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.2150**	**%**
Interest Only:	**False**	
Yearly Payment:	**79,581**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,074,193**	**2.5501**
20% ROE(2):	**268,548**	**0.1291**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**63,760**	**2.8575**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**5.5367**

(1) 80% Capital ($1,074,193) amortized at 4.2150% for 20 years Principal & Interest of $79,581 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $2.5501
(2) 20% ROE ($268,548) times the ROE factor (0.015000) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.1291
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1975**	Used Per Bed Standard:	**13,911**
Comparison Bed	**95**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,321,545**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.4479**	**60.4479**	**2.6279**	**57.8200**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**72.4845**	**72.4845**	**3.1511**	**69.3334**	
Property	**13.6500**	**5.5367**	**0.2407**	**5.2960**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**251.9075**	**243.7942**	**10.5985**	**242.0321**	

***Medicaid Trend Adjustment :**

0 019085-00 - 2013/07

211.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Golfview 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	
3636 10th Avenue North		**10/01/2011-09/30/2012**		Number of Beds:	**56**	Superior:	**0**
St. Petersburg FL 33713		Days In CR	**366**	Maximum:	**20,496**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**20,440**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**17,332**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,172**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,609**		
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**						

Medicaid Utilization	**66.98015%**
Occupancy:	**84.56284%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.56433%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	586,315	799,777	591,406	174,019	0	2,151,517
1a	Audit Adjustments						
2	Cost Per Diem	50.5052	68.8928	50.9438	**14.9900**		185.3318
3	Cost Per Diem Inflated	52.2646	70.5003	52.7185			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2646**	**70.5003**	**52.7185**	**14.9900**		190.4734
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.3243		72.0818			
7	Provider Target Rate	**68.7533**		**73.6118**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**56.2772**		**60.8596**			
10b	Base for line 10a	55.1075		59.5946			
11	Lesser of 5,7,8,10, 10a	**52.2646**	**70.5003**	**52.7185**	**13.6500**		189.1334
12/13	Medicaid Adjustment Rate		1.3467	1.0071			
14	Prospective Per Diem 11	**52.2646**	**71.8470**	**53.7256**	**13.6500**		**191.4872**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019085-00 - 2013/07

211.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Golfview Healthcare Center

FRVS

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

Began FRVS:	**12/15/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**1,756,245**
FRVS Base Asset:	**1,114,559**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**181,730**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,404,996**	**9.8788**
20% ROE(2):	**351,249**	**0.2944**
Insurance Cost(3):	**14,165**	**0.8173**
Taxes Cost(3):	**20,685**	**1.1935**
Home Office(3):	**10,016**	**0.5779**
Replacement(3&4):	**17,740**	**0.0000**
Total FRVS PD:		**12.7619**

(1) 80% Capital ($1,404,996) amortized at 13.0000% for 20 years Interest of $181,730 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $9.8788
(2) 20% ROE ($351,249) times the ROE factor (0.015420) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $0.2944
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1979**	Used Per Bed Standard:	**20,572**
Comparison Bed	**56**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,152,032**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.2646**	**52.2646**	**2.2721**	**49.9925**	
Patient Care					
Direct Care	**71.8470**	**71.8470**	**3.1234**	**68.7236**	
Indirect Care	**53.7256**	**53.7256**	**2.3356**	**51.3900**	
Property	**13.6500**	**12.7619**	**0.5548**	**12.2071**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8000**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.4872**	**190.5991**	**8.2859**	**211.9496**	

***Medicaid Trend Adjustment :**

0 019282-00 - 2013/07

183.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Southern Pines 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	
6140 Congress Street		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**32,819**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,089**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,313**		
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**						

Medicaid Utilization	**67.98806%**
Occupancy:	**74.72450%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.16625%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	891,516	1,484,421	818,687	452,285	0	3,646,909
1a	Audit Adjustments						
2	Cost Per Diem	39.9550	66.5272	36.6910	**20.2700**		163.4432
3	Cost Per Diem Inflated	41.3469	68.0795	37.9692			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3469**	**68.0795**	**37.9692**	**20.2700**		167.6656
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0372		51.7910			
7	Provider Target Rate	**51.0993**		**52.8903**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.5351**		**51.2929**			
10b	Base for line 10a	46.5471		50.2268			
11	Lesser of 5,7,8,10, 10a	**41.3469**	**68.0795**	**37.9692**	**13.6500**		161.0456
12/13	Medicaid Adjustment Rate		1.3777	0.7684			
14	Prospective Per Diem 11	**41.3469**	**69.4572**	**38.7376**	**13.6500**		**163.1917**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019282-00 - 2013/07

183.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Southern Pines Healthcare 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:	**1980/01**
Indexed Asset Value	**3,175,978**
FRVS Base Asset:	**1,765,696**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**328,639**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,540,782**	**8.3369**
20% ROE(2):	**635,196**	**0.2485**
Insurance Cost(3):	**24,846**	**0.7571**
Taxes Cost(3):	**28,954**	**0.8822**
Home Office(3):	**17,874**	**0.5446**
Replacement(3&4):	**8,650**	**0.0000**
Total FRVS PD:		**10.7693**

(1) 80% Capital ($2,540,782) amortized at 13.0000% for 20 years Interest of $328,639 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3369
(2) 20% ROE ($635,196) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2485
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3469**	**41.3469**	**1.7975**	**39.5494**	
Patient Care					
Direct Care	**69.4572**	**69.4572**	**3.0195**	**66.4377**	
Indirect Care	**38.7376**	**38.7376**	**1.6840**	**37.0536**	
Property	**13.6500**	**10.7693**	**0.4682**	**10.3011**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8172**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**163.1917**	**160.3110**	**6.9692**	**182.9954**	

***Medicaid Trend Adjustment :**

0 019284-00 - 2013/07

196.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE 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	
2061 Hyde Park Rd		**10/01/2011-09/30/2012**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32210		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**53,354**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,133**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,320**	FY Index:	**1.27684492**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**83.06781%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**80.98664%**	Cost:	**1.03483699**
Open Date:	**7/1/1972**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1972**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**7/1/1972**	Low Occupancy Adjustment Factor:			**102.05767%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**262714**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,747,324	3,263,641	1,756,338	736,155	0	7,503,458
1a	Audit Adjustments						
2	Cost Per Diem	39.4252	73.6381	39.6286	**16.6100**		169.3019
3	Cost Per Diem Inflated	40.7987	75.3563	41.0091			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7987**	**75.3563**	**41.0091**	**16.6100**		173.7741
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2786		47.6719			
7	Provider Target Rate	**45.2185**		**48.6838**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**42.9387**		**49.1586**			
10b	Base for line 10a	42.0462		48.1368			
11	Lesser of 5,7,8,10, 10a	**40.7987**	**75.3563**	**41.0091**	**13.6500**		170.8141
12/13	Medicaid Adjustment Rate		2.8034	1.5256			
14	Prospective Per Diem 11	**40.7987**	**78.1597**	**42.5347**	**13.6500**		**175.1431**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019284-00 - 2013/07

196.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE of Jacksonville

FRVS

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

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**5,250,660**
FRVS Base Asset:	**2,853,841**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**543,320**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,200,528**	**9.1886**
20% ROE(2):	**1,050,132**	**0.2739**
Insurance Cost(3):	**42,208**	**0.7911**
Taxes Cost(3):	**53,406**	**1.0010**
Home Office(3):	**28,651**	**0.5370**
Replacement(3&4):	**18,956**	**0.0000**
Total FRVS PD:		**11.7916**

(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 (0.015420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2739
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7987**	**40.7987**	**1.7737**	**39.0250**	
Patient Care					
Direct Care	**78.1597**	**78.1597**	**3.3979**	**74.7618**	
Indirect Care	**42.5347**	**42.5347**	**1.8491**	**40.6856**	
Property	**13.6500**	**11.7916**	**0.5126**	**11.2790**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9379**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.1431**	**173.2847**	**7.5333**	**196.5257**	

***Medicaid Trend Adjustment :**

0 019287-00 - 2013/07

199.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Golfcrest 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	
600 North 17th Avenue		**10/01/2011-09/30/2012**		Number of Beds:	**67**	Superior:	**0**
Hollywood FL 33020		Days In CR	**366**	Maximum:	**24,522**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**24,455**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**22,562**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,416**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**12,545**		
Class at 1/94:	**South Small [3]**						
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 #	**262064**						

Medicaid Utilization	**55.60234%**
Occupancy:	**92.00718%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.94553%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	600,670	861,874	527,558	225,434	0	2,215,536
1a	Audit Adjustments						
2	Cost Per Diem	47.8812	68.7026	42.0532	**17.9700**		176.6070
3	Cost Per Diem Inflated	49.5492	70.3057	43.5182			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5492**	**70.3057**	**43.5182**	**17.9700**		181.3431
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.7090		64.5276			
7	Provider Target Rate	**55.8703**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**56.4054**		**65.8973**			
10b	Base for line 10a	55.2330		64.5276			
11	Lesser of 5,7,8,10, 10a	**49.5492**	**70.3057**	**43.5182**	**13.6500**		177.0231
12/13	Medicaid Adjustment Rate		0.4431	0.2743			
14	Prospective Per Diem 11	**49.5492**	**70.7488**	**43.7925**	**13.6500**		**177.7405**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019287-00 - 2013/07

199.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Golfcrest Healthcare Center

FRVS

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

Began FRVS:	**4/1/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**2,007,536**
FRVS Base Asset:	**1,178,716**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**207,733**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,606,029**	**9.4383**
20% ROE(2):	**401,507**	**0.2813**
Insurance Cost(3):	**17,364**	**0.7696**
Taxes Cost(3):	**61,892**	**2.7432**
Home Office(3):	**13,041**	**0.5780**
Replacement(3&4):	**3,675**	**0.0000**
Total FRVS PD:		**13.8104**

(1) 80% Capital ($1,606,029) amortized at 13.0000% for 20 years Interest of $207,733 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $9.4383
(2) 20% ROE ($401,507) times the ROE factor (0.015420) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $0.2813
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**67**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,909,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.5492**	**49.5492**	**2.1541**	**47.3951**	
Patient Care					
Direct Care	**70.7488**	**70.7488**	**3.0757**	**67.6731**	
Indirect Care	**43.7925**	**43.7925**	**1.9038**	**41.8887**	
Property	**13.6500**	**13.8104**	**0.6004**	**13.2100**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1796**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.7405**	**177.9009**	**7.7340**	**199.1829**	

***Medicaid Trend Adjustment :**

0 021261-00 - 2013/07

207.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Coastal 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
820 N Clyde Morris Blvd	**07/01/2010-12/31/2011**	Number of Beds: **120**	Superior: **0**
Daytona Beach FL 32117	Days In CR **549**	Maximum: **65,880**	Standard: **184**
County: **Volusia[64]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **61,589**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,015**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **50,934**	
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**			

Medicaid Utilization	**82.69983%**
Occupancy:	**93.48664%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.80992%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,971,865	3,748,126	2,585,991	1,060,955	0	9,366,937
1a	Audit Adjustments						
2	Cost Per Diem	38.7141	73.5879	50.7714	**20.8300**		183.9034
3	Cost Per Diem Inflated	41.0785	76.2582	53.8722			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0785**	**76.2582**	**53.8722**	**20.8300**		192.0389
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2848		65.3124			
7	Provider Target Rate	**47.2673**		**66.6987**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**43.9384**		**55.4627**			
10b	Base for line 10a	43.0251		54.3099			
11	Lesser of 5,7,8,10, 10a	**41.0785**	**76.2582**	**53.8722**	**13.6500**		184.8589
12/13	Medicaid Adjustment Rate		2.8053	1.9818			
14	Prospective Per Diem 11	**41.0785**	**79.0635**	**55.8540**	**13.6500**		**189.6460**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 021261-00 - 2013/07

207.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Coastal Health and Rehabilitation Center

FRVS

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

Began FRVS:	**7/19/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,512,153**
FRVS Base Asset:	**2,020,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023820**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**228,457**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,409,722**	**5.7955**
20% ROE(2):	**1,102,431**	**0.6662**
Insurance Cost(3):	**60,789**	**0.9870**
Taxes Cost(3):	**69,964**	**1.1360**
Home Office(3):	**49,424**	**0.8025**
Replacement(3&4):	**139,326**	**0.0000**
Total FRVS PD:		**9.3872**

(1) 80% Capital ($4,409,722) amortized at 5.2500% for 20 years Interest of $228,457 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7955
(2) 20% ROE ($1,102,431) times the ROE factor (0.023820) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6662
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**84**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,409,288**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0785**	**41.0785**	**1.7858**	**39.2927**	
Patient Care					
Direct Care	**79.0635**	**79.0635**	**3.4371**	**75.6264**	
Indirect Care	**55.8540**	**55.8540**	**2.4282**	**53.4258**	
Property	**13.6500**	**9.3872**	**0.4081**	**8.9791**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4576**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.6460**	**185.3832**	**8.0592**	**207.6180**	

***Medicaid Trend Adjustment :**

0 022138-00 - 2013/07

244.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Carlton Shores 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	
1350 South Nova Road		**01/01/2011-12/31/2011**		Number of Beds:	**84**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**30,660**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**30,660**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**26,771**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,509**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,910**		
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**						

Medicaid Utilization	**48.22382%**
Occupancy:	**87.31572%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.03345%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	950,961	1,224,063	991,831	249,938	32,629	3,449,422
1a	Audit Adjustments						
2	Cost Per Diem	73.6608	94.8151	76.8266	**19.3600**	**2.5274**	267.1899
3	Cost Per Diem Inflated	77.6390	97.8839	80.9758			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**77.6390**	**97.8839**	**80.9758**	**19.3600**	**2.5274**	278.3861
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.5533		79.9309			
7	Provider Target Rate	**81.2419**		**81.6275**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**54.9171**		**65.0634**			
10b	Base for line 10a	53.7756		63.7111			
11	Lesser of 5,7,8,10, 10a	**52.6018**	**93.8851**	**63.9360**	**13.6500**	**2.5274**	226.6003
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6018**	**93.8851**	**63.9360**	**13.6500**	**2.5274**	**226.6003**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022138-00 - 2013/07

244.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Carlton Shores Health and Rehab Center

FRVS

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

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**3,578,763**
FRVS Base Asset:	**813,756**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**251,119**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,863,010**	**9.1005**
20% ROE(2):	**715,753**	**0.6269**
Insurance Cost(3):	**106,558**	**3.9804**
Taxes Cost(3):	**56,665**	**2.1167**
Home Office(3):	**26,051**	**0.9731**
Replacement(3&4):	**38,770**	**0.0000**
Total FRVS PD:		**16.7976**

(1) 80% Capital ($2,863,010) amortized at 6.2500% for 20 years Principal & Interest of $251,119 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $9.1005
(2) 20% ROE ($715,753) times the ROE factor (0.024170) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $0.6269
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**55**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,395,075**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**93.8851**	**93.8851**	**4.0815**	**89.8036**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**13.6500**	**16.7976**	**0.7302**	**16.0674**	
ROE	**2.5274**	**2.5273**	**0.1099**	**2.4174**	
ROE Adjustment	**-2.5273**	**-2.5273**	**-0.1099**	**-2.4174**	
Quality Assess-Medicaid Share				**$17.9982**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.0730**	**227.2205**	**9.8780**	**244.1771**	

***Medicaid Trend Adjustment :**

0 022293-00 - 2013/07

210.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

San Marco Terrace Rehab and 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	
189 San Marco Avenue		**01/01/2011-12/31/2011**		Number of Beds:	**68**	Superior:	**0**
St. Augustine FL 32084		Days In CR	**365**	Maximum:	**24,820**	Standard:	**184**
County: **St Johns[55]**		First Used:	**2013/01**	Max Annualized:	**24,820**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**20,820**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,257**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,256**	FY Index:	**1.25362148**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**54.06340%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**83.88397%**	Cost:	**1.05400743**
Open Date: **1/1/1983**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **1/1/1983**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid **1/1/1983**		Low Occupancy Adjustment Factor:			**105.70883%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **6/1/2010**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med # **316601**						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,015	847,747	592,242	287,366	0	2,460,370
1a	Audit Adjustments						
2	Cost Per Diem	65.1222	75.3151	52.6157	**25.5300**		218.5830
3	Cost Per Diem Inflated	68.6393	77.7528	55.4573			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.6393**	**77.7528**	**55.4573**	**25.5300**		227.3794
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	85.1930		53.6666			
7	Provider Target Rate	**87.0013**		**54.8057**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**49.0462**		**54.8179**			
10b	Base for line 10a	48.0268		53.6785			
11	Lesser of 5,7,8,10, 10a	**49.0462**	**77.7528**	**54.8057**	**13.6500**		195.2547
12/13	Medicaid Adjustment Rate		0.3554	0.2505			
14	Prospective Per Diem 11	**49.0462**	**78.1082**	**55.0562**	**13.6500**		**195.8606**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022293-00 - 2013/07

210.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

San Marco Terrace Rehab and care

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	**1,342,670**
FRVS Base Asset:	**722,452**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**86,856**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,074,136**	**3.8883**
20% ROE(2):	**268,534**	**0.2906**
Insurance Cost(3):	**3,358**	**0.1613**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**96,761**	**4.6475**
Replacement(3&4):	**10,053**	**0.0000**
Total FRVS PD:		**8.9877**

(1) 80% Capital ($1,074,136) amortized at 5.2500% for 20 years Principal & Interest of $86,856 divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $3.8883
(2) 20% ROE ($268,534) times the ROE factor (0.024170) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $0.2906
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0462**	**49.0462**	**2.1322**	**46.9140**	
Patient Care					
Direct Care	**78.1082**	**78.1082**	**3.3956**	**74.7126**	
Indirect Care	**55.0562**	**55.0562**	**2.3935**	**52.6627**	
Property	**13.6500**	**8.9877**	**0.3907**	**8.5970**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9178**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.8606**	**191.1983**	**8.3120**	**210.6405**	

***Medicaid Trend Adjustment :**

0 022987-00 - 2013/07

218.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Blountstown 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	
16690 S. W. Chipola Road		**04/01/2011-09/30/2011**		Number of Beds:	**96**	Superior:	**0**
Blountstown FL 32424		Days In CR	**183**	Maximum:	**17,568**	Standard:	**184**
County:	**Calhoun[7]**	First Used:	**2011/01**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**16,623**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,342**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,384**		
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**						

Medicaid Utilization	**74.49919%**
Occupancy:	**94.62090%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.23928%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	539,402	1,009,255	597,546	275,172	0	2,421,375
1a	Audit Adjustments						
2	Cost Per Diem	43.5564	81.4967	48.2515	**22.2200**		195.5246
3	Cost Per Diem Inflated	45.9088	84.1345	50.8574			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9088**	**84.1345**	**50.8574**	**22.2200**		203.1207
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1745		52.6982			
7	Provider Target Rate	**48.1758**		**53.8168**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**47.8802**		**56.5194**			
10b	Base for line 10a	46.8850		55.3446			
11	Lesser of 5,7,8,10, 10a	**45.9088**	**84.1345**	**50.8574**	**13.6500**		194.5507
12/13	Medicaid Adjustment Rate		2.3189	1.4017			
14	Prospective Per Diem 11	**45.9088**	**86.4534**	**52.2591**	**13.6500**		**198.2713**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022987-00 - 2013/07

218.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Blountstown Health and Rehabilitation Center

FRVS

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

Began FRVS:	**8/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**3,675,693**
FRVS Base Asset:	**2,919,807**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025210**

Mortgage Information		
Amount:	**3,991,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.9500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**237,777**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,940,554**	**7.5399**
20% ROE(2):	**735,139**	**0.5877**
Insurance Cost(3):	**20,117**	**1.2102**
Taxes Cost(3):	**36,709**	**2.2083**
Home Office(3):	**3,739**	**0.2249**
Replacement(3&4):	**16,050**	**0.0000**
Total FRVS PD:		**11.7710**

(1) 80% Capital ($2,940,554) amortized at 5.2500% for 20 years Principal & Interest of $237,777 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $7.5399
(2) 20% ROE ($735,139) times the ROE factor (0.025210) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.5877
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**81**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,919,807**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9088**	**45.9088**	**1.9958**	**43.9130**	
Patient Care					
Direct Care	**86.4534**	**86.4534**	**3.7584**	**82.6950**	
Indirect Care	**52.2591**	**52.2591**	**2.2719**	**49.9872**	
Property	**13.6500**	**11.7710**	**0.5117**	**11.2593**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8602**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.2713**	**196.3923**	**8.5378**	**218.5511**	

***Medicaid Trend Adjustment :**

0 022994-00 - 2013/07

203.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Home Association, 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	
1203 East 22nd Avenue		**07/01/2011-06/30/2012**		Number of Beds:	**96**	Superior:	**0**
Tampa FL 33605		Days In CR	**366**	Maximum:	**35,136**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**32,732**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,375**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**24,425**		
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**						

Medicaid Utilization	**74.62117%**
Occupancy:	**93.15801%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.39578%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,163,587	1,914,732	891,071	344,637	0	4,314,027
1a	Audit Adjustments						
2	Cost Per Diem	47.6392	78.3923	36.4819	**14.1100**		176.6234
3	Cost Per Diem Inflated	49.6955	80.5571	38.0566			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6955**	**80.5571**	**38.0566**	**14.1100**		182.4192
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6059		59.1031			
7	Provider Target Rate	**62.9136**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**61.1423**		**65.2199**			
10b	Base for line 10a	59.8715		63.8643			
11	Lesser of 5,7,8,10, 10a	**49.6955**	**80.5571**	**38.0566**	**13.6500**		181.9592
12/13	Medicaid Adjustment Rate		2.2313	1.0541			
14	Prospective Per Diem 11	**49.6955**	**82.7884**	**39.1107**	**13.6500**		**185.2446**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022994-00 - 2013/07

203.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**224,334**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,804,382**	**7.1136**
20% ROE(2):	**451,096**	**0.2548**
Insurance Cost(3):	**1,453**	**0.0444**
Taxes Cost(3):	**3,044**	**0.0930**
Home Office(3):	**27,962**	**0.8543**
Replacement(3&4):	**3,417**	**0.0000**
Total FRVS PD:		**8.3601**

(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 (0.017810) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.2548
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**96**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,736,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6955**	**49.6955**	**2.1604**	**47.5351**	
Patient Care					
Direct Care	**82.7884**	**82.7884**	**3.5991**	**79.1893**	
Indirect Care	**39.1107**	**39.1107**	**1.7003**	**37.4104**	
Property	**13.6500**	**8.3601**	**0.3634**	**7.9967**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0545**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.2446**	**179.9547**	**7.8232**	**203.0224**	

***Medicaid Trend Adjustment :**

0 023067-00 - 2013/07

243.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Okeechobee Healthcare 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		**10/01/2011-09/30/2012**		Number of Beds:	**180**	Superior:	**0**
Okeechobee FL 34972		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Okeechobee[47]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**63,742**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,709**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**44,767**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.03483699**
Open Date:	**12/1/1984**					Target:	**1.01485834**
Acquired Date:	**12/1/1984**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**12/1/1984**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/1/2009**					**DC Inflation:**	**1.02333333**
Previous Med #	**009495**					**PS Target:**	**1.02122620**

Medicaid Utilization	**70.23156%**
Occupancy:	**96.75471%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.92826%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,237,225	4,650,987	2,852,589	637,034	0	10,377,835
1a	Audit Adjustments						
2	Cost Per Diem	49.9749	103.8932	63.7208	**14.2300**		231.8189
3	Cost Per Diem Inflated	51.7159	106.3174	65.9406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.7159**	**106.3174**	**65.9406**	**14.2300**		238.2039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6333		52.8299			
7	Provider Target Rate	**62.9415**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.7159**	**99.9385**	**53.9513**	**13.6500**		219.2557
12/13	Medicaid Adjustment Rate		2.2747	1.2280			
14	Prospective Per Diem 11	**51.7159**	**102.2132**	**55.1793**	**13.6500**		**222.7584**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 023067-00 - 2013/07

243.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Okeechobee Healthcare Facility

FRVS

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

Began FRVS:	**3/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,528,766**
FRVS Base Asset:	**2,565,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**770,774**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,023,013**	**13.0352**
20% ROE(2):	**1,505,753**	**0.3927**
Insurance Cost(3):	**89,636**	**1.4062**
Taxes Cost(3):	**97,110**	**1.5235**
Home Office(3):	**85,026**	**1.3339**
Replacement(3&4):	**35,704**	**0.0000**
Total FRVS PD:		**17.6915**

(1) 80% Capital ($6,023,013) amortized at 11.5000% for 20 years Principal & Interest of $770,774 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.0352
(2) 20% ROE ($1,505,753) times the ROE factor (0.015420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3927
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.7159**	**51.7159**	**2.2483**	**49.4676**	
Patient Care					
Direct Care	**102.2132**	**102.2132**	**4.4435**	**97.7697**	
Indirect Care	**55.1793**	**55.1793**	**2.3988**	**52.7805**	
Property	**13.6500**	**17.6915**	**0.7691**	**16.9224**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9195**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**222.7584**	**226.7999**	**9.8597**	**243.6961**	

***Medicaid Trend Adjustment :**

0 023255-00 - 2013/07

238.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Vienna Square

Type of Cost Report:Cost Settled Interim New Facility[6] Type of Cost:Actual[2] Type of Rate:Prospective[1]
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		**06/03/2010-06/30/2011**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33844		Days In CR	**393**	Maximum:	**47,160**	Standard:	**184**
County: **Polk[53]**		First Used:	**2010/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2013/07**	Total Patient:	**8,924**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,916**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**2,429**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/4/2010**						
Acquired Date:	**11/4/2010**						
Entered Medicaid	**11/4/2010**						
Med # Active Date:	**11/4/2010**						
Previous Med #							

Medicaid Utilization	**27.21874%**
Occupancy:	**18.92282%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**23.84614%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23415178**
Semester Index:	**1.32132636**
Cost:	**1.07063522**
Target:	**1.01485834**
DC FY Index:	**1.17950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.04111912**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	240,557	294,172	252,882	314,483	0	1,102,094
1a	Audit Adjustments						
2	Cost Per Diem	99.0354	121.1083	104.1095	**129.4702**		453.7234
3	Cost Per Diem Inflated	106.0308	126.0882	111.4633			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**106.0308**	**126.0882**	**111.4633**	**129.4702**		473.0525
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	108.8256		114.4012			
7	Provider Target Rate	**111.1356**		**116.8295**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.7031**		**56.6106**			
10b	Base for line 10a	47.6908		55.4339			
11	Lesser of 5,7,8,10, 10a	**48.7031**	**98.1795**	**56.6106**	**13.6500**		217.1432
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7031**	**98.1795**	**56.6106**	**13.6500**		**217.1432**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 023255-00 - 2013/07

238.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Vienna Square

FRVS

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

Began FRVS:	**11/4/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2010/07**
Indexed Asset Value	**5,853,655**
FRVS Base Asset:	**5,802,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.026060**

Mortgage Information		
Amount:	**14,250,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.7800**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.7800**	**%**
Interest Only:	**False**	
Yearly Payment:	**364,067**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,682,924**	**9.2356**
20% ROE(2):	**1,170,731**	**0.7740**
Insurance Cost(3):	**54,975**	**6.1604**
Taxes Cost(3):	**104,620**	**11.7234**
Home Office(3):	**3,674**	**0.4117**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**28.3051**

(1) 80% Capital ($4,682,924) amortized at 4.7800% for 20 years Principal & Interest of $364,067 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2356
(2) 20% ROE ($1,170,731) times the ROE factor (0.026060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7740
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2010**	Used Per Bed Standard:	**48,357**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,802,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7031**	**48.7031**	**2.1173**	**46.5858**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**56.6106**	**56.6106**	**2.4610**	**54.1496**	
Property	**13.6500**	**28.3051**	**1.2305**	**27.0746**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.0155**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.1432**	**231.7983**	**10.0770**	**238.5732**	

***Medicaid Trend Adjustment :**

0 024167-00 - 2013/07

236.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Key West Health & Rehabilitation

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	
5860 W. Junior College Road		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Key West FL 33040		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Monroe[44]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**23,098**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,698**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**11,554**		
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**						

Medicaid Utilization	**50.02165%**
Occupancy:	**52.59107%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**66.27417%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	532,363	1,086,314	643,392	431,657	0	2,693,726
1a	Audit Adjustments						
2	Cost Per Diem	46.0761	94.0206	55.6856	**37.3600**		233.1423
3	Cost Per Diem Inflated	48.0649	96.6170	58.0892			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0649**	**96.6170**	**58.0892**	**37.3600**		240.1311
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	156.0352		129.0547			
7	Provider Target Rate	**159.3472**		**131.7940**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**53.0499**		**60.9469**			
10b	Base for line 10a	51.9473		59.6801			
11	Lesser of 5,7,8,10, 10a	**48.0649**	**96.6170**	**58.0892**	**13.6500**		216.4211
12/13	Medicaid Adjustment Rate		0.0024	0.0014			
14	Prospective Per Diem 11	**48.0649**	**96.6194**	**58.0906**	**13.6500**		**216.4249**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 024167-00 - 2013/07

236.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Kev West Health & Rehabilitation

FRVS

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

Began FRVS:	**8/12/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**6,097,560**
FRVS Base Asset:	**2,696,041**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,591,437.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**386,316**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,878,048**	**9.8000**
20% ROE(2):	**1,219,512**	**0.5510**
Insurance Cost(3):	**106,718**	**4.6202**
Taxes Cost(3):	**24,025**	**1.0401**
Home Office(3):	**26,810**	**1.1607**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.1720**

(1) 80% Capital ($4,878,048) amortized at 5.0000% for 20 years Principal & Interest of $386,316 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8000
(2) 20% ROE ($1,219,512) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5510
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0649**	**48.0649**	**2.0895**	**45.9754**	
Patient Care					
Direct Care	**96.6194**	**96.6194**	**4.2004**	**92.4190**	
Indirect Care	**58.0906**	**58.0906**	**2.5254**	**55.5652**	
Property	**13.6500**	**17.1720**	**0.7465**	**16.4255**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8842**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.4249**	**219.9469**	**9.5618**	**236.1057**	

***Medicaid Trend Adjustment :**

0 026536-00 - 2013/07

241.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

West Broward Rehabilitation 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	
7751 West Broward Blvd.		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Plantation FL 33324		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**37,624**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,563**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,358**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**11/1/1971**					Target:	**1.01485834**
Acquired Date:	**11/1/1971**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/1/1971**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/1/2010**					**DC Inflation:**	**1.03236654**
Previous Med #	**002419**					**PS Target:**	**1.02122620**

Medicaid Utilization	**70.05635%**
Occupancy:	**85.89954%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.24881%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,517,929	2,348,210	1,391,068	806,818	0	6,064,025
1a	Audit Adjustments						
2	Cost Per Diem	57.5889	89.0891	52.7759	**30.6100**		230.0639
3	Cost Per Diem Inflated	60.6991	91.9726	55.6262			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.6991**	**91.9726**	**55.6262**	**30.6100**		238.9079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5082		65.2075			
7	Provider Target Rate	**65.8775**		**66.5916**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**54.9514**		**61.4846**			
10b	Base for line 10a	53.8092		60.2066			
11	Lesser of 5,7,8,10, 10a	**54.0219**	**91.9726**	**55.6262**	**13.6500**		215.2707
12/13	Medicaid Adjustment Rate		2.0752	1.2551			
14	Prospective Per Diem 11	**54.0219**	**94.0478**	**56.8813**	**13.6500**		**218.6010**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 026536-00 - 2013/07

241.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,838,104**
FRVS Base Asset:	**2,206,339**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**597,689**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,670,483**	**15.1621**
20% ROE(2):	**1,167,621**	**0.7159**
Insurance Cost(3):	**59,053**	**1.5696**
Taxes Cost(3):	**74,372**	**1.9767**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**279,722**	**0.0000**
Total FRVS PD:		**19.4243**

(1) 80% Capital ($4,670,483) amortized at 11.5000% for 20 years Principal & Interest of $597,689 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.1621
(2) 20% ROE ($1,167,621) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7159
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**94.0478**	**94.0478**	**4.0886**	**89.9592**	
Indirect Care	**56.8813**	**56.8813**	**2.4728**	**54.4085**	
Property	**13.6500**	**19.4243**	**0.8444**	**18.5799**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3678**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.6010**	**224.3753**	**9.7543**	**241.8252**	

***Medicaid Trend Adjustment :**

0 028100-00 - 2013/07

262.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Crossings

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4445 Pine Forest Drive		**02/01/2011-01/31/2012**		Number of Beds:	**60**	Superior:	**0**
Lake Worth FL 33463		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**18,754**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,248**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**12,405**		
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:	**6/30/2010**						
Previous Med #	**001291**						

Medicaid Utilization	**66.14589%**
Occupancy:	**85.63470%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.91507%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	751,743	1,078,724	876,015	119,708	0	2,826,190
1a	Audit Adjustments						
2	Cost Per Diem	60.6000	86.9588	70.6179	**9.6500**		227.8267
3	Cost Per Diem Inflated	63.7944	89.7357	74.3404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.7944**	**89.7357**	**74.3404**	**9.6500**		237.5205
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.9249		74.2294			
7	Provider Target Rate	**67.3242**		**75.8050**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**64.9311**		**74.5553**			
10b	Base for line 10a	63.5815		73.0057			
11	Lesser of 5,7,8,10, 10a	**63.7944**	**89.7357**	**74.3404**	**9.6500**		237.5205
12/13	Medicaid Adjustment Rate		1.6300	1.3503			
14	Prospective Per Diem 11	**63.7944**	**91.3657**	**75.6907**	**9.6500**		**240.5008**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028100-00 - 2013/07

262.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Crossings

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	**2,139,628**
FRVS Base Asset:	**1,264,851**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**2,376,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**153,144**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,711,702**	**7.7699**
20% ROE(2):	**427,926**	**0.4998**
Insurance Cost(3):	**44,142**	**2.3537**
Taxes Cost(3):	**85,319**	**4.5494**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**4,769**	**0.0000**
Total FRVS PD:		**15.1728**

(1) 80% Capital ($1,711,702) amortized at 6.5000% for 20 years Principal & Interest of $153,144 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.7699
(2) 20% ROE ($427,926) times the ROE factor (0.023020) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4998
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.7944**	**63.7944**	**2.7733**	**61.0211**	
Patient Care					
Direct Care	**91.3657**	**91.3657**	**3.9720**	**87.3937**	
Indirect Care	**75.6907**	**75.6907**	**3.2905**	**72.4002**	
Property	**9.6500**	**15.1728**	**0.6596**	**14.5132**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3936**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**240.5008**	**246.0236**	**10.6954**	**262.5582**	

***Medicaid Trend Adjustment :**

0 028133-00 - 2013/07

244.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Cross Pointe 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	
440 Phippen-Waiters Road		**02/01/2011-01/31/2012**		Number of Beds:	**88**	Superior:	**0**
Dania Beach FL 33004		Days In CR	**365**	Maximum:	**32,120**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**32,120**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**30,626**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,065**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**24,361**	FY Index:	**1.25516245**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**79.54353%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.34869%**	Cost:	**1.05271342**
Open Date:	**2/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18999979**
Entered Medicaid	**2/1/1984**	Low Occupancy Adjustment Factor:			**120.15643%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/30/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03193296**
Previous Med #	**001281**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,519,396	2,030,251	1,577,582	61,877	0	5,189,106
1a	Audit Adjustments						
2	Cost Per Diem	62.3700	83.3402	64.7585	**2.5400**		213.0087
3	Cost Per Diem Inflated	65.6577	86.0015	68.1721			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.6577**	**86.0015**	**68.1721**	**2.5400**		222.3713
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8597		66.8875			
7	Provider Target Rate	**62.1515**		**68.3073**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**60.6035**		**69.0301**			
10b	Base for line 10a	59.3439		67.5953			
11	Lesser of 5,7,8,10, 10a	**60.6035**	**86.0015**	**68.1721**	**2.5400**		217.3171
12/13	Medicaid Adjustment Rate		2.8584	2.2658			
14	Prospective Per Diem 11	**60.6035**	**88.8599**	**70.4379**	**2.5400**		**222.4413**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028133-00 - 2013/07

244.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cross Pointe Care Center

FRVS

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

Began FRVS:	**5/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**2,391,544**
FRVS Base Asset:	**1,418,704**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**4.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**89,611**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,913,235**	**3.0999**
20% ROE(2):	**478,309**	**0.3809**
Insurance Cost(3):	**41,080**	**1.3413**
Taxes Cost(3):	**36,586**	**1.1946**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**6.0167**

(1) 80% Capital ($1,913,235) amortized at 4.7500% for 20 years Interest of $89,611 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $3.0999
(2) 20% ROE ($478,309) times the ROE factor (0.023020) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $0.3809
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**88**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,508,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.6035**	**60.6035**	**2.6346**	**57.9689**	
Patient Care					
Direct Care	**88.8599**	**88.8599**	**3.8630**	**84.9969**	
Indirect Care	**70.4379**	**70.4379**	**3.0622**	**67.3757**	
Property	**2.5400**	**6.0167**	**0.2616**	**5.7551**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0707**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**222.4413**	**225.9180**	**9.8214**	**244.0037**	

***Medicaid Trend Adjustment :**

0 028148-00 - 2013/07

218.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Cross Terrace 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	
1351 San Christopher Drive		**02/01/2011-01/31/2012**		Number of Beds:	**104**	Superior:	**0**
Dunedin FL 34698		Days In CR	**365**	Maximum:	**37,960**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**28,151**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,671**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,399**		
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:	**6/30/2010**						
Previous Med #	**001300**						

Medicaid Utilization	**76.01506%**
Occupancy:	**74.15964%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**93.45443%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,921	1,733,445	1,060,505	69,975	0	3,968,846
1a	Audit Adjustments						
2	Cost Per Diem	51.6342	81.0059	49.5586	**3.2700**		185.4687
3	Cost Per Diem Inflated	54.3560	83.5927	52.1710			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.3560**	**83.5927**	**52.1710**	**3.2700**		193.3897
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0236		52.7352			
7	Provider Target Rate	**53.1279**		**53.8546**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**51.0964**		**54.2665**			
10b	Base for line 10a	50.0344		53.1386			
11	Lesser of 5,7,8,10, 10a	**51.0964**	**83.5927**	**52.1710**	**3.2700**		190.1301
12/13	Medicaid Adjustment Rate		2.4465	1.5269			
14	Prospective Per Diem 11	**51.0964**	**86.0392**	**53.6979**	**3.2700**		**194.1035**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028148-00 - 2013/07

218.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cross Terrace 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:	**1979/01**
Indexed Asset Value	**2,242,411**
FRVS Base Asset:	**1,371,112**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**2,469,167.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.3200**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**145,903**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,793,929**	**4.2707**
20% ROE(2):	**448,482**	**0.3022**
Insurance Cost(3):	**54,546**	**1.9376**
Taxes Cost(3):	**37,094**	**1.3177**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**11,824**	**0.0000**
Total FRVS PD:		**7.8282**

(1) 80% Capital ($1,793,929) amortized at 5.3200% for 20 years Principal & Interest of $145,903 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $4.2707
(2) 20% ROE ($448,482) times the ROE factor (0.023020) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.3022
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.0964**	**51.0964**	**2.2213**	**48.8751**	
Patient Care					
Direct Care	**86.0392**	**86.0392**	**3.7404**	**82.2988**	
Indirect Care	**53.6979**	**53.6979**	**2.3344**	**51.3635**	
Property	**3.2700**	**7.8282**	**0.3403**	**7.4879**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8343**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.1035**	**198.6617**	**8.6364**	**218.6960**	

***Medicaid Trend Adjustment :**

0 028602-00 - 2013/07

216.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2010-09/30/2011**		Number of Beds:	**114**	Superior:	**0**
Viera FL 32940		Days In CR	**365**	Maximum:	**41,610**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**38,400**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,201**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,852**	FY Index:	**1.24527319**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**23.05208%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.28551%**	Cost:	**1.00000000**
Open Date:	**5/30/1995**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/30/1995**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18500000**
Entered Medicaid	**5/30/1995**	Low Occupancy Adjustment Factor:			**116.29627%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**253472**					**PS Target:**	**1.02122620**

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**		221.9739
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**54.1644**		**60.0902**			
10b	Base for line 10a	53.0386		58.8412			
11	Lesser of 5,7,8,10, 10a	**51.5806**	**98.1795**	**47.4287**	**10.5300**		207.7188
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**98.1795**	**47.4287**	**10.5300**		**207.7188**
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 - 2013/07

216.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wuesthoff Progressive Care Center

FRVS

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

Began FRVS:	**5/30/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**4,637,250**
FRVS Base Asset:	**3,917,154**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027600**

Mortgage Information		
Amount:	**0.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**118,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,709,800**	**3.1666**
20% ROE(2):	**927,450**	**0.6835**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**40,281**	**1.0490**
Home Office(3):	**90,032**	**2.3446**
Replacement(3&4):	**0**	**0.0000**
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			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**114**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,917,154**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**47.4287**	**47.4287**	**2.0619**	**45.3668**	
Property	**10.5300**	**7.2437**	**0.3149**	**6.9288**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.8894**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.7188**	**204.4325**	**8.8874**	**216.2709**	

***Medicaid Trend Adjustment :**

0 030479-00 - 2013/07

218.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Health Center Of Windermere

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
4875 Cason Cove Drive		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32811		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,859**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,818**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,877**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/4/1997**						
Acquired Date:	**4/4/1997**						
Entered Medicaid	**5/20/1997**						
Med # Active Date:	**1/1/2011**						
Previous Med #	**228877**						

Medicaid Utilization	**37.92972%**
Occupancy:	**95.30738%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.10437%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	876,003	1,312,409	931,737	534,579	0	3,654,728
1a	Audit Adjustments						
2	Cost Per Diem	55.1743	82.6610	58.6847	**33.6700**		230.1900
3	Cost Per Diem Inflated	57.5558	84.9437	61.2177			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.5558**	**84.9437**	**61.2177**	**33.6700**		237.3872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.7008		59.4479			
7	Provider Target Rate	**60.9680**		**60.7098**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**50.4875**		**56.9578**			
10b	Base for line 10a	49.4381		55.7739			
11	Lesser of 5,7,8,10, 10a	**50.4875**	**84.9437**	**56.9578**	**13.6500**		206.0390
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.4875**	**84.9437**	**56.9578**	**13.6500**		**206.0390**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030479-00 - 2013/07

218.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center Of Windermere

FRVS

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

Began FRVS:	**5/20/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,351,736**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**360,649**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,281,389**	**9.1489**
20% ROE(2):	**1,070,347**	**0.4836**
Insurance Cost(3):	**53,712**	**1.2832**
Taxes Cost(3):	**96,154**	**2.2971**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.2128**

(1) 80% Capital ($4,281,389) amortized at 8.5000% for 20 years Interest of $360,649 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1489
(2) 20% ROE ($1,070,347) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4836
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.4875**	**50.4875**	**2.1949**	**48.2926**	
Patient Care					
Direct Care	**84.9437**	**84.9437**	**3.6928**	**81.2509**	
Indirect Care	**56.9578**	**56.9578**	**2.4761**	**54.4817**	
Property	**13.6500**	**13.2128**	**0.5744**	**12.6384**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0895**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.0390**	**205.6018**	**8.9382**	**218.5895**	

***Medicaid Trend Adjustment :**

0 030484-00 - 2013/07

222.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Plant 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
701 North Wilder Road	**07/01/2011-06/30/2012**	Number of Beds: **180**	Superior: **0**
Plant City FL 33566	Days In CR **366**	Maximum: **65,880**	Standard: **184**
County: **Hillsborough[29]**	First Used: **2013/07**	Max Annualized: **65,700**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **63,973**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **11,633**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **42,401**	
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**			

Medicaid Utilization	**66.27952%**
Occupancy:	**97.10534%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.37012%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,050,616	3,367,928	2,250,490	961,655	0	8,630,689
1a	Audit Adjustments						
2	Cost Per Diem	48.3624	79.4304	53.0763	**22.6800**		203.5491
3	Cost Per Diem Inflated	50.4499	81.6239	55.3673			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4499**	**81.6239**	**55.3673**	**22.6800**		210.1211
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6584		60.9824			
7	Provider Target Rate	**55.8186**		**62.2768**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**52.4185**		**56.9578**			
10b	Base for line 10a	51.3290		55.7739			
11	Lesser of 5,7,8,10, 10a	**50.4499**	**81.6239**	**55.3673**	**13.6500**		201.0911
12/13	Medicaid Adjustment Rate		1.4949	1.0140			
14	Prospective Per Diem 11	**50.4499**	**83.1188**	**56.3813**	**13.6500**		**203.6000**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030484-00 - 2013/07

222.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,453,548**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,050,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.1000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**5.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**540,074**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,762,838**	**9.1337**
20% ROE(2):	**1,690,710**	**0.5092**
Insurance Cost(3):	**59,163**	**0.9248**
Taxes Cost(3):	**146,196**	**2.2853**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.8530**

(1) 80% Capital ($6,762,838) amortized at 5.1000% for 20 years Principal & Interest of $540,074 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.1337
(2) 20% ROE ($1,690,710) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5092
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.4499**	**50.4499**	**2.1932**	**48.2567**	
Patient Care					
Direct Care	**83.1188**	**83.1188**	**3.6134**	**79.5054**	
Indirect Care	**56.3813**	**56.3813**	**2.4511**	**53.9302**	
Property	**13.6500**	**12.8530**	**0.5588**	**12.2942**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4558**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.6000**	**202.8030**	**8.8165**	**222.2787**	

***Medicaid Trend Adjustment :**

0 030487-00 - 2013/07

219.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Pensacola, 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	
8475 University Pkwy		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Pensacola FL 32514		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**61,993**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,469**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,212**		
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**						

Medicaid Utilization	**50.34762%**
Occupancy:	**94.09988%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.58270%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,391,124	2,614,988	1,562,054	825,245	0	6,393,411
1a	Audit Adjustments						
2	Cost Per Diem	44.5702	83.7815	50.0466	**26.4400**		204.8383
3	Cost Per Diem Inflated	46.4940	86.0951	52.2068			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.4940**	**86.0951**	**52.2068**	**26.4400**		211.2359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2151		52.6408			
7	Provider Target Rate	**48.2173**		**53.7582**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.7925**		**54.4643**			
10b	Base for line 10a	44.8407		53.3323			
11	Lesser of 5,7,8,10, 10a	**45.7925**	**86.0951**	**52.2068**	**13.6500**		197.7444
12/13	Medicaid Adjustment Rate		0.0337	0.0204			
14	Prospective Per Diem 11	**45.7925**	**86.1288**	**52.2272**	**13.6500**		**197.7985**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030487-00 - 2013/07

219.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Pensacola, Inc.

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	**8,975,944**
FRVS Base Asset:	**3,441,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**8,086,035.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**874,813**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,180,755**	**14.7947**
20% ROE(2):	**1,795,189**	**0.5407**
Insurance Cost(3):	**74,281**	**1.1982**
Taxes Cost(3):	**52,528**	**0.8473**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.3809**

(1) 80% Capital ($7,180,755) amortized at 10.7500% for 20 years Principal & Interest of $874,813 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.7947
(2) 20% ROE ($1,795,189) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5407
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7925**	**45.7925**	**1.9907**	**43.8018**	
Patient Care					
Direct Care	**86.1288**	**86.1288**	**3.7443**	**82.3845**	
Indirect Care	**52.2272**	**52.2272**	**2.2705**	**49.9567**	
Property	**13.6500**	**17.3809**	**0.7556**	**16.6253**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2298**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.7985**	**201.5294**	**8.7611**	**219.8345**	

***Medicaid Trend Adjustment :**

0 030490-00 - 2013/07

233.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Parkway 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	
800 SE Central Pkwy		**07/01/2011-06/30/2012**		Number of Beds:	**177**	Superior:	**0**
Stuart FL 34994		Days In CR	**366**	Maximum:	**64,782**	Standard:	**184**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**58,557**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,040**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,528**		
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**						

Medicaid Utilization	**47.01061%**
Occupancy:	**90.39085%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.90866%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,385,973	2,546,929	1,600,219	940,356	0	6,473,477
1a	Audit Adjustments						
2	Cost Per Diem	50.3478	92.5214	58.1306	**34.1600**		235.1598
3	Cost Per Diem Inflated	52.5210	95.0764	60.6397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5210**	**95.0764**	**60.6397**	**34.1600**		242.3971
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2855		65.1870			
7	Provider Target Rate	**57.4802**		**66.5707**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.3761**		**62.5745**			
10b	Base for line 10a	48.3498		61.2739			
11	Lesser of 5,7,8,10, 10a	**49.3761**	**95.0764**	**60.6397**	**13.6500**		218.7422
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.3761**	**95.0764**	**60.6397**	**13.6500**		**218.7422**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030490-00 - 2013/07

233.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,381,285**
FRVS Base Asset:	**3,101,384**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**10,937,005.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2800**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**7.2800**	**%**
Interest Only:	**False**	
Yearly Payment:	**485,301**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,105,028**	**8.3465**
20% ROE(2):	**1,276,257**	**0.3909**
Insurance Cost(3):	**73,376**	**1.2531**
Taxes Cost(3):	**109,361**	**1.8676**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.8581**

(1) 80% Capital ($5,105,028) amortized at 7.2800% for 20 years Principal & Interest of $485,301 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $8.3465
(2) 20% ROE ($1,276,257) times the ROE factor (0.017810) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.3909
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,101,384**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.3761**	**49.3761**	**2.1465**	**47.2296**	
Patient Care					
Direct Care	**95.0764**	**95.0764**	**4.1333**	**90.9431**	
Indirect Care	**60.6397**	**60.6397**	**2.6362**	**58.0035**	
Property	**13.6500**	**11.8581**	**0.5155**	**11.3426**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2662**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.7422**	**216.9503**	**9.4315**	**233.6214**	

***Medicaid Trend Adjustment :**

0 030491-00 - 2013/07

228.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Merritt 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	
500 Crockett Boulevard		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Merritt Island FL 32953		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**61,871**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,539**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,337**		
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**						

Medicaid Utilization	**45.80013%**
Occupancy:	**93.91469%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.34934%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,358,740	2,491,131	1,673,285	1,089,841	0	6,612,997
1a	Audit Adjustments						
2	Cost Per Diem	47.9493	87.9109	59.0495	**38.4600**		233.3697
3	Cost Per Diem Inflated	50.0190	90.3386	61.5983			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.0190**	**90.3386**	**61.5983**	**38.4600**		240.4159
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9617		63.3577			
7	Provider Target Rate	**52.0434**		**64.7025**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.6231**		**61.8426**			
10b	Base for line 10a	47.6125		60.5572			
11	Lesser of 5,7,8,10, 10a	**48.6231**	**90.3386**	**59.9006**	**13.6500**		212.5123
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.6231**	**90.3386**	**59.9006**	**13.6500**		**212.5123**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030491-00 - 2013/07

228.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Merritt Island

FRVS

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

Began FRVS:	**8/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**8,000,982**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,886,699.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4700**	**%**
Chase Rate:	**8.8800**	**%**
Amortization Rate:	**7.4700**	**%**
Interest Only:	**False**	
Yearly Payment:	**617,363**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,400,786**	**10.4408**
20% ROE(2):	**1,600,196**	**0.4820**
Insurance Cost(3):	**71,137**	**1.1498**
Taxes Cost(3):	**72,562**	**1.1728**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.2454**

(1) 80% Capital ($6,400,786) amortized at 7.4700% for 20 years Principal & Interest of $617,363 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.4408
(2) 20% ROE ($1,600,196) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4820
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6231**	**48.6231**	**2.1138**	**46.5093**	
Patient Care					
Direct Care	**90.3386**	**90.3386**	**3.9273**	**86.4113**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**13.2454**	**0.5758**	**12.6696**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0389**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.5123**	**212.1077**	**9.2210**	**228.7620**	

***Medicaid Trend Adjustment :**

0 030527-00 - 2013/07

217.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Lake 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	
560 S.W. McFarlane Ave.		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Lake City FL 32025		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Columbia[12]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,011**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,388**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,176**		
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**						

Medicaid Utilization	**51.63493%**
Occupancy:	**93.37659%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.67124%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,888	1,736,070	1,184,205	912,686	0	4,773,849
1a	Audit Adjustments						
2	Cost Per Diem	44.4318	81.9829	55.9220	**43.1000**		225.4367
3	Cost Per Diem Inflated	46.3496	84.2469	58.3358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.3496**	**84.2469**	**58.3358**	**43.1000**		232.0323
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0646		59.2922			
7	Provider Target Rate	**55.2122**		**60.5507**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.9115**		**54.0233**			
10b	Base for line 10a	45.9364		52.9004			
11	Lesser of 5,7,8,10, 10a	**46.3496**	**84.2469**	**54.0233**	**13.6500**		198.2698
12/13	Medicaid Adjustment Rate		0.1550	0.0994			
14	Prospective Per Diem 11	**46.3496**	**84.4019**	**54.1227**	**13.6500**		**198.5242**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030527-00 - 2013/07

217.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center of Lake City

FRVS

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

Began FRVS:	**5/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,469,702**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,815,265.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**533,088**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,375,762**	**13.5233**
20% ROE(2):	**1,093,940**	**0.4942**
Insurance Cost(3):	**52,676**	**1.2844**
Taxes Cost(3):	**86,013**	**2.0973**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.3992**

(1) 80% Capital ($4,375,762) amortized at 10.7500% for 20 years Principal & Interest of $533,088 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.5233
(2) 20% ROE ($1,093,940) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4942
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.3496**	**46.3496**	**2.0150**	**44.3346**	
Patient Care					
Direct Care	**84.4019**	**84.4019**	**3.6692**	**80.7327**	
Indirect Care	**54.1227**	**54.1227**	**2.3529**	**51.7698**	
Property	**13.6500**	**17.3992**	**0.7564**	**16.6428**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8574**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.5242**	**202.2734**	**8.7935**	**217.1737**	

***Medicaid Trend Adjustment :**

0 030530-00 - 2013/07

234.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Imperial 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	
900 Imperial Golf Course		**07/01/2011-06/30/2012**		Number of Beds:	**113**	Superior:	**0**
Naples FL 34110		Days In CR	**366**	Maximum:	**41,358**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**37,614**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,205**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,304**		
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**						

Medicaid Utilization	**43.34556%**
Occupancy:	**90.94734%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.60993%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	871,204	1,486,910	1,002,487	662,595	0	4,023,196
1a	Audit Adjustments						
2	Cost Per Diem	53.4350	91.1991	61.4872	**40.6400**		246.7613
3	Cost Per Diem Inflated	55.7414	93.7176	64.1412			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7414**	**93.7176**	**64.1412**	**40.6400**		254.2402
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4835		62.7524			
7	Provider Target Rate	**62.7886**		**64.0844**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**55.3389**		**64.0113**			
10b	Base for line 10a	54.1887		62.6808			
11	Lesser of 5,7,8,10, 10a	**54.0219**	**93.7176**	**61.8071**	**13.6500**		223.1966
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**93.7176**	**61.8071**	**13.6500**		**223.1966**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030530-00 - 2013/07

234.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Imperial Health Care Center

FRVS

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

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**4,372,603**
FRVS Base Asset:	**1,821,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,464,928.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2640**	**%**
Chase Rate:	**6.2170**	**%**
Amortization Rate:	**8.2170**	**%**
Interest Only:	**False**	
Yearly Payment:	**356,803**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,498,082**	**9.6120**
20% ROE(2):	**874,521**	**0.4196**
Insurance Cost(3):	**47,594**	**1.2653**
Taxes Cost(3):	**38,827**	**1.0322**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3291**

(1) 80% Capital ($3,498,082) amortized at 8.2170% for 20 years Principal & Interest of $356,803 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $9.6120
(2) 20% ROE ($874,521) times the ROE factor (0.017810) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.4196
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**93.7176**	**93.7176**	**4.0742**	**89.6434**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**12.3291**	**0.5360**	**11.7931**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5350**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.1966**	**221.8757**	**9.6457**	**234.6014**	

***Medicaid Trend Adjustment :**

0 030535-00 - 2013/07

219.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Health Center of 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	
550 National Healthcare Drive		**07/01/2011-06/30/2012**		Number of Beds:	**73**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**26,718**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2013/07**	Max Annualized:	**26,645**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**23,528**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,643**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**6,376**		
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**						

Medicaid Utilization	**27.09963%**
Occupancy:	**88.06049%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.97199%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	372,975	494,654	444,311	252,171	0	1,564,111
1a	Audit Adjustments						
2	Cost Per Diem	58.4967	77.5806	69.6849	**39.5500**		245.3122
3	Cost Per Diem Inflated	61.0216	79.7230	72.6927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.0216**	**79.7230**	**72.6927**	**39.5500**		252.9873
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.8189		78.7973			
7	Provider Target Rate	**71.3009**		**80.4699**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**54.4266**		**65.7814**			
10b	Base for line 10a	53.2953		64.4141			
11	Lesser of 5,7,8,10, 10a	**52.6018**	**79.7230**	**63.9360**	**13.6500**		209.9108
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6018**	**79.7230**	**63.9360**	**13.6500**		**209.9108**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030535-00 - 2013/07

219.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,527,192**
FRVS Base Asset:	**2,162,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**165,250**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,021,754**	**6.8910**
20% ROE(2):	**505,438**	**0.3754**
Insurance Cost(3):	**37,339**	**1.5870**
Taxes Cost(3):	**59,388**	**2.5241**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.3775**

(1) 80% Capital ($2,021,754) amortized at 8.2500% for 20 years Interest of $165,250 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $6.8910
(2) 20% ROE ($505,438) times the ROE factor (0.017810) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $0.3754
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,162,820**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**79.7230**	**79.7230**	**3.4658**	**76.2572**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**13.6500**	**11.3775**	**0.4946**	**10.8829**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.0123**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.9108**	**207.6383**	**9.0267**	**219.4603**	

***Medicaid Trend Adjustment :**

0 030537-00 - 2013/07

243.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Health Center of Coconut 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	
4125 W Sample Road		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Coconut Creek FL 33073		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**42,407**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,894**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,568**		
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**						

Medicaid Utilization	**46.14333%**
Occupancy:	**96.55510%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.67672%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,064,998	1,844,930	1,207,374	784,285	0	4,901,587
1a	Audit Adjustments						
2	Cost Per Diem	54.4255	94.2830	61.7015	**40.0800**		250.4900
3	Cost Per Diem Inflated	56.7747	96.8866	64.3647			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7747**	**96.8866**	**64.3647**	**40.0800**		258.1060
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.0657		67.5605			
7	Provider Target Rate	**65.4256**		**68.9946**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**54.8233**		**63.8966**			
10b	Base for line 10a	53.6838		62.5685			
11	Lesser of 5,7,8,10, 10a	**54.0219**	**96.8866**	**61.8071**	**13.6500**		226.3656
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**96.8866**	**61.8071**	**13.6500**		**226.3656**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030537-00 - 2013/07

243.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,215,451**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**351,465**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,172,361**	**8.9159**
20% ROE(2):	**1,043,090**	**0.4713**
Insurance Cost(3):	**56,252**	**1.3265**
Taxes Cost(3):	**215,602**	**5.0841**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.7978**

(1) 80% Capital ($4,172,361) amortized at 8.5000% for 20 years Interest of $351,465 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9159
(2) 20% ROE ($1,043,090) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4713
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**96.8866**	**96.8866**	**4.2120**	**92.6746**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**15.7978**	**0.6868**	**15.1110**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5496**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.3656**	**228.5134**	**9.9343**	**243.9651**	

***Medicaid Trend Adjustment :**

0 030540-00 - 2013/07

236.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Charlotte Harbor 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	
4000 Kings Highway		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Port Charlotte FL 33980		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**61,634**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,308**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,571**	FY Index:	**1.26665332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**47.97839%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.55495%**	Cost:	**1.04316338**
Open Date:	**4/25/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/25/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**6/2/1994**	Low Occupancy Adjustment Factor:			**117.89600%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**226327**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,569,371	2,636,252	1,674,662	826,805	0	6,707,090
1a	Audit Adjustments						
2	Cost Per Diem	53.0713	89.1499	56.6319	**27.9600**		226.8131
3	Cost Per Diem Inflated	55.3620	91.6118	59.0763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3620**	**91.6118**	**59.0763**	**27.9600**		234.0101
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.7821		59.9251			
7	Provider Target Rate	**59.0086**		**61.1971**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**56.6301**		**58.9812**			
10b	Base for line 10a	55.4530		57.7553			
11	Lesser of 5,7,8,10, 10a	**54.0219**	**91.6118**	**58.9812**	**13.6500**		218.2649
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**91.6118**	**58.9812**	**13.6500**		**218.2649**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030540-00 - 2013/07

236.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Charlotte Harbor Healthcare

FRVS

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

Began FRVS:	**6/2/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**7,982,167**
FRVS Base Asset:	**5,985,900**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**11,057,639.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**640,954**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,385,734**	**10.8397**
20% ROE(2):	**1,596,433**	**0.4808**
Insurance Cost(3):	**66,492**	**1.0788**
Taxes Cost(3):	**182,958**	**2.9685**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,723**	**0.0000**
Total FRVS PD:		**15.3678**

(1) 80% Capital ($6,385,734) amortized at 8.0000% for 20 years Principal & Interest of $640,954 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.8397
(2) 20% ROE ($1,596,433) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4808
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,985,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**91.6118**	**91.6118**	**3.9827**	**87.6291**	
Indirect Care	**58.9812**	**58.9812**	**2.5641**	**56.4171**	
Property	**13.6500**	**15.3678**	**0.6681**	**14.6997**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4880**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.2649**	**219.9827**	**9.5634**	**236.7437**	

***Medicaid Trend Adjustment :**

0 030546-00 - 2013/07

227.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Bavonet Point 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	
7210 Beacon Woods Drive		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Hudson FL 34667		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**55,872**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,511**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**33,918**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1986**						
Acquired Date:	**7/1/1986**						
Entered Medicaid	**7/17/1986**						
Med # Active Date:	**1/1/2011**						
Previous Med #	**226076**						

Medicaid Utilization	**60.70662%**
Occupancy:	**84.80874%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.87420%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,592,144	2,845,883	1,832,439	1,175,598	0	7,446,064
1a	Audit Adjustments						
2	Cost Per Diem	46.9410	83.9048	54.0256	**34.6600**		219.5314
3	Cost Per Diem Inflated	48.9671	86.2218	56.3575			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9671**	**86.2218**	**56.3575**	**34.6600**		226.2064
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8964		60.0027			
7	Provider Target Rate	**56.0616**		**61.2763**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.3411**		**58.6164**			
10b	Base for line 10a	47.3363		57.3981			
11	Lesser of 5,7,8,10, 10a	**48.3411**	**86.2218**	**56.3575**	**13.6500**		204.5704
12/13	Medicaid Adjustment Rate		1.0385	0.6788			
14	Prospective Per Diem 11	**48.3411**	**87.2603**	**57.0363**	**13.6500**		**206.2877**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030546-00 - 2013/07

227.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayonet Point Health & Rehabilitation Center

FRVS

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

Began FRVS:	**10/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**9,002,243**
FRVS Base Asset:	**3,242,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,437,087.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4700**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.4700**	**%**
Interest Only:	**False**	
Yearly Payment:	**748,346**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,201,794**	**12.6559**
20% ROE(2):	**1,800,449**	**0.5423**
Insurance Cost(3):	**70,730**	**1.2659**
Taxes Cost(3):	**85,945**	**1.5382**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.0023**

(1) 80% Capital ($7,201,794) amortized at 8.4700% for 20 years Principal & Interest of $748,346 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.6559
(2) 20% ROE ($1,800,449) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5423
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,172,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3411**	**48.3411**	**2.1015**	**46.2396**	
Patient Care					
Direct Care	**87.2603**	**87.2603**	**3.7935**	**83.4668**	
Indirect Care	**57.0363**	**57.0363**	**2.4796**	**54.5567**	
Property	**13.6500**	**16.0023**	**0.6957**	**15.3066**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8807**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.2877**	**208.6400**	**9.0703**	**227.2868**	

***Medicaid Trend Adjustment :**

0 030552-00 - 2013/07

256.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Aristocrat

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10949 Parnu Street		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**0**
Naples FL 34109		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**20,262**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,875**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,831**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1993**						
Acquired Date:	**6/9/1994**						
Entered Medicaid	**6/9/1994**						
Med # Active Date:	**1/1/2011**						
Previous Med #	**225291**						

Medicaid Utilization	**38.64870%**
Occupancy:	**92.26776%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.27390%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	482,811	716,364	548,637	161,945	0	1,909,757
1a	Audit Adjustments						
2	Cost Per Diem	61.6538	91.4780	70.0596	**20.6800**		243.8714
3	Cost Per Diem Inflated	64.3150	94.0042	73.0836			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.3150**	**94.0042**	**73.0836**	**20.6800**		252.0828
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.1733		78.4780			
7	Provider Target Rate	**76.7689**		**80.1438**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**66.9632**		**79.0767**			
10b	Base for line 10a	65.5714		77.4331			
11	Lesser of 5,7,8,10, 10a	**63.8204**	**94.0042**	**73.0836**	**13.6500**		244.5582
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**94.0042**	**73.0836**	**13.6500**		**244.5582**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030552-00 - 2013/07

256.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Aristocrat

FRVS

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

Began FRVS:	**6/9/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**2,727,560**
FRVS Base Asset:	**1,930,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,375,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**190,628**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,182,048**	**9.6716**
20% ROE(2):	**545,512**	**0.4929**
Insurance Cost(3):	**31,556**	**1.5574**
Taxes Cost(3):	**28,674**	**1.4152**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.1371**

(1) 80% Capital ($2,182,048) amortized at 6.2000% for 20 years Principal & Interest of $190,628 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.6716
(2) 20% ROE ($545,512) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4929
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**94.0042**	**94.0042**	**4.0867**	**89.9175**	
Indirect Care	**73.0836**	**73.0836**	**3.1772**	**69.9064**	
Property	**13.6500**	**13.1371**	**0.5711**	**12.5660**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5377**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**244.5582**	**244.0453**	**10.6095**	**256.8099**	

***Medicaid Trend Adjustment :**

0 031880-00 - 2013/07

234.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

North Campus Rehabilitation and 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	
700 N Palmetto Street		**04/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**335**	Maximum:	**40,200**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**36,798**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,787**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,436**		
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**						

Medicaid Utilization	**55.53563%**
Occupancy:	**91.53731%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.35342%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,036,045	1,937,983	1,389,191	864,647	0	5,227,866
1a	Audit Adjustments						
2	Cost Per Diem	50.6971	94.8318	67.9776	**42.3100**		255.8165
3	Cost Per Diem Inflated	53.2386	97.7779	71.3853			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2386**	**97.7779**	**71.3853**	**42.3100**		264.7118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2396		66.9497			
7	Provider Target Rate	**53.3484**		**68.3708**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**50.9021**		**58.2438**			
10b	Base for line 10a	49.8441		57.0332			
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**58.1101**	**13.6500**		217.3198
12/13	Medicaid Adjustment Rate		0.6005	0.3619			
14	Prospective Per Diem 11	**49.1392**	**97.0210**	**58.4720**	**13.6500**		**218.2822**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 031880-00 - 2013/07

234.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Campus Rehabilitation and Health Center

FRVS

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

Began FRVS:	**10/11/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,541,225**
FRVS Base Asset:	**2,402,622**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021140**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3270**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.3270**	**%**
Interest Only:	**False**	
Yearly Payment:	**455,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,432,980**	**11.5636**
20% ROE(2):	**1,108,245**	**0.5943**
Insurance Cost(3):	**123,257**	**3.3496**
Taxes Cost(3):	**1,296**	**0.0352**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**31,768**	**0.0000**
Total FRVS PD:		**15.5427**

(1) 80% Capital ($4,432,980) amortized at 8.3270% for 20 years Principal & Interest of $455,837 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5636
(2) 20% ROE ($1,108,245) times the ROE factor (0.021140) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5943
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**81**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,402,622**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**97.0210**	**97.0210**	**4.2178**	**92.8032**	
Indirect Care	**58.4720**	**58.4720**	**2.5420**	**55.9300**	
Property	**13.6500**	**15.5427**	**0.6757**	**14.8670**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5166**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.2822**	**220.1749**	**9.5717**	**234.9562**	

***Medicaid Trend Adjustment :**

0 032049-00 - 2013/07

226.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Clyde E. Lassen 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
4650 State Road 16	**07/01/2011-06/30/2012**	Number of Beds: **120**	Superior: **0**
St. Augustine FL 32092	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **St Johns[55]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **36,251**	Total: **184**
Control **Government Non-Prof**	**Unaudited [3]**	Medicare: **2,715**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **11,638**	
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 #			

Medicaid Utilization	**32.10394%**
Occupancy:	**82.53871%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.01355%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	595,304	1,325,410	690,388	267,558	0	2,878,660
1a	Audit Adjustments						
2	Cost Per Diem	51.1517	113.8864	59.3219	**22.9900**		247.3500
3	Cost Per Diem Inflated	53.3596	117.0314	61.8824			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3596**	**117.0314**	**61.8824**	**22.9900**		255.2634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	138.8035		137.0806			
7	Provider Target Rate	**141.7498**		**139.9903**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**47.7627**		**55.3579**			
10b	Base for line 10a	46.7700		54.2073			
11	Lesser of 5,7,8,10, 10a	**47.7627**	**96.4205**	**55.3579**	**13.6500**		213.1911
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.7627**	**96.4205**	**55.3579**	**13.6500**		**213.1911**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032049-00 - 2013/07

226.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Clyde E. Lassen State Veterans' Nursing Home

FRVS

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

Began FRVS:	**11/16/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2010/07**
Indexed Asset Value	**5,836,134**
FRVS Base Asset:	**5,802,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**149,244**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,668,907**	**3.7860**
20% ROE(2):	**1,167,227**	**0.5274**
Insurance Cost(3):	**316**	**0.0087**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**41,360**	**1.1409**
Replacement(3&4):	**13,525**	**0.0000**
Total FRVS PD:		**5.4630**

(1) 80% Capital ($4,668,907) amortized at 3.2500% for 20 years Interest of $149,244 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $3.7860
(2) 20% ROE ($1,167,227) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5274
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2010**	Used Per Bed Standard:	**48,357**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,802,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7627**	**47.7627**	**2.0764**	**45.6863**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**55.3579**	**55.3579**	**2.4066**	**52.9513**	
Property	**13.6500**	**5.4630**	**0.2375**	**5.2255**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9990**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**213.1911**	**205.0041**	**8.9122**	**226.9273**	

***Medicaid Trend Adjustment :**

0 032482-00 - 2013/07

221.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**294**	Superior:	**0**
Miami FL 33142		Days In CR	**365**	Maximum:	**107,310**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**107,310**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**87,103**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,061**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**76,253**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**87.54348%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**81.16951%**	Cost:	**1.05400743**
Open Date:	**1/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**1/1/1984**	Low Occupancy Adjustment Factor:			**102.28813%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/13/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**227544**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,256,241	6,966,627	4,079,139	878,435	16,228	16,196,670
1a	Audit Adjustments						
2	Cost Per Diem	55.8174	91.3620	53.4948	**11.5200**	**0.2128**	212.4070
3	Cost Per Diem Inflated	58.8320	94.3191	56.3839			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.8320**	**94.3191**	**56.3839**	**11.5200**	**0.2128**	221.2678
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1550		52.8299			
7	Provider Target Rate	**50.1984**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.1984**	**94.3191**	**53.9513**	**11.5200**	**0.2128**	210.2016
12/13	Medicaid Adjustment Rate		3.9837	2.2787			
14	Prospective Per Diem 11	**50.1984**	**98.3028**	**56.2300**	**11.5200**	**0.2128**	**216.4640**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032482-00 - 2013/07

221.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Unity Health & Rehab Center

FRVS

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

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**10,360,525**
FRVS Base Asset:	**5,044,343**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,562,567.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,034,760**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,288,420**	**10.7141**
20% ROE(2):	**2,072,105**	**0.5186**
Insurance Cost(3):	**107,580**	**1.2351**
Taxes Cost(3):	**84,536**	**0.9705**
Home Office(3):	**59,970**	**0.6885**
Replacement(3&4):	**106,337**	**0.0000**
Total FRVS PD:		**14.1268**

(1) 80% Capital ($8,288,420) amortized at 11.1200% for 20 years Principal & Interest of $1,034,760 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $10.7141
(2) 20% ROE ($2,072,105) times the ROE factor (0.024170) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $0.5186
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**298**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**8,493,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1984**	**50.1984**	**2.1823**	**48.0161**	
Patient Care					
Direct Care	**98.3028**	**98.3028**	**4.2735**	**94.0293**	
Indirect Care	**56.2300**	**56.2300**	**2.4445**	**53.7855**	
Property	**11.5200**	**14.1268**	**0.6141**	**13.5127**	
ROE	**0.2128**	**0.0348**	**0.0015**	**0.0333**	
ROE Adjustment	**-0.0348**	**-0.0348**	**-0.0015**	**-0.0333**	
Quality Assess-Medicaid Share				**$3.2347**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.4292**	**218.8580**	**9.5144**	**221.4147**	

***Medicaid Trend Adjustment :**

0 032486-00 - 2013/07

231.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Griffin Avenue	**01/01/2011-12/31/2011**	Number of Beds: **145**	Superior: **0**
Lady Lake FL 32159	Days In CR **365**	Maximum: **52,925**	Standard: **184**
County: **Lake[35]**	First Used: **2012/07**	Max Annualized: **52,925**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **47,735**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **23,045**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **15,395**	
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: **5/13/2011**			
Previous Med # **227561**			

Medicaid Utilization	**32.25097%**
Occupancy:	**90.19367%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.66018%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,909	1,387,468	994,805	478,938	8,614	3,624,734
1a	Audit Adjustments						
2	Cost Per Diem	49.0360	90.1246	64.6187	**31.1100**	**0.5595**	235.4488
3	Cost Per Diem Inflated	51.6843	93.0416	68.1086			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.6843**	**93.0416**	**68.1086**	**31.1100**	**0.5595**	244.5040
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9099		60.9103			
7	Provider Target Rate	**51.9905**		**62.2032**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**93.0416**	**58.1101**	**13.6500**	**0.5595**	214.5004
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**93.0416**	**58.1101**	**13.6500**	**0.5595**	**214.5004**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032486-00 - 2013/07

231.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lady Lake Specialty Care Center

FRVS

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

Began FRVS:	**3/30/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**6,910,385**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,742,850.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**690,177**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,528,308**	**14.4896**
20% ROE(2):	**1,382,077**	**0.7013**
Insurance Cost(3):	**96,600**	**2.0237**
Taxes Cost(3):	**90,047**	**1.8864**
Home Office(3):	**45,646**	**0.9562**
Replacement(3&4):	**288,364**	**0.0000**
Total FRVS PD:		**20.0572**

(1) 80% Capital ($5,528,308) amortized at 11.1200% for 20 years Principal & Interest of $690,177 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $14.4896
(2) 20% ROE ($1,382,077) times the ROE factor (0.024170) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $0.7013
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**93.0416**	**93.0416**	**4.0448**	**88.9968**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**20.0572**	**0.8720**	**19.1852**	
ROE	**0.5595**	**0.1766**	**0.0077**	**0.1689**	
ROE Adjustment	**-0.1766**	**-0.1766**	**-0.0077**	**-0.1689**	
Quality Assess-Medicaid Share				**$12.2997**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.3238**	**220.3481**	**9.5792**	**231.9050**	

***Medicaid Trend Adjustment :**

0 032551-00 - 2013/07

243.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**39,656**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,596**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,232**		
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:	**5/13/2011**						
Previous Med #	**308501**						

Medicaid Utilization	**38.41033%**
Occupancy:	**90.53881%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.09512%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,422	1,462,515	970,947	405,324	28,536	3,632,744
1a	Audit Adjustments						
2	Cost Per Diem	50.2509	96.0160	63.7439	**26.6100**	**1.8734**	238.4942
3	Cost Per Diem Inflated	52.9648	99.1237	67.1865			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.9648**	**99.1237**	**67.1865**	**26.6100**	**1.8734**	247.7584
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8636		63.7602			
7	Provider Target Rate	**62.1555**		**65.1136**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.9648**	**99.1237**	**61.8071**	**13.6500**	**1.8734**	229.4190
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.9648**	**99.1237**	**61.8071**	**13.6500**	**1.8734**	**229.4190**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032551-00 - 2013/07

243.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sunset Lake Health & Rehab Center

FRVS

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

Began FRVS:	**3/17/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,306,710**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.6700**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.6700**	**%**
Interest Only:	**False**	
Yearly Payment:	**447,604**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,245,368**	**11.3547**
20% ROE(2):	**1,061,342**	**0.6508**
Insurance Cost(3):	**72,690**	**1.8330**
Taxes Cost(3):	**45,522**	**1.1479**
Home Office(3):	**36,682**	**0.9250**
Replacement(3&4):	**83,034**	**0.0000**
Total FRVS PD:		**15.9114**

(1) 80% Capital ($4,245,368) amortized at 8.6700% for 20 years Principal & Interest of $447,604 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.3547
(2) 20% ROE ($1,061,342) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6508
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9648**	**52.9648**	**2.3025**	**50.6623**	
Patient Care					
Direct Care	**99.1237**	**99.1237**	**4.3092**	**94.8145**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**15.9114**	**0.6917**	**15.2197**	
ROE	**1.8734**	**1.5241**	**0.0663**	**1.4578**	
ROE Adjustment	**-1.5241**	**-1.5241**	**-0.0663**	**-1.4578**	
Quality Assess-Medicaid Share				**$14.4277**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.8949**	**229.8070**	**9.9904**	**243.0807**	

***Medicaid Trend Adjustment :**

0 032553-00 - 2013/07

226.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**159**	Superior:	**0**
St. Petersburg FL 33709		Days In CR	**365**	Maximum:	**58,035**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**52,023**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,044**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,645**		
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:	**5/13/2011**						
Previous Med #	**227650**						

Medicaid Utilization	**51.21773%**
Occupancy:	**89.64074%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.96338%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,220,180	2,271,817	1,479,164	441,508	11,236	5,423,905
1a	Audit Adjustments						
2	Cost Per Diem	45.7940	85.2624	55.5138	**16.5700**	**0.4217**	203.5619
3	Cost Per Diem Inflated	48.2672	88.0220	58.5120			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2672**	**88.0220**	**58.5120**	**16.5700**	**0.4217**	211.7929
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2105		60.4704			
7	Provider Target Rate	**55.3612**		**61.7540**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2672**	**88.0220**	**58.5120**	**13.6500**	**0.4217**	208.8729
12/13	Medicaid Adjustment Rate		0.1206	0.0802			
14	Prospective Per Diem 11	**48.2672**	**88.1426**	**58.5922**	**13.6500**	**0.4217**	**209.0737**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032553-00 - 2013/07

226.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,275,404**
FRVS Base Asset:	**1,243,324**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,623,017.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4900**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**447,545**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,220,323**	**8.5685**
20% ROE(2):	**1,055,081**	**0.4882**
Insurance Cost(3):	**88,649**	**1.7040**
Taxes Cost(3):	**57,199**	**1.0995**
Home Office(3):	**40,683**	**0.7820**
Replacement(3&4):	**58,293**	**0.0000**
Total FRVS PD:		**12.6422**

(1) 80% Capital ($4,220,323) amortized at 8.7500% for 20 years Principal & Interest of $447,545 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $8.5685
(2) 20% ROE ($1,055,081) times the ROE factor (0.024170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.4882
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**102**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,907,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2672**	**48.2672**	**2.0983**	**46.1689**	
Patient Care					
Direct Care	**88.1426**	**88.1426**	**3.8318**	**84.3108**	
Indirect Care	**58.5922**	**58.5922**	**2.5472**	**56.0450**	
Property	**13.6500**	**12.6422**	**0.5934**	**13.0566**	
ROE	**0.4217**	**0.1688**	**0.0183**	**0.4034**	
ROE Adjustment	**-0.1688**	**-0.1688**	**-0.0073**	**-0.1615**	
Quality Assess-Medicaid Share				**$17.8175**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.9049**	**207.6442**	**9.0817**	**226.4771**	

***Medicaid Trend Adjustment :**

0 033175-00 - 2013/07

229.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Seven Hills 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	
3333 Capital Medical Blvd.		**12/01/2010-01/31/2012**		Number of Beds:	**156**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**427**	Maximum:	**66,612**	Standard:	**184**
County:	**Leon[37]**	First Used:	**2010/07**	Max Annualized:	**56,940**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**57,297**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,357**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**38,402**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.02271%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**86.01604%**	Cost:	**1.05400743**
Open Date:	**11/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/1/1984**	Low Occupancy Adjustment Factor:			**108.39561%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/1/2010**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**252093**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,729,812	3,429,948	2,350,454	911,663	0	8,421,877
1a	Audit Adjustments						
2	Cost Per Diem	45.0448	89.3169	61.2066	**23.7400**		219.3083
3	Cost Per Diem Inflated	47.4776	92.2078	64.5122			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4776**	**92.2078**	**64.5122**	**23.7400**		227.9376
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2110		65.5088			
7	Provider Target Rate	**49.2343**		**66.8993**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.9811**		**55.2174**			
10b	Base for line 10a	45.0254		54.0697			
11	Lesser of 5,7,8,10, 10a	**45.9811**	**92.2078**	**55.2174**	**13.6500**		207.0563
12/13	Medicaid Adjustment Rate		1.7658	1.0574			
14	Prospective Per Diem 11	**45.9811**	**93.9736**	**56.2748**	**13.6500**		**209.8795**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 033175-00 - 2013/07

229.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Seven Hills Health & Rehab 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:	**1984/07**
Indexed Asset Value	**6,117,935**
FRVS Base Asset:	**2,265,264**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023480**

Mortgage Information		
Amount:	**5,202,036.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**482,161**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,894,348**	**9.4088**
20% ROE(2):	**1,223,587**	**0.5606**
Insurance Cost(3):	**63,782**	**1.1132**
Taxes Cost(3):	**87,841**	**1.5331**
Home Office(3):	**10,405**	**0.1816**
Replacement(3&4):	**288,383**	**0.0000**
Total FRVS PD:		**12.7973**

(1) 80% Capital ($4,894,348) amortized at 7.7500% for 20 years Principal & Interest of $482,161 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $9.4088
(2) 20% ROE ($1,223,587) times the ROE factor (0.023480) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $0.5606
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**156**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,446,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9811**	**45.9811**	**1.9989**	**43.9822**	
Patient Care					
Direct Care	**93.9736**	**93.9736**	**4.0853**	**89.8883**	
Indirect Care	**56.2748**	**56.2748**	**2.4464**	**53.8284**	
Property	**13.6500**	**12.7973**	**0.5563**	**12.2410**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3116**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.8795**	**209.0268**	**9.0869**	**229.0879**	

***Medicaid Trend Adjustment :**

0 033717-00 - 2013/07

249.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**11/01/2010-10/31/2011**		Number of Beds:	**50**	Superior:	**0**
Sarasota FL 34235		Days In CR	**365**	Maximum:	**18,250**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2011/01**	Max Annualized:	**18,250**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**10,212**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,498**		
Current Class	**South Small [3]**	Initial CR?	**True**	Medicaid:	**5,219**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/4/2011**						
Acquired Date:	**3/4/2011**						
Entered Medicaid	**3/22/2011**						
Med # Active Date:	**3/22/2011**						
Previous Med #							

Medicaid Utilization	**51.10654%**
Occupancy:	**55.95617%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**70.51479%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

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						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**62.1286**		**73.9346**			
10b	Base for line 10a	60.8373		72.3979			
11	Lesser of 5,7,8,10, 10a	**62.1286**	**105.3251**	**59.3786**	**13.6500**		240.4823
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**62.1286**	**105.3251**	**59.3786**	**13.6500**		**240.4823**
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 - 2013/07

249.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Benderson Family Skilled Nuring & Rehab Center

FRVS

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

Began FRVS:	**3/22/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2011/01**
Indexed Asset Value	**2,448,682**
FRVS Base Asset:	**2,435,050**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027600**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**62,619**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,958,946**	**3.8124**
20% ROE(2):	**489,736**	**0.8229**
Insurance Cost(3):	**1,562**	**0.1530**
Taxes Cost(3):	**13,208**	**1.2934**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**6.0817**

(1) 80% Capital ($1,958,946) amortized at 3.2500% for 20 years Interest of $62,619 divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = $3.8124
(2) 20% ROE ($489,736) times the ROE factor (0.027600) divided by annual available days (18,250) 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			
Comparison Date:	**7/1/2010**	Used Per Bed Standard:	**48,701**
Comparison Bed	**50**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,435,050**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.1286**	**62.1286**	**2.7009**	**59.4277**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**59.3786**	**59.3786**	**2.5814**	**56.7972**	
Property	**13.6500**	**6.0817**	**0.2644**	**5.8173**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9631**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**240.4823**	**232.9140**	**10.1255**	**249.5880**	

***Medicaid Trend Adjustment :**

0 034504-00 - 2013/07

208.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Grace Healthcare of Lake Wales

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	
730 North Scenic Highway		**03/09/2011-12/31/2011**		Number of Beds:	**100**	Superior:	**0**
Lake Wales FL 33853		Days In CR	**298**	Maximum:	**29,800**	Standard:	**184**
County: **Polk[53]**		First Used:	**2011/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2013/07**	Total Patient:	**21,422**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,067**		
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**12,372**		
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**						

Medicaid Utilization	**57.75371%**
Occupancy:	**71.88591%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**90.58912%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	513,217	955,784	605,448	269,833	0	2,344,282
1a	Audit Adjustments						
2	Cost Per Diem	41.4821	77.2538	48.9370	**21.8100**		189.4829
3	Cost Per Diem Inflated	43.6688	79.7207	51.5166			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.6688**	**79.7207**	**51.5166**	**21.8100**		196.7161
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4754		57.6913			
7	Provider Target Rate	**45.4194**		**58.9159**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**55.2632**		**65.5629**			
10b	Base for line 10a	54.1146		64.2002			
11	Lesser of 5,7,8,10, 10a	**43.6688**	**79.7207**	**51.5166**	**13.6500**		188.5561
12/13	Medicaid Adjustment Rate		0.6954	0.4494			
14	Prospective Per Diem 11	**43.6688**	**80.4161**	**51.9660**	**13.6500**		**189.7009**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 034504-00 - 2013/07

208.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Grace Healthcare of Lake Wales

FRVS

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

Began FRVS:	**3/9/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,315,968**
FRVS Base Asset:	**1,301,586**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023250**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**279,196**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,452,774**	**8.4991**
20% ROE(2):	**863,194**	**0.6109**
Insurance Cost(3):	**12,290**	**0.5737**
Taxes Cost(3):	**28,983**	**1.3530**
Home Office(3):	**4,863**	**0.2270**
Replacement(3&4):	**76,504**	**0.0000**
Total FRVS PD:		**11.2637**

(1) 80% Capital ($3,452,774) amortized at 5.2500% for 20 years Principal & Interest of $279,196 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $8.4991
(2) 20% ROE ($863,194) times the ROE factor (0.023250) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.6109
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6688**	**43.6688**	**1.8984**	**41.7704**	
Patient Care					
Direct Care	**80.4161**	**80.4161**	**3.4959**	**76.9202**	
Indirect Care	**51.9660**	**51.9660**	**2.2591**	**49.7069**	
Property	**13.6500**	**11.2637**	**0.4897**	**10.7740**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3754**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.7009**	**187.3146**	**8.1431**	**208.3833**	

***Medicaid Trend Adjustment :**

0 038640-00 - 2013/07

245.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

NuVista Living at Wellington Green

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	
10330 Devonshire Blvd.		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Wellington FL 33414		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**29,785**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,401**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**True**	Medicaid:	**7,448**	FY Index:	**1.26665332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**25.00588%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**67.81648%**	Cost:	**1.00000000**
Open Date:	**10/4/2011**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/4/2011**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**7/12/2011**	Low Occupancy Adjustment Factor:			**85.46092%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/4/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	378,064	741,136	464,760	566,197	0	2,150,157
1a	Audit Adjustments						
2	Cost Per Diem	50.7605	99.5081	62.4006	**76.0200**		288.6892
3	Cost Per Diem Inflated	50.7605	99.5081	62.4006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7605**	**99.5081**	**62.4006**	**76.0200**		288.6892
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**53.1692**		**59.1178**			
10b	Base for line 10a	52.0641		57.8890			
11	Lesser of 5,7,8,10, 10a	**50.7605**	**99.5081**	**59.1178**	**13.6500**		223.0364
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.7605**	**99.5081**	**59.1178**	**13.6500**		**223.0364**
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 038640-00 - 2013/07

245.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

NuVista Living at Wellington Green

FRVS

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

Began FRVS:	**10/4/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2011/07**
Indexed Asset Value	**5,907,401**
FRVS Base Asset:	**5,897,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**22,227,907.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.7000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.7000**	**%**
Interest Only:	**False**	
Yearly Payment:	**364,933**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,725,921**	**9.2576**
20% ROE(2):	**1,181,480**	**0.5620**
Insurance Cost(3):	**75,581**	**2.5376**
Taxes Cost(3):	**363,592**	**12.2072**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**24.5644**

(1) 80% Capital ($4,725,921) amortized at 4.7000% for 20 years Principal & Interest of $364,933 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2576
(2) 20% ROE ($1,181,480) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5620
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2011**	Used Per Bed Standard:	**49,149**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,897,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7605**	**50.7605**	**2.2067**	**48.5538**	
Patient Care					
Direct Care	**99.5081**	**99.5081**	**4.3259**	**95.1822**	
Indirect Care	**59.1178**	**59.1178**	**2.5700**	**56.5478**	
Property	**13.6500**	**24.5644**	**1.0679**	**23.4965**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0808**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.0364**	**233.9508**	**10.1705**	**245.6975**	

***Medicaid Trend Adjustment :**

0 041324-00 - 2013/07

247.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

NuVista Living at Hillsborough Lakes

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	
19091 North Dale Mabry High		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Lutz FL 33548		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**26,024**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,807**		
Current Class	**Central Large [6]**	Initial CR?	**True**	Medicaid:	**15,614**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/28/2011**						
Acquired Date:	**9/28/2011**						
Entered Medicaid	**9/28/2011**						
Med # Active Date:	**9/28/2011**						
Previous Med #							

Medicaid Utilization	**59.99846%**
Occupancy:	**59.25319%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**74.66963%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	772,713	1,538,273	844,878	932,156	0	4,088,020
1a	Audit Adjustments						
2	Cost Per Diem	49.4885	98.5188	54.1103	**59.7000**		261.8176
3	Cost Per Diem Inflated	49.4885	98.5188	54.1103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4885**	**98.5188**	**54.1103**	**59.7000**		261.8176
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.9697**		**56.9384**			
10b	Base for line 10a	47.9519		55.7549			
11	Lesser of 5,7,8,10, 10a	**48.9697**	**98.1795**	**54.1103**	**13.6500**		214.9095
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.9697**	**98.1795**	**54.1103**	**13.6500**		**214.9095**
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 041324-00 - 2013/07

247.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

NuVista Living at Hillsborough Lakes

FRVS

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

Began FRVS:	**9/28/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2011/07**
Indexed Asset Value	**5,918,832**
FRVS Base Asset:	**5,897,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information

Amount:	**13,984,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.3800**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.3800**	**%**
Interest Only:	**False**	
Yearly Payment:	**387,022**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,735,066**	**9.8179**
20% ROE(2):	**1,183,766**	**0.5631**
Insurance Cost(3):	**186,486**	**7.1659**
Taxes Cost(3):	**353,009**	**13.5647**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**31.1116**

(1) 80% Capital ($4,735,066) amortized at 5.3800% for 20 years Principal & Interest of $387,022 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8179
(2) 20% ROE ($1,183,766) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5631
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/2011**	Used Per Bed Standard:	**49,149**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,897,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9697**	**48.9697**	**2.1289**	**46.8408**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**54.1103**	**54.1103**	**2.3523**	**51.7580**	
Property	**13.6500**	**31.1116**	**1.3525**	**29.7591**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6462**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.9095**	**232.3711**	**10.1019**	**247.7518**	

***Medicaid Trend Adjustment :**

0 041685-00 - 2013/07

213.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Avenue	**09/01/2011-08/31/2012**	Number of Beds: **60**	Superior: **0**
Deland FL 32720	Days In CR **366**	Maximum: **21,960**	Standard: **184**
County: **Volusia[64]**	First Used: **2013/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **16,912**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **818**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **14,602**	
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**			

Medicaid Utilization	**86.34106%**
Occupancy:	**77.01275%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.04986%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,414	1,055,501	761,711	273,057	0	2,913,683
1a	Audit Adjustments						
2	Cost Per Diem	56.3905	72.2847	52.1648	**18.7000**		199.5400
3	Cost Per Diem Inflated	58.5111	74.0744	54.1265			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5111**	**74.0744**	**54.1265**	**18.7000**		205.4120
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5550		53.6785			
7	Provider Target Rate	**46.5220**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.5220**	**74.0744**	**54.1265**	**13.6500**		188.3729
12/13	Medicaid Adjustment Rate		3.0284	2.2129			
14	Prospective Per Diem 11	**46.5220**	**77.1028**	**56.3394**	**13.6500**		**193.6142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 041685-00 - 2013/07

213.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,320,406**
FRVS Base Asset:	**688,794**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**958,334.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**135,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,056,325**	**6.8584**
20% ROE(2):	**264,081**	**0.2136**
Insurance Cost(3):	**34,632**	**2.0478**
Taxes Cost(3):	**12,994**	**0.7683**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,757**	**0.0000**
Total FRVS PD:		**9.8881**

(1) 80% Capital ($1,056,325) amortized at 11.5000% for 20 years Principal & Interest of $135,180 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $6.8584
(2) 20% ROE ($264,081) times the ROE factor (0.015940) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2136
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5220**	**46.5220**	**2.0225**	**44.4995**	
Patient Care					
Direct Care	**77.1028**	**77.1028**	**3.3519**	**73.7509**	
Indirect Care	**56.3394**	**56.3394**	**2.4493**	**53.8901**	
Property	**13.6500**	**9.8881**	**0.4299**	**9.4582**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6298**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.6142**	**189.8523**	**8.2536**	**213.0649**	

***Medicaid Trend Adjustment :**

0 041686-00 - 2013/07

203.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Avenue		**08/01/2011-07/31/2012**		Number of Beds:	**60**	Superior:	**184**
Deland FL 32724		Days In CR	**366**	Maximum:	**21,960**	Standard:	**0**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**17,460**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,919**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**13,886**	FY Index:	**1.27004145**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**79.53036%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**79.50820%**	Cost:	**1.04038050**
Open Date:	**8/1/1972**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/1/1972**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**8/1/1972**	Low Occupancy Adjustment Factor:			**100.19457%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**212873**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,834	930,370	718,431	255,225	0	3,064,860
1a	Audit Adjustments						
2	Cost Per Diem	83.5974	67.0006	51.7378	**18.3800**		220.7158
3	Cost Per Diem Inflated	86.9731	68.7551	53.8270			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**86.9731**	**68.7551**	**53.8270**	**18.3800**		227.9352
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1427**	**68.7551**	**53.8270**	**13.6500**		182.3748
12/13	Medicaid Adjustment Rate		2.2842	1.7882			
14	Prospective Per Diem 11	**46.1427**	**71.0393**	**55.6152**	**13.6500**		**186.4472**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 041686-00 - 2013/07

203.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,105,431**
FRVS Base Asset:	**605,676**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**113,171**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**884,345**	**5.7418**
20% ROE(2):	**221,086**	**0.1881**
Insurance Cost(3):	**33,175**	**1.9001**
Taxes Cost(3):	**13,234**	**0.7580**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**7,800**	**0.0000**
Total FRVS PD:		**8.5880**

(1) 80% Capital ($884,345) amortized at 11.5000% for 20 years Principal & Interest of $113,171 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.7418
(2) 20% ROE ($221,086) times the ROE factor (0.016770) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1881
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1427**	**46.1427**	**2.0060**	**44.1367**	
Patient Care					
Direct Care	**71.0393**	**71.0393**	**3.0883**	**67.9510**	
Indirect Care	**55.6152**	**55.6152**	**2.4178**	**53.1974**	
Property	**13.6500**	**8.5880**	**0.3733**	**8.2147**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1664**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.4472**	**181.3852**	**7.8854**	**203.5026**	

***Medicaid Trend Adjustment :**

0 042138-00 - 2013/07

244.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cross Landings Health and Rehab

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 Street		**06/28/2011-01/31/2012**		Number of Beds:	**60**	Superior:	**0**
Monticello FL 32344		Days In CR	**218**	Maximum:	**13,080**	Standard:	**184**
County: **Jefferson[33]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**10,880**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,829**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**7,492**	FY Index:	**1.26104493**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**68.86029%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**83.18043%**	Cost:	**1.04780276**
Open Date:	**5/1/1980**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/1/1980**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19233184**
Entered Medicaid	**5/1/1980**	Low Occupancy Adjustment Factor:			**104.82224%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/28/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02991463**
Previous Med #	**007014**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	384,939	713,435	453,960	210,151	0	1,762,485
1a	Audit Adjustments						
2	Cost Per Diem	51.3800	95.2262	60.5926	**28.0501**		235.2489
3	Cost Per Diem Inflated	53.8361	98.0749	63.4891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.8361**	**98.0749**	**63.4891**	**28.0501**		243.4502
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6088		64.4002			
7	Provider Target Rate	**55.7679**		**65.7672**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**52.6174**		**63.1916**			
10b	Base for line 10a	51.5237		61.8782			
11	Lesser of 5,7,8,10, 10a	**52.6018**	**93.8851**	**63.1916**	**13.6500**		223.3285
12/13	Medicaid Adjustment Rate		1.9920	1.3408			
14	Prospective Per Diem 11	**52.6018**	**95.8771**	**64.5324**	**13.6500**		**226.6613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 042138-00 - 2013/07

244.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cross Landings Health and Rehab

FRVS

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

Began FRVS:	**4/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**2,842,642**
FRVS Base Asset:	**752,956**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019110**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**199,466**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,274,114**	**10.1200**
20% ROE(2):	**568,528**	**0.5512**
Insurance Cost(3):	**11,333**	**1.0416**
Taxes Cost(3):	**9,874**	**0.9075**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.6203**

(1) 80% Capital ($2,274,114) amortized at 6.2500% for 20 years Principal & Interest of $199,466 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.1200
(2) 20% ROE ($568,528) times the ROE factor (0.019110) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5512
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**95.8771**	**95.8771**	**4.1681**	**91.7090**	
Indirect Care	**64.5324**	**64.5324**	**2.8054**	**61.7270**	
Property	**13.6500**	**12.6203**	**0.5486**	**12.0717**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7824**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.6613**	**225.6316**	**9.8089**	**244.4415**	

***Medicaid Trend Adjustment :**

0 042140-00 - 2013/07

243.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crosswinds Health and Rehab

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	
13455 West US Highway 90		**06/28/2011-01/31/2012**		Number of Beds:	**58**	Superior:	**0**
Greenville FL 33231		Days In CR	**218**	Maximum:	**12,644**	Standard:	**184**
County:	**Madison[40]**	First Used:	**2011/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**11,332**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,349**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**9,764**		
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:	**6/28/2011**						
Previous Med #	**007012**						

Medicaid Utilization	**86.16308%**
Occupancy:	**89.62353%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.94171%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26104493**
Semester Index:	**1.32132636**
Cost:	**1.04780276**
Target:	**1.01485834**
DC FY Index:	**1.19233184**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02991463**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	488,258	944,523	579,919	202,701	0	2,215,401
1a	Audit Adjustments						
2	Cost Per Diem	50.0059	96.7353	59.3936	**20.7600**		226.8948
3	Cost Per Diem Inflated	52.3963	99.6291	62.2328			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3963**	**99.6291**	**62.2328**	**20.7600**		235.0182
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1483		63.1260			
7	Provider Target Rate	**54.2764**		**64.4659**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**52.6174**		**63.6825**			
10b	Base for line 10a	51.5237		62.3589			
11	Lesser of 5,7,8,10, 10a	**52.3963**	**93.8851**	**62.2328**	**13.6500**		222.1642
12/13	Medicaid Adjustment Rate		3.8196	2.5318			
14	Prospective Per Diem 11	**52.3963**	**97.7047**	**64.7646**	**13.6500**		**228.5156**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 042140-00 - 2013/07

243.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crosswinds Health and Rehab

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	**1,683,652**
FRVS Base Asset:	**721,404**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019110**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**118,140**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,346,922**	**6.2006**
20% ROE(2):	**336,730**	**0.3377**
Insurance Cost(3):	**10,902**	**0.9621**
Taxes Cost(3):	**11,339**	**1.0006**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.5010**

(1) 80% Capital ($1,346,922) amortized at 6.2500% for 20 years Principal & Interest of $118,140 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $6.2006
(2) 20% ROE ($336,730) times the ROE factor (0.019110) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.3377
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**58**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,653,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.3963**	**52.3963**	**2.2778**	**50.1185**	
Patient Care					
Direct Care	**97.7047**	**97.7047**	**4.2475**	**93.4572**	
Indirect Care	**64.7646**	**64.7646**	**2.8155**	**61.9491**	
Property	**13.6500**	**8.5010**	**0.3696**	**8.1314**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9491**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**228.5156**	**223.3666**	**9.7104**	**243.4417**	

***Medicaid Trend Adjustment :**

0 043832-00 - 2013/07

196.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heron Pointe Health and 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	
1445 Howell Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34601		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hernando[27]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,226**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,157**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,001**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.92073%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.86612%**	Cost:	**1.00000000**
Open Date:	**11/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**11/1/1984**	Low Occupancy Adjustment Factor:			**118.28812%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252174**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,801	2,344,230	1,289,188	463,417	0	5,077,636
1a	Audit Adjustments						
2	Cost Per Diem	35.0274	83.7195	46.0408	**16.5500**		181.3377
3	Cost Per Diem Inflated	35.0274	83.7195	46.0408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0274**	**83.7195**	**46.0408**	**16.5500**		181.3377
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**44.3628**		**55.9345**			
10b	Base for line 10a	43.4407		54.7719			
11	Lesser of 5,7,8,10, 10a	**35.0274**	**83.7195**	**46.0408**	**13.6500**		178.4377
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.0274**	**83.7195**	**46.0408**	**13.6500**		**178.4377**
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 043832-00 - 2013/07

196.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heron Pointe Health and Rehab.

FRVS

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

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,544,216**
FRVS Base Asset:	**2,054,536**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**1,980,521.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**279,324**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,835,373**	**7.0858**
20% ROE(2):	**708,843**	**0.2622**
Insurance Cost(3):	**33,406**	**0.8103**
Taxes Cost(3):	**59,760**	**1.4496**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.6079**

(1) 80% Capital ($2,835,373) amortized at 7.7500% for 20 years Principal & Interest of $279,324 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0858
(2) 20% ROE ($708,843) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2622
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0274**	**35.0274**	**1.5228**	**33.5046**	
Patient Care					
Direct Care	**83.7195**	**83.7195**	**3.6396**	**80.0799**	
Indirect Care	**46.0408**	**46.0408**	**2.0015**	**44.0393**	
Property	**13.6500**	**9.6079**	**0.4177**	**9.1902**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8053**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.4377**	**174.3956**	**7.5816**	**196.4557**	

***Medicaid Trend Adjustment :**

0 043833-00 - 2013/07

191.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heritage Healthcare 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	
3101 Ginger Drive		**02/01/2012-01/31/2013**		Number of Beds:	**180**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Leon[37]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**62,839**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,955**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,532**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**70.86682%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.38403%**	Cost:	**1.00000000**
Open Date:	**10/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**10/1/1983**	Low Occupancy Adjustment Factor:			**120.20097%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252298**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,569,185	3,559,216	1,765,690	1,032,697	0	7,926,788
1a	Audit Adjustments						
2	Cost Per Diem	35.2372	79.9249	39.6499	**23.1900**		178.0020
3	Cost Per Diem Inflated	35.2372	79.9249	39.6499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.2372**	**79.9249**	**39.6499**	**23.1900**		178.0020
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4474**		**50.8780**			
10b	Base for line 10a	44.5028		49.8205			
11	Lesser of 5,7,8,10, 10a	**35.2372**	**79.9249**	**39.6499**	**13.6500**		168.4620
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.2372**	**79.9249**	**39.6499**	**13.6500**		**168.4620**
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 043833-00 - 2013/07

191.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heritage Healthcare Center

FRVS

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

Began FRVS:	**4/26/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**8,357,009**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**6,364,391.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**658,625**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,685,607**	**11.1386**
20% ROE(2):	**1,671,402**	**0.3887**
Insurance Cost(3):	**50,478**	**0.8033**
Taxes Cost(3):	**92,492**	**1.4719**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.8025**

(1) 80% Capital ($6,685,607) amortized at 7.7500% for 20 years Principal & Interest of $658,625 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.1386
(2) 20% ROE ($1,671,402) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3887
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.2372**	**35.2372**	**1.5319**	**33.7053**	
Patient Care					
Direct Care	**79.9249**	**79.9249**	**3.4746**	**76.4503**	
Indirect Care	**39.6499**	**39.6499**	**1.7237**	**37.9262**	
Property	**13.6500**	**13.8025**	**0.6000**	**13.2025**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1480**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.4620**	**168.6145**	**7.3302**	**191.2687**	

***Medicaid Trend Adjustment :**

0 043835-00 - 2013/07

215.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heritage 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	
1026 Albee Farm Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**38,812**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,439**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,441**	FY Index:	**1.28564713**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**12/29/1983**					Target:	**1.01485834**
Acquired Date:	**12/29/1983**					**DC FY Index:**	**1.20349917**
Entered Medicaid	**12/29/1983**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.00000000**
Previous Med #	**252271**					**PS Target:**	**1.02122620**

Medicaid Utilization	**65.54931%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**88.36976%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.36173%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,015,015	2,143,966	1,406,380	577,511	0	5,142,872
1a	Audit Adjustments						
2	Cost Per Diem	39.8968	84.2721	55.2801	**22.7000**		202.1490
3	Cost Per Diem Inflated	39.8968	84.2721	55.2801			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8968**	**84.2721**	**55.2801**	**22.7000**		202.1490
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.9637**		**58.5510**			
10b	Base for line 10a	48.9252		57.3340			
11	Lesser of 5,7,8,10, 10a	**39.8968**	**84.2721**	**55.2801**	**13.6500**		193.0990
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.8968**	**84.2721**	**55.2801**	**13.6500**		**193.0990**
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 043835-00 - 2013/07

215.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,546,857**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,099,608.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**437,154**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,437,486**	**11.0897**
20% ROE(2):	**1,109,371**	**0.4104**
Insurance Cost(3):	**33,330**	**0.8588**
Taxes Cost(3):	**74,051**	**1.9079**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.2668**

(1) 80% Capital ($4,437,486) amortized at 7.7500% for 20 years Principal & Interest of $437,154 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0897
(2) 20% ROE ($1,109,371) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4104
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8968**	**39.8968**	**1.7344**	**38.1624**	
Patient Care					
Direct Care	**84.2721**	**84.2721**	**3.6636**	**80.6085**	
Indirect Care	**55.2801**	**55.2801**	**2.4032**	**52.8769**	
Property	**13.6500**	**14.2668**	**0.6202**	**13.6466**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6729**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.0990**	**193.7158**	**8.4214**	**215.8037**	

***Medicaid Trend Adjustment :**

0 043838-00 - 2013/07

222.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heritage Healthcare and Rehab. 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	
777 Ninth Street North		**02/01/2012-01/31/2013**		Number of Beds:	**97**	Superior:	**0**
Naples FL 34102		Days In CR	**366**	Maximum:	**35,502**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2012/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**33,372**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,679**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**21,800**	FY Index:	**1.28564713**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**65.32422%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.00034%**	Cost:	**1.00000000**
Open Date:	**11/1/1981**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/1/1981**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**10/1/1982**	Low Occupancy Adjustment Factor:			**118.45727%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252280**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	858,469	2,092,408	1,155,014	530,612	0	4,636,503
1a	Audit Adjustments						
2	Cost Per Diem	39.3793	95.9820	52.9823	**24.3400**		212.6836
3	Cost Per Diem Inflated	39.3793	95.9820	52.9823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3793**	**95.9820**	**52.9823**	**24.3400**		212.6836
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	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**54.8865**		**66.0405**			
10b	Base for line 10a	53.7457		64.6678			
11	Lesser of 5,7,8,10, 10a	**39.3793**	**95.9820**	**52.9823**	**13.6500**		201.9936
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.3793**	**95.9820**	**52.9823**	**13.6500**		**201.9936**
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 043838-00 - 2013/07

222.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heritage Healthcare and Rehab. 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:	**1981/07**
Indexed Asset Value	**4,627,534**
FRVS Base Asset:	**3,220,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,333,936.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**364,701**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,702,027**	**11.4454**
20% ROE(2):	**925,507**	**0.4236**
Insurance Cost(3):	**36,468**	**1.0928**
Taxes Cost(3):	**39,442**	**1.1819**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.1437**

(1) 80% Capital ($3,702,027) amortized at 7.7500% for 20 years Principal & Interest of $364,701 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $11.4454
(2) 20% ROE ($925,507) times the ROE factor (0.014583) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.4236
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**113**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,220,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3793**	**39.3793**	**1.7119**	**37.6674**	
Patient Care					
Direct Care	**95.9820**	**95.9820**	**4.1726**	**91.8094**	
Indirect Care	**52.9823**	**52.9823**	**2.3033**	**50.6790**	
Property	**13.6500**	**14.1437**	**0.6149**	**13.5288**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7333**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.9936**	**202.4873**	**8.8027**	**222.2543**	

***Medicaid Trend Adjustment :**

0 043839-00 - 2013/07

194.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Keystone Rehab. 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	
1120 West Donegan Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,776**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,784**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,271**		
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:	**2/1/2012**						
Previous Med #	**317560**						

Medicaid Utilization	**70.76632%**
Occupancy:	**97.39527%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.73548%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,231,905	2,297,817	1,361,957	756,775	0	5,648,454
1a	Audit Adjustments						
2	Cost Per Diem	40.6959	75.9082	44.9921	**25.0000**		186.5962
3	Cost Per Diem Inflated	40.6959	75.9082	44.9921			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6959**	**75.9082**	**44.9921**	**25.0000**		186.5962
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.6140**		**56.7300**			
10b	Base for line 10a	46.6243		55.5509			
11	Lesser of 5,7,8,10, 10a	**40.6959**	**75.9082**	**44.9921**	**13.6500**		175.2462
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.6959**	**75.9082**	**44.9921**	**13.6500**		**175.2462**
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 043839-00 - 2013/07

194.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,630,121**
FRVS Base Asset:	**5,397,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**368,146**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,504,097**	**9.3391**
20% ROE(2):	**1,126,024**	**0.4166**
Insurance Cost(3):	**34,849**	**0.8147**
Taxes Cost(3):	**76,702**	**1.7931**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3635**

(1) 80% Capital ($4,504,097) amortized at 8.2500% for 20 years Interest of $368,146 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3391
(2) 20% ROE ($1,126,024) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4166
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2006**	Used Per Bed Standard:	**44,981**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,397,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6959**	**40.6959**	**1.7692**	**38.9267**	
Patient Care					
Direct Care	**75.9082**	**75.9082**	**3.3000**	**72.6082**	
Indirect Care	**44.9921**	**44.9921**	**1.9560**	**43.0361**	
Property	**13.6500**	**12.3635**	**0.5375**	**11.8260**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4527**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.2462**	**173.9597**	**7.5627**	**194.6861**	

***Medicaid Trend Adjustment :**

0 043841-00 - 2013/07

208.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Oakbridge Healthcare 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	
3110 Oakbridge Blvd E		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33803		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,927**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**23,114**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,457**		
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:	**2/1/2012**						
Previous Med #	**259926**						

Medicaid Utilization	**30.43712%**
Occupancy:	**93.18534%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.43021%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	497,991	1,112,648	691,540	239,922	0	2,542,101
1a	Audit Adjustments						
2	Cost Per Diem	39.9768	89.3191	55.5142	**19.2600**		204.0701
3	Cost Per Diem Inflated	39.9768	89.3191	55.5142			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9768**	**89.3191**	**55.5142**	**19.2600**		204.0701
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**48.6393**		**61.2029**			
10b	Base for line 10a	47.6283		59.9308			
11	Lesser of 5,7,8,10, 10a	**39.9768**	**89.3191**	**55.5142**	**13.6500**		198.4601
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.9768**	**89.3191**	**55.5142**	**13.6500**		**198.4601**
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 043841-00 - 2013/07

208.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oakbridge Healthcare Center

FRVS

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

Began FRVS:	**8/2/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,812,218**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**5,891,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**349,697**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,649,774**	**8.8711**
20% ROE(2):	**1,162,444**	**0.4300**
Insurance Cost(3):	**31,508**	**0.7699**
Taxes Cost(3):	**103,374**	**2.5258**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.5968**

(1) 80% Capital ($4,649,774) amortized at 4.3900% for 20 years Principal & Interest of $349,697 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8711
(2) 20% ROE ($1,162,444) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4300
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9768**	**39.9768**	**1.7379**	**38.2389**	
Patient Care					
Direct Care	**89.3191**	**89.3191**	**3.8830**	**85.4361**	
Indirect Care	**55.5142**	**55.5142**	**2.4134**	**53.1008**	
Property	**13.6500**	**12.5968**	**0.5476**	**12.0492**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3500**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.4601**	**197.4069**	**8.5819**	**208.0114**	

***Medicaid Trend Adjustment :**

0 043843-00 - 2013/07

208.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Oaktree 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	
650 Reed Canal Road		**02/01/2012-01/31/2013**		Number of Beds:	**65**	Superior:	**0**
South Daytona FL 32119		Days In CR	**366**	Maximum:	**23,790**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2012/01**	Max Annualized:	**23,725**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**21,312**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**989**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**16,578**		
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:	**2/1/2012**						
Previous Med #	**252476**						

Medicaid Utilization	**77.78716%**
Occupancy:	**89.58386%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.89171%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	764,882	1,286,449	883,342	161,304	0	3,095,977
1a	Audit Adjustments						
2	Cost Per Diem	46.1384	77.5998	53.2840	**9.7300**		186.7522
3	Cost Per Diem Inflated	46.1384	77.5998	53.2840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1384**	**77.5998**	**53.2840**	**9.7300**		186.7522
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	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**51.6266**		**59.1044**			
10b	Base for line 10a	50.5535		57.8759			
11	Lesser of 5,7,8,10, 10a	**46.1384**	**77.5998**	**53.2840**	**9.7300**		186.7522
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.1384**	**77.5998**	**53.2840**	**9.7300**		**186.7522**
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 043843-00 - 2013/07

208.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oaktree Healthcare

FRVS

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

Began FRVS:	**5/21/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**1,762,338**
FRVS Base Asset:	**915,383**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**1,004,676.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**138,892**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,409,870**	**6.5047**
20% ROE(2):	**352,468**	**0.2407**
Insurance Cost(3):	**19,330**	**0.9070**
Taxes Cost(3):	**16,270**	**0.7634**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.4158**

(1) 80% Capital ($1,409,870) amortized at 7.7500% for 20 years Principal & Interest of $138,892 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $6.5047
(2) 20% ROE ($352,468) times the ROE factor (0.014583) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.2407
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**65**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1384**	**46.1384**	**2.0058**	**44.1326**	
Patient Care					
Direct Care	**77.5998**	**77.5998**	**3.3735**	**74.2263**	
Indirect Care	**53.2840**	**53.2840**	**2.3164**	**50.9676**	
Property	**9.7300**	**8.4158**	**0.3659**	**8.0499**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6765**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.7522**	**185.4380**	**8.0616**	**208.8893**	

***Medicaid Trend Adjustment :**

0 043846-00 - 2013/07

207.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Rio Pinar 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	
7950 Lake Underhill Road		**02/01/2012-01/31/2013**		Number of Beds:	**180**	Superior:	**0**
Orlando FL 32822		Days In CR	**366**	Maximum:	**65,880**	Standard:	**179**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**5**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**63,687**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,574**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**43,596**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**68.45353%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.67122%**	Cost:	**1.00000000**
Open Date:	**2/1/1987**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/1/1987**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**2/1/1987**	Low Occupancy Adjustment Factor:			**121.82305%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252450**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,530,933	4,137,378	1,773,412	755,083	0	8,196,806
1a	Audit Adjustments						
2	Cost Per Diem	35.1164	94.9027	40.6783	**17.3200**		188.0174
3	Cost Per Diem Inflated	35.1164	94.9027	40.6783			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.1164**	**94.9027**	**40.6783**	**17.3200**		188.0174
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**45.1915**		**54.3980**			
10b	Base for line 10a	44.2522		53.2673			
11	Lesser of 5,7,8,10, 10a	**35.1164**	**94.9027**	**40.6783**	**13.6500**		184.3474
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.1164**	**94.9027**	**40.6783**	**13.6500**		**184.3474**
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 043846-00 - 2013/07

207.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rio Pinar Health Care

FRVS

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

Began FRVS:	**9/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,297,940**
FRVS Base Asset:	**5,162,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**658,891**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,638,352**	**11.1431**
20% ROE(2):	**1,659,588**	**0.4093**
Insurance Cost(3):	**49,278**	**0.7738**
Taxes Cost(3):	**143,550**	**2.2540**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.5802**

(1) 80% Capital ($6,638,352) amortized at 10.0000% for 20 years Interest of $658,891 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.1431
(2) 20% ROE ($1,659,588) times the ROE factor (0.014583) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4093
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.1164**	**35.1164**	**1.5266**	**33.5898**	
Patient Care					
Direct Care	**94.9027**	**94.9027**	**4.1257**	**90.7770**	
Indirect Care	**40.6783**	**40.6783**	**1.7684**	**38.9099**	
Property	**13.6500**	**14.5802**	**0.6338**	**13.9464**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9520**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.3474**	**185.2776**	**8.0545**	**207.0115**	

***Medicaid Trend Adjustment :**

0 043847-00 - 2013/07

209.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Palms Rehabilitation & Healthcare 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	
5405 Babcock Street NE		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Palm Bay FL 32905		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,656**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,787**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,911**		
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:	**2/1/2012**						
Previous Med #	**252395**						

Medicaid Utilization	**58.81297%**
Occupancy:	**92.56831%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.65264%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	893,433	2,162,504	1,148,362	596,579	0	4,800,878
1a	Audit Adjustments						
2	Cost Per Diem	37.3649	90.4397	48.0265	**24.9500**		200.7811
3	Cost Per Diem Inflated	37.3649	90.4397	48.0265			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3649**	**90.4397**	**48.0265**	**24.9500**		200.7811
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.3762**		**55.7896**			
10b	Base for line 10a	46.3915		54.6300			
11	Lesser of 5,7,8,10, 10a	**37.3649**	**90.4397**	**48.0265**	**13.6500**		189.4811
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.3649**	**90.4397**	**48.0265**	**13.6500**		**189.4811**
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 043847-00 - 2013/07

209.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palms Rehabilitation & Healthcare Center

FRVS

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

Began FRVS:	**3/11/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,470,536**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,806,562.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**431,139**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,376,429**	**10.9371**
20% ROE(2):	**1,094,107**	**0.4048**
Insurance Cost(3):	**33,577**	**0.8259**
Taxes Cost(3):	**84,283**	**2.0731**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.2409**

(1) 80% Capital ($4,376,429) amortized at 7.7500% for 20 years Principal & Interest of $431,139 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9371
(2) 20% ROE ($1,094,107) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4048
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3649**	**37.3649**	**1.6244**	**35.7405**	
Patient Care					
Direct Care	**90.4397**	**90.4397**	**3.9317**	**86.5080**	
Indirect Care	**48.0265**	**48.0265**	**2.0879**	**45.9386**	
Property	**13.6500**	**14.2409**	**0.6191**	**13.6218**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2253**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.4811**	**190.0720**	**8.2631**	**209.8706**	

***Medicaid Trend Adjustment :**

0 043848-00 - 2013/07

205.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Coral Trace 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	
216 Santa Barbara Blvd		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**42,273**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,895**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,796**		
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:	**2/1/2012**						
Previous Med #	**252107**						

Medicaid Utilization	**49.19452%**
Occupancy:	**96.25000%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.29223%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	795,897	1,729,090	1,078,342	584,576	0	4,187,905
1a	Audit Adjustments						
2	Cost Per Diem	38.2716	83.1453	51.8533	**28.1100**		201.3802
3	Cost Per Diem Inflated	38.2716	83.1453	51.8533			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2716**	**83.1453**	**51.8533**	**28.1100**		201.3802
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.9637**		**58.6617**			
10b	Base for line 10a	48.9252		57.4424			
11	Lesser of 5,7,8,10, 10a	**38.2716**	**83.1453**	**51.8533**	**13.6500**		186.9202
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.2716**	**83.1453**	**51.8533**	**13.6500**		**186.9202**
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 043848-00 - 2013/07

205.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,954,330**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,232,534.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**469,267**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,763,464**	**11.9043**
20% ROE(2):	**1,190,866**	**0.4405**
Insurance Cost(3):	**33,581**	**0.7944**
Taxes Cost(3):	**73,718**	**1.7439**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.8831**

(1) 80% Capital ($4,763,464) amortized at 7.7500% for 20 years Principal & Interest of $469,267 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9043
(2) 20% ROE ($1,190,866) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4405
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2716**	**38.2716**	**1.6638**	**36.6078**	
Patient Care					
Direct Care	**83.1453**	**83.1453**	**3.6146**	**79.5307**	
Indirect Care	**51.8533**	**51.8533**	**2.2542**	**49.5991**	
Property	**13.6500**	**14.8831**	**0.6470**	**14.2361**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0887**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.9202**	**188.1533**	**8.1796**	**205.8988**	

***Medicaid Trend Adjustment :**

0 043850-00 - 2013/07

206.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Parks Healthcare 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	
9311 S. Orange Blossom Trail		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32837		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,801**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,588**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,645**		
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:	**2/1/2012**						
Previous Med #	**259934**						

Medicaid Utilization	**75.70393%**
Occupancy:	**95.17532%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.93794%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,343,067	2,490,294	1,590,686	588,913	0	6,012,960
1a	Audit Adjustments						
2	Cost Per Diem	42.4417	78.6947	50.2666	**18.6100**		190.0130
3	Cost Per Diem Inflated	42.4417	78.6947	50.2666			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4417**	**78.6947**	**50.2666**	**18.6100**		190.0130
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8715**		**56.5409**			
10b	Base for line 10a	46.8765		55.3657			
11	Lesser of 5,7,8,10, 10a	**42.4417**	**78.6947**	**50.2666**	**13.6500**		185.0530
12/13	Medicaid Adjustment Rate		0.7972	0.4164			
14	Prospective Per Diem 11	**42.4417**	**79.4919**	**50.6830**	**13.6500**		**186.2666**
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 043850-00 - 2013/07

206.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Parks Healthcare and Rehabilitation Center

FRVS

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

Began FRVS:	**2/1/2012**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,888,825**
FRVS Base Asset:	**2,893,663**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,286,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**354,306**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,711,060**	**8.9880**
20% ROE(2):	**1,177,765**	**0.4357**
Insurance Cost(3):	**33,632**	**0.8046**
Taxes Cost(3):	**90,774**	**2.1716**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3999**

(1) 80% Capital ($4,711,060) amortized at 4.3900% for 20 years Principal & Interest of $354,306 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9880
(2) 20% ROE ($1,177,765) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4357
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4417**	**42.4417**	**1.8451**	**40.5966**	
Patient Care					
Direct Care	**79.4919**	**79.4919**	**3.4558**	**76.0361**	
Indirect Care	**50.6830**	**50.6830**	**2.2034**	**48.4796**	
Property	**13.6500**	**12.3999**	**0.5391**	**11.8608**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1700**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.2666**	**185.0165**	**8.0434**	**206.9795**	

***Medicaid Trend Adjustment :**

0 043851-00 - 2013/07

215.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Coral Bay Healthcare and Rehabilitation

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	
2939 S. Haverhill Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**40,719**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,075**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,013**	FY Index:	**1.28564713**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**46.69319%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.71175%**	Cost:	**1.00000000**
Open Date:	**5/4/1993**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/4/1993**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**5/4/1993**	Low Occupancy Adjustment Factor:			**116.83341%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**259918**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	797,704	1,610,679	1,200,559	365,430	0	3,974,372
1a	Audit Adjustments						
2	Cost Per Diem	41.9557	84.7146	63.1441	**19.2200**		209.0344
3	Cost Per Diem Inflated	41.9557	84.7146	63.1441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9557**	**84.7146**	**63.1441**	**19.2200**		209.0344
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**50.6477**		**60.8815**			
10b	Base for line 10a	49.5950		59.6161			
11	Lesser of 5,7,8,10, 10a	**41.9557**	**84.7146**	**60.8815**	**13.6500**		201.2018
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.9557**	**84.7146**	**60.8815**	**13.6500**		**201.2018**
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 043851-00 - 2013/07

215.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Coral Bay Healthcare and Rehabilitation

FRVS

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

Began FRVS:	**5/4/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,858,193**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**7,736,250.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,463**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,686,554**	**8.9412**
20% ROE(2):	**1,171,639**	**0.4087**
Insurance Cost(3):	**33,639**	**0.8261**
Taxes Cost(3):	**95,758**	**2.3517**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.5277**

(1) 80% Capital ($4,686,554) amortized at 4.3900% for 20 years Principal & Interest of $352,463 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9412
(2) 20% ROE ($1,171,639) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4087
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9557**	**41.9557**	**1.8239**	**40.1318**	
Patient Care					
Direct Care	**84.7146**	**84.7146**	**3.6828**	**81.0318**	
Indirect Care	**60.8815**	**60.8815**	**2.6467**	**58.2348**	
Property	**13.6500**	**12.5277**	**0.5446**	**11.9831**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5602**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.2018**	**200.0795**	**8.6980**	**215.7781**	

***Medicaid Trend Adjustment :**

0 043853-00 - 2013/07

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Plantation Bay 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	
4641 Old Canoe Creek Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,044**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,644**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,127**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.78326%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.45173%**	Cost:	**1.00000000**
Open Date:	**7/20/1995**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/20/1995**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**7/20/1995**	Low Occupancy Adjustment Factor:			**117.76592%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252441**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,012,230	2,052,190	1,257,379	476,991	0	4,798,790
1a	Audit Adjustments						
2	Cost Per Diem	41.9542	85.0578	52.1150	**19.7700**		198.8970
3	Cost Per Diem Inflated	41.9542	85.0578	52.1150			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9542**	**85.0578**	**52.1150**	**19.7700**		198.8970
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8715**		**56.5409**			
10b	Base for line 10a	46.8765		55.3657			
11	Lesser of 5,7,8,10, 10a	**41.9542**	**85.0578**	**52.1150**	**13.6500**		192.7770
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.9542**	**85.0578**	**52.1150**	**13.6500**		**192.7770**
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 043853-00 - 2013/07

211.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Plantation Bay Rehabilitation Center

FRVS

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

Began FRVS:	**7/20/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**4,935,671**
FRVS Base Asset:	**3,595,112**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,216,969.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**388,986**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,948,537**	**9.8677**
20% ROE(2):	**987,134**	**0.3652**
Insurance Cost(3):	**33,645**	**0.8197**
Taxes Cost(3):	**65,965**	**1.6072**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.6598**

(1) 80% Capital ($3,948,537) amortized at 7.7500% for 20 years Principal & Interest of $388,986 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8677
(2) 20% ROE ($987,134) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3652
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**103**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,595,112**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9542**	**41.9542**	**1.8239**	**40.1303**	
Patient Care					
Direct Care	**85.0578**	**85.0578**	**3.6977**	**81.3601**	
Indirect Care	**52.1150**	**52.1150**	**2.2656**	**49.8494**	
Property	**13.6500**	**12.6598**	**0.5504**	**12.1094**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3512**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.7770**	**191.7868**	**8.3376**	**211.6368**	

***Medicaid Trend Adjustment :**

0 043854-00 - 2013/07

197.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Colonial Lakes 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	
15204 West Colonial Drive		**02/01/2012-01/31/2013**		Number of Beds:	**180**	Superior:	**0**
Winter Garden FL 34787		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**63,538**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,979**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**49,060**		
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:	**2/1/2012**						
Previous Med #	**252557**						

Medicaid Utilization	**77.21364%**
Occupancy:	**96.44505%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.53804%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,805,663	3,931,987	2,166,750	1,051,356	0	8,955,756
1a	Audit Adjustments						
2	Cost Per Diem	36.8052	80.1465	44.1653	**21.4300**		182.5470
3	Cost Per Diem Inflated	36.8052	80.1465	44.1653			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8052**	**80.1465**	**44.1653**	**21.4300**		182.5470
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**45.3479**		**55.2513**			
10b	Base for line 10a	44.4053		54.1029			
11	Lesser of 5,7,8,10, 10a	**36.8052**	**80.1465**	**44.1653**	**13.6500**		174.7670
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.8052**	**80.1465**	**44.1653**	**13.6500**		**174.7670**
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 043854-00 - 2013/07

197.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Colonial Lakes Health Care

FRVS

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

Began FRVS:	**9/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**8,521,452**
FRVS Base Asset:	**3,287,398**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**5,100,802.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**671,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,817,162**	**11.3578**
20% ROE(2):	**1,704,290**	**0.4203**
Insurance Cost(3):	**48,639**	**0.7655**
Taxes Cost(3):	**60,577**	**0.9534**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.4970**

(1) 80% Capital ($6,817,162) amortized at 7.7500% for 20 years Principal & Interest of $671,585 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.3578
(2) 20% ROE ($1,704,290) times the ROE factor (0.014583) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4203
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.8052**	**36.8052**	**1.6000**	**35.2052**	
Patient Care					
Direct Care	**80.1465**	**80.1465**	**3.4842**	**76.6623**	
Indirect Care	**44.1653**	**44.1653**	**1.9200**	**42.2453**	
Property	**13.6500**	**13.4970**	**0.5868**	**12.9102**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5423**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.7670**	**174.6140**	**7.5910**	**197.4017**	

***Medicaid Trend Adjustment :**

0 043856-00 - 2013/07

203.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Central Park Healthcare and Rehabilitation Cente

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	
702 S. Kings Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**42,581**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,396**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,383**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**61.95956%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.95128%**	Cost:	**1.00000000**
Open Date:	**2/25/1991**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/25/1991**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**2/25/1991**	Low Occupancy Adjustment Factor:			**122.17597%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**259900**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,003,567	2,082,313	1,392,824	476,477	0	4,955,181
1a	Audit Adjustments						
2	Cost Per Diem	38.0384	78.9263	52.7925	**18.0600**		187.8172
3	Cost Per Diem Inflated	38.0384	78.9263	52.7925			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.0384**	**78.9263**	**52.7925**	**18.0600**		187.8172
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.7477**		**56.5409**			
10b	Base for line 10a	46.7553		55.3657			
11	Lesser of 5,7,8,10, 10a	**38.0384**	**78.9263**	**52.7925**	**13.6500**		183.4072
12/13	Medicaid Adjustment Rate		1.1742	0.6266			
14	Prospective Per Diem 11	**38.0384**	**80.1005**	**53.4191**	**13.6500**		**185.2080**
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 043856-00 - 2013/07

203.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Central Park Healthcare and Rehabilitation Cente

FRVS

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

Began FRVS:	**2/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,234,276**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**5,835,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**314,924**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,187,421**	**7.9889**
20% ROE(2):	**1,046,855**	**0.3873**
Insurance Cost(3):	**33,241**	**0.7807**
Taxes Cost(3):	**82,369**	**1.9344**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.0913**

(1) 80% Capital ($4,187,421) amortized at 4.3900% for 20 years Principal & Interest of $314,924 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.9889
(2) 20% ROE ($1,046,855) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3873
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.0384**	**38.0384**	**1.6537**	**36.3847**	
Patient Care					
Direct Care	**80.1005**	**80.1005**	**3.4822**	**76.6183**	
Indirect Care	**53.4191**	**53.4191**	**2.3223**	**51.0968**	
Property	**13.6500**	**11.0913**	**0.4822**	**10.6091**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6496**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.2080**	**182.6493**	**7.9404**	**203.1949**	

***Medicaid Trend Adjustment :**

0 043857-00 - 2013/07

212.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Beneva Lakes Healthcare and Rehabilitation Cent

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	
741 S. Beneva Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34232		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,460**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,419**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,541**		
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:	**2/1/2012**						
Previous Med #	**259896**						

Medicaid Utilization	**71.25181%**
Occupancy:	**94.39891%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.95953%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,144,351	2,558,333	1,654,684	588,161	0	5,945,529
1a	Audit Adjustments						
2	Cost Per Diem	38.7377	86.6028	56.0131	**19.9100**		201.2636
3	Cost Per Diem Inflated	38.7377	86.6028	56.0131			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7377**	**86.6028**	**56.0131**	**19.9100**		201.2636
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**46.9749**		**58.0955**			
10b	Base for line 10a	45.9985		56.8880			
11	Lesser of 5,7,8,10, 10a	**38.7377**	**86.6028**	**56.0131**	**13.6500**		195.0036
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.7377**	**86.6028**	**56.0131**	**13.6500**		**195.0036**
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 043857-00 - 2013/07

212.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Beneva Lakes Healthcare and Rehabilitation Cent

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,959,339**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**5,118,750.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**298,383**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,967,471**	**7.5693**
20% ROE(2):	**991,868**	**0.3669**
Insurance Cost(3):	**33,570**	**0.8097**
Taxes Cost(3):	**66,482**	**1.6035**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.3494**

(1) 80% Capital ($3,967,471) amortized at 4.3900% for 20 years Principal & Interest of $298,383 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5693
(2) 20% ROE ($991,868) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3669
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7377**	**38.7377**	**1.6841**	**37.0536**	
Patient Care					
Direct Care	**86.6028**	**86.6028**	**3.7649**	**82.8379**	
Indirect Care	**56.0131**	**56.0131**	**2.4351**	**53.5780**	
Property	**13.6500**	**10.3494**	**0.4499**	**9.8995**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6719**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.0036**	**191.7030**	**8.3340**	**212.8773**	

***Medicaid Trend Adjustment :**

0 043859-00 - 2013/07

218.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bradenton 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	
6305 Cortez Road West		**02/01/2012-01/31/2013**		Number of Beds:	**105**	Superior:	**0**
Bradenton FL 34210		Days In CR	**366**	Maximum:	**38,430**	Standard:	**184**
County: **Manatee[41]**		First Used:	**2012/01**	Max Annualized:	**38,325**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2013/07**	Total Patient:	**34,412**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,936**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**15,855**		
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:	**2/1/2012**						
Previous Med #	**252069**						

Medicaid Utilization	**46.07404%**
Occupancy:	**89.54462%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.84226%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	652,744	1,450,748	907,250	473,747	0	3,484,489
1a	Audit Adjustments						
2	Cost Per Diem	41.1696	91.5010	57.2217	**29.8800**		219.7723
3	Cost Per Diem Inflated	41.1696	91.5010	57.2217			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1696**	**91.5010**	**57.2217**	**29.8800**		219.7723
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8715**		**56.5409**			
10b	Base for line 10a	46.8765		55.3657			
11	Lesser of 5,7,8,10, 10a	**41.1696**	**91.5010**	**56.5409**	**13.6500**		202.8615
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.1696**	**91.5010**	**56.5409**	**13.6500**		**202.8615**
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 043859-00 - 2013/07

218.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,848,649**
FRVS Base Asset:	**4,078,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**4,325,786.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,127**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,878,919**	**11.0786**
20% ROE(2):	**969,730**	**0.3866**
Insurance Cost(3):	**29,570**	**0.8593**
Taxes Cost(3):	**83,640**	**2.4305**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.7550**

(1) 80% Capital ($3,878,919) amortized at 7.7500% for 20 years Principal & Interest of $382,127 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $11.0786
(2) 20% ROE ($969,730) times the ROE factor (0.013750) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.3866
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**105**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,078,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1696**	**41.1696**	**1.7898**	**39.3798**	
Patient Care					
Direct Care	**91.5010**	**91.5010**	**3.9778**	**87.5232**	
Indirect Care	**56.5409**	**56.5409**	**2.4580**	**54.0829**	
Property	**13.6500**	**14.7550**	**0.6414**	**14.1136**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8407**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.8615**	**203.9665**	**8.8670**	**218.7766**	

***Medicaid Trend Adjustment :**

0 043860-00 - 2013/07

201.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Brandon 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	
1465 Oakfield Drive		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**41,736**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,226**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,609**		
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:	**2/1/2012**						
Previous Med #	**252077**						

Medicaid Utilization	**44.58741%**
Occupancy:	**95.02732%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.75144%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	760,321	1,616,290	885,473	579,484	0	3,841,568
1a	Audit Adjustments						
2	Cost Per Diem	40.8577	86.8553	47.5831	**31.1400**		206.4361
3	Cost Per Diem Inflated	40.8577	86.8553	47.5831			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8577**	**86.8553**	**47.5831**	**31.1400**		206.4361
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.4079**		**56.5409**			
10b	Base for line 10a	45.4433		55.3657			
11	Lesser of 5,7,8,10, 10a	**40.8577**	**86.8553**	**47.5831**	**13.6500**		188.9461
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.8577**	**86.8553**	**47.5831**	**13.6500**		**188.9461**
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 043860-00 - 2013/07

201.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Brandon Health & Rehabilitation Center

FRVS

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

Began FRVS:	**5/7/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,187,172**
FRVS Base Asset:	**4,237,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,680,764.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**408,807**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,149,738**	**10.3705**
20% ROE(2):	**1,037,434**	**0.3838**
Insurance Cost(3):	**33,348**	**0.7990**
Taxes Cost(3):	**90,003**	**2.1565**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.7098**

(1) 80% Capital ($4,149,738) amortized at 7.7500% for 20 years Principal & Interest of $408,807 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3705
(2) 20% ROE ($1,037,434) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3838
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,237,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8577**	**40.8577**	**1.7762**	**39.0815**	
Patient Care					
Direct Care	**86.8553**	**86.8553**	**3.7759**	**83.0794**	
Indirect Care	**47.5831**	**47.5831**	**2.0686**	**45.5145**	
Property	**13.6500**	**13.7098**	**0.5960**	**13.1138**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.6860**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.9461**	**189.0059**	**8.2167**	**201.3116**	

***Medicaid Trend Adjustment :**

0 043861-00 - 2013/07

217.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Fort Pierce 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	
611 South 13th Street		**02/01/2012-01/31/2013**		Number of Beds:	**171**	Superior:	**0**
Ft. Pierce FL 34950		Days In CR	**366**	Maximum:	**62,586**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2012/01**	Max Annualized:	**62,415**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**52,980**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,039**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**46,602**	FY Index:	**1.28564713**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**6/1/1984**					Target:	**1.01485834**
Acquired Date:	**6/1/1984**					**DC FY Index:**	**1.20349917**
Entered Medicaid	**6/1/1984**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.00000000**
Previous Med #	**252239**					**PS Target:**	**1.02122620**

Medicaid Utilization	**87.96149%**						
Occupancy:	**84.65152%**						
Statewide Low Occupancy Threshold:	**79.35380%**						
Medicaid Low Occupancy Threshold:	**41.45590%**						
Low Occupancy Adjustment Factor:	**106.67608%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,995,377	3,875,464	2,652,554	452,039	0	8,975,434
1a	Audit Adjustments						
2	Cost Per Diem	42.8174	83.1609	56.9193	**9.7000**		192.5976
3	Cost Per Diem Inflated	42.8174	83.1609	56.9193			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8174**	**83.1609**	**56.9193**	**9.7000**		192.5976
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.9637**		**58.8252**			
10b	Base for line 10a	48.9252		57.6025			
11	Lesser of 5,7,8,10, 10a	**42.8174**	**83.1609**	**56.9193**	**9.7000**		192.5976
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.8174**	**83.1609**	**56.9193**	**9.7000**		**192.5976**
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 043861-00 - 2013/07

217.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,420,972**
FRVS Base Asset:	**3,267,919**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**967,160.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**539,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,336,778**	**9.5985**
20% ROE(2):	**1,084,194**	**0.2815**
Insurance Cost(3):	**46,468**	**0.8771**
Taxes Cost(3):	**67,981**	**1.2831**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.0402**

(1) 80% Capital ($4,336,778) amortized at 12.5000% for 20 years Interest of $539,180 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $9.5985
(2) 20% ROE ($1,084,194) times the ROE factor (0.014583) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $0.2815
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**171**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,873,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8174**	**42.8174**	**1.8614**	**40.9560**	
Patient Care					
Direct Care	**83.1609**	**83.1609**	**3.6153**	**79.5456**	
Indirect Care	**56.9193**	**56.9193**	**2.4745**	**54.4448**	
Property	**9.7000**	**12.0402**	**0.5234**	**11.5168**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4159**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.5976**	**194.9378**	**8.4746**	**217.7155**	

***Medicaid Trend Adjustment :**

0 043862-00 - 2013/07

201.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Habana 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	
2916 Habana Way		**02/01/2012-01/31/2013**		Number of Beds:	**150**	Superior:	**0**
Tampa FL 33614		Days In CR	**366**	Maximum:	**54,900**	Standard:	**111**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**54,750**	Conditional:	**73**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**52,599**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,258**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**41,085**		
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:	**2/1/2012**						
Previous Med #	**252506**						

Medicaid Utilization	**78.10985%**
Occupancy:	**95.80874%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.73618%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,547,548	3,440,372	1,945,759	855,801	0	7,789,480
1a	Audit Adjustments						
2	Cost Per Diem	37.6670	83.7379	47.3594	**20.8300**		189.5943
3	Cost Per Diem Inflated	37.6670	83.7379	47.3594			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6670**	**83.7379**	**47.3594**	**20.8300**		189.5943
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.3461**		**55.4116**			
10b	Base for line 10a	45.3828		54.2599			
11	Lesser of 5,7,8,10, 10a	**37.6670**	**83.7379**	**47.3594**	**13.6500**		182.4143
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.6670**	**83.7379**	**47.3594**	**13.6500**		**182.4143**
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 043862-00 - 2013/07

201.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Habana Health Care Center

FRVS

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

Began FRVS:	**5/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,470,653**
FRVS Base Asset:	**2,111,676**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,337**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,576,522**	**7.1504**
20% ROE(2):	**894,131**	**0.2646**
Insurance Cost(3):	**41,081**	**0.7810**
Taxes Cost(3):	**72,432**	**1.3771**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.5731**

(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 (0.014583) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.2646
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6670**	**37.6670**	**1.6375**	**36.0295**	
Patient Care					
Direct Care	**83.7379**	**83.7379**	**3.6404**	**80.0975**	
Indirect Care	**47.3594**	**47.3594**	**2.0589**	**45.3005**	
Property	**13.6500**	**9.5731**	**0.4162**	**9.1569**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8550**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.4143**	**178.3374**	**7.7530**	**201.2758**	

***Medicaid Trend Adjustment :**

0 043863-00 - 2013/07

235.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Health & Rehab. Centre at Dolphins View

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	
1820 Shore Drive South		**02/01/2012-01/31/2013**		Number of Beds:	**58**	Superior:	**0**
South Pasadena FL 33707		Days In CR	**366**	Maximum:	**21,228**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**18,647**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,844**	Inflation	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**6,466**	FY Index:	**1.28564713**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**34.67582%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.84153%**	Cost:	**1.00000000**
Open Date:	**11/30/1989**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/1/1991**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**4/1/1991**	Low Occupancy Adjustment Factor:			**110.69607%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**320528**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	405,859	609,023	364,865	141,735	0	1,521,482
1a	Audit Adjustments						
2	Cost Per Diem	62.7682	94.1885	56.4282	**21.9200**		235.3049
3	Cost Per Diem Inflated	62.7682	94.1885	56.4282			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.7682**	**94.1885**	**56.4282**	**21.9200**		235.3049
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	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**56.7877**		**67.6025**			
10b	Base for line 10a	55.6074		66.1974			
11	Lesser of 5,7,8,10, 10a	**56.7877**	**94.1885**	**56.4282**	**13.6500**		221.0544
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**56.7877**	**94.1885**	**56.4282**	**13.6500**		**221.0544**
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 043863-00 - 2013/07

235.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Health & Rehab. Centre at Dolphins View

FRVS

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

Began FRVS:	**4/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**1,726,558**
FRVS Base Asset:	**1,250,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information

Amount:	**1,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**168,274**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**1,381,246**	**8.8319**
20% ROE(2):	**345,312**	**0.2643**
Insurance Cost(3):	**27,563**	**1.4781**
Taxes Cost(3):	**28,227**	**1.5138**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.0881**

(1) 80% Capital ($1,381,246) amortized at 10.7500% for 20 years Principal & Interest of $168,274 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $8.8319
(2) 20% ROE ($345,312) times the ROE factor (0.014583) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.2643
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**58**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,729,618**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.7877**	**56.7877**	**2.4687**	**54.3190**	
Patient Care					
Direct Care	**94.1885**	**94.1885**	**4.0947**	**90.0938**	
Indirect Care	**56.4282**	**56.4282**	**2.4531**	**53.9751**	
Property	**13.6500**	**12.0881**	**0.5255**	**11.5626**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3273**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.0544**	**219.4925**	**9.5420**	**235.1142**	

***Medicaid Trend Adjustment :**

0 043864-00 - 2013/07

201.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Grand Oaks Health and Rehab. 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	
3001 Palm Coast Parkway SE		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Palm Coast FL 32137		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Flagler[18]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**42,158**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,766**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,661**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**44.26443%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.98816%**	Cost:	**1.00000000**
Open Date:	**5/16/1997**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/16/1997**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**5/16/1997**	Low Occupancy Adjustment Factor:			**120.96227%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252409**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	683,577	1,623,102	933,030	590,061	0	3,829,770
1a	Audit Adjustments						
2	Cost Per Diem	36.6313	86.9783	49.9989	**31.6200**		205.2285
3	Cost Per Diem Inflated	36.6313	86.9783	49.9989			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.6313**	**86.9783**	**49.9989**	**31.6200**		205.2285
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.1662**		**54.5900**			
10b	Base for line 10a	45.2066		53.4553			
11	Lesser of 5,7,8,10, 10a	**36.6313**	**86.9783**	**49.9989**	**13.6500**		187.2585
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.6313**	**86.9783**	**49.9989**	**13.6500**		**187.2585**
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 043864-00 - 2013/07

201.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Grand Oaks Health and Rehab. Center

FRVS

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

Began FRVS:	**5/16/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,451,179**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**5,165,066.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**429,613**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,360,943**	**10.8984**
20% ROE(2):	**1,090,236**	**0.3803**
Insurance Cost(3):	**34,151**	**0.8101**
Taxes Cost(3):	**94,866**	**2.2502**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.3390**

(1) 80% Capital ($4,360,943) amortized at 7.7500% for 20 years Principal & Interest of $429,613 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8984
(2) 20% ROE ($1,090,236) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3803
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.6313**	**36.6313**	**1.5925**	**35.0388**	
Patient Care					
Direct Care	**86.9783**	**86.9783**	**3.7812**	**83.1971**	
Indirect Care	**49.9989**	**49.9989**	**2.1736**	**47.8253**	
Property	**13.6500**	**14.3390**	**0.6234**	**13.7156**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.6306**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.2585**	**187.9475**	**8.1707**	**201.2438**	

***Medicaid Trend Adjustment :**

0 043865-00 - 2013/07

169.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Harts Harbor 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	
11565 Harts Road		**02/01/2012-01/31/2013**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**64,363**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,562**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**55,235**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**85.81794%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.69733%**	Cost:	**1.00000000**
Open Date:	**7/1/1977**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1977**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**6/1/1982**	Low Occupancy Adjustment Factor:			**123.11614%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252417**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,841,089	4,564,996	2,230,696	459,003	0	9,095,784
1a	Audit Adjustments						
2	Cost Per Diem	33.3319	82.6468	40.3856	**8.3100**		164.6743
3	Cost Per Diem Inflated	33.3319	82.6468	40.3856			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.3319**	**82.6468**	**40.3856**	**8.3100**		164.6743
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.1029**		**53.5571**			
10b	Base for line 10a	44.1654		52.4439			
11	Lesser of 5,7,8,10, 10a	**33.3319**	**82.6468**	**40.3856**	**8.3100**		164.6743
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**33.3319**	**82.6468**	**40.3856**	**8.3100**		**164.6743**
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 043865-00 - 2013/07

169.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,768,875**
FRVS Base Asset:	**2,722,556**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**1,901,700.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**368,810**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,815,100**	**6.2373**
20% ROE(2):	**953,775**	**0.2218**
Insurance Cost(3):	**48,946**	**0.7605**
Taxes Cost(3):	**44,357**	**0.6892**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.9088**

(1) 80% Capital ($3,815,100) amortized at 7.5000% for 20 years Principal & Interest of $368,810 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.2373
(2) 20% ROE ($953,775) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2218
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.3319**	**33.3319**	**1.4490**	**31.8829**	
Patient Care					
Direct Care	**82.6468**	**82.6468**	**3.5929**	**79.0539**	
Indirect Care	**40.3856**	**40.3856**	**1.7557**	**38.6299**	
Property	**8.3100**	**7.9088**	**0.3438**	**7.5650**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2158**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**164.6743**	**164.2731**	**7.1414**	**169.1839**	

***Medicaid Trend Adjustment :**

0 043866-00 - 2013/07

214.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Fletcher Health and Rehab. 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	
518 West Fletcher Ave		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**42,164**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,464**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,088**		
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:	**2/1/2012**						
Previous Med #	**252221**						

Medicaid Utilization	**52.38592%**
Occupancy:	**96.00182%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.97949%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	915,552	1,868,296	1,238,647	534,088	0	4,556,583
1a	Audit Adjustments						
2	Cost Per Diem	41.4502	84.5842	56.0778	**24.1800**		206.2922
3	Cost Per Diem Inflated	41.4502	84.5842	56.0778			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4502**	**84.5842**	**56.0778**	**24.1800**		206.2922
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.2326**		**56.5409**			
10b	Base for line 10a	45.2717		55.3657			
11	Lesser of 5,7,8,10, 10a	**41.4502**	**84.5842**	**56.0778**	**13.6500**		195.7622
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.4502**	**84.5842**	**56.0778**	**13.6500**		**195.7622**
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 043866-00 - 2013/07

214.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Fletcher Health and Rehab. Center

FRVS

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

Began FRVS:	**5/19/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,550,291**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,950,925.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**437,424**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,440,233**	**11.0965**
20% ROE(2):	**1,110,058**	**0.4107**
Insurance Cost(3):	**33,501**	**0.7945**
Taxes Cost(3):	**89,592**	**2.1248**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.4265**

(1) 80% Capital ($4,440,233) amortized at 7.7500% for 20 years Principal & Interest of $437,424 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0965
(2) 20% ROE ($1,110,058) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4107
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4502**	**41.4502**	**1.8020**	**39.6482**	
Patient Care					
Direct Care	**84.5842**	**84.5842**	**3.6771**	**80.9071**	
Indirect Care	**56.0778**	**56.0778**	**2.4379**	**53.6399**	
Property	**13.6500**	**14.4265**	**0.6272**	**13.7993**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8784**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.7622**	**196.5387**	**8.5442**	**214.7093**	

***Medicaid Trend Adjustment :**

0 043867-00 - 2013/07

213.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wedgewood Healthcare 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	
1010 Carpenters Way		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33809		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,837**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,866**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**16,986**		
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:	**2/1/2012**						
Previous Med #	**252328**						

Medicaid Utilization	**41.59463%**
Occupancy:	**92.98042%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.17198%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	691,380	1,497,516	959,223	462,019	0	3,610,138
1a	Audit Adjustments						
2	Cost Per Diem	40.7029	88.1618	56.4714	**27.2000**		212.5361
3	Cost Per Diem Inflated	40.7029	88.1618	56.4714			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7029**	**88.1618**	**56.4714**	**27.2000**		212.5361
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8715**		**57.0517**			
10b	Base for line 10a	46.8765		55.8659			
11	Lesser of 5,7,8,10, 10a	**40.7029**	**88.1618**	**56.4714**	**13.6500**		198.9861
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.7029**	**88.1618**	**56.4714**	**13.6500**		**198.9861**
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 043867-00 - 2013/07

213.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wedgewood Healthcare Center

FRVS

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

Began FRVS:	**3/26/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,373,518**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,128,040.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**423,493**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,298,814**	**10.7431**
20% ROE(2):	**1,074,704**	**0.3976**
Insurance Cost(3):	**33,757**	**0.8266**
Taxes Cost(3):	**119,139**	**2.9174**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.8847**

(1) 80% Capital ($4,298,814) amortized at 7.7500% for 20 years Principal & Interest of $423,493 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7431
(2) 20% ROE ($1,074,704) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3976
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7029**	**40.7029**	**1.7695**	**38.9334**	
Patient Care					
Direct Care	**88.1618**	**88.1618**	**3.8327**	**84.3291**	
Indirect Care	**56.4714**	**56.4714**	**2.4550**	**54.0164**	
Property	**13.6500**	**14.8847**	**0.6471**	**14.2376**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.7940**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.9861**	**200.2208**	**8.7043**	**213.1469**	

***Medicaid Trend Adjustment :**

0 043868-00 - 2013/07

206.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Deltona 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	
1851 Elkcam Boulevard		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Deltona FL 32725		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,847**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,577**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,078**		
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:	**2/1/2012**						
Previous Med #	**252158**						

Medicaid Utilization	**61.39496%**
Occupancy:	**93.00319%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.20067%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	959,793	2,203,847	1,132,338	580,556	0	4,876,534
1a	Audit Adjustments						
2	Cost Per Diem	38.2723	87.8797	45.1526	**23.1500**		194.4546
3	Cost Per Diem Inflated	38.2723	87.8797	45.1526			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2723**	**87.8797**	**45.1526**	**23.1500**		194.4546
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**53.6258**			
10b	Base for line 10a	44.5058		52.5112			
11	Lesser of 5,7,8,10, 10a	**38.2723**	**87.8797**	**45.1526**	**13.6500**		184.9546
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.2723**	**87.8797**	**45.1526**	**13.6500**		**184.9546**
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 043868-00 - 2013/07

206.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Deltona Health Care

FRVS

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

Began FRVS:	**5/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,721,885**
FRVS Base Asset:	**3,100,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**4,702,508.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**450,948**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,577,508**	**11.4396**
20% ROE(2):	**1,144,377**	**0.3992**
Insurance Cost(3):	**33,467**	**0.8193**
Taxes Cost(3):	**77,222**	**1.8905**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.5486**

(1) 80% Capital ($4,577,508) amortized at 7.7500% for 20 years Principal & Interest of $450,948 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4396
(2) 20% ROE ($1,144,377) times the ROE factor (0.013750) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2723**	**38.2723**	**1.6638**	**36.6085**	
Patient Care					
Direct Care	**87.8797**	**87.8797**	**3.8204**	**84.0593**	
Indirect Care	**45.1526**	**45.1526**	**1.9629**	**43.1897**	
Property	**13.6500**	**14.5486**	**0.6325**	**13.9161**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9511**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.9546**	**185.8532**	**8.0796**	**206.5611**	

***Medicaid Trend Adjustment :**

0 043871-00 - 2013/07

207.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Lake Mary Health and Rehab.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	
710 North Sun Drive		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Lake Mary Fl 32746		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,214**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,087**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,868**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**48.20692%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.83880%**	Cost:	**1.00000000**
Open Date:	**10/16/2000**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/16/2000**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**11/8/2000**	Low Occupancy Adjustment Factor:			**118.25370%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252310**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	771,776	1,730,574	995,774	533,058	0	4,031,182
1a	Audit Adjustments						
2	Cost Per Diem	38.8452	87.1036	50.1195	**26.8300**		202.8983
3	Cost Per Diem Inflated	38.8452	87.1036	50.1195			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8452**	**87.1036**	**50.1195**	**26.8300**		202.8983
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.1126**		**56.5409**			
10b	Base for line 10a	46.1334		55.3657			
11	Lesser of 5,7,8,10, 10a	**38.8452**	**87.1036**	**50.1195**	**13.6500**		189.7183
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.8452**	**87.1036**	**50.1195**	**13.6500**		**189.7183**
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 043871-00 - 2013/07

207.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,475,927**
FRVS Base Asset:	**4,781,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,064,996.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**431,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,380,742**	**10.9478**
20% ROE(2):	**1,095,185**	**0.4052**
Insurance Cost(3):	**33,475**	**0.8122**
Taxes Cost(3):	**114,486**	**2.7778**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.9430**

(1) 80% Capital ($4,380,742) amortized at 7.7500% for 20 years Principal & Interest of $431,564 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9478
(2) 20% ROE ($1,095,185) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4052
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8452**	**38.8452**	**1.6887**	**37.1565**	
Patient Care					
Direct Care	**87.1036**	**87.1036**	**3.7867**	**83.3169**	
Indirect Care	**50.1195**	**50.1195**	**2.1789**	**47.9406**	
Property	**13.6500**	**14.9430**	**0.6496**	**14.2934**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6520**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.7183**	**191.0113**	**8.3039**	**207.1958**	

***Medicaid Trend Adjustment :**

0 043872-00 - 2013/07

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Countryside Rehab and Healthcare 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	
3825 Countryside Blvd.		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,652**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,313**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,381**		
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:	**2/1/2012**						
Previous Med #	**252115**						

Medicaid Utilization	**77.74177%**
Occupancy:	**94.83607%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.51044%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,251,781	2,636,918	1,636,664	769,049	0	6,294,412
1a	Audit Adjustments						
2	Cost Per Diem	38.6579	81.4341	50.5440	**23.7500**		194.3860
3	Cost Per Diem Inflated	38.6579	81.4341	50.5440			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6579**	**81.4341**	**50.5440**	**23.7500**		194.3860
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.7641**		**56.5409**			
10b	Base for line 10a	46.7713		55.3657			
11	Lesser of 5,7,8,10, 10a	**38.6579**	**81.4341**	**50.5440**	**13.6500**		184.2860
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.6579**	**81.4341**	**50.5440**	**13.6500**		**184.2860**
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 043872-00 - 2013/07

205.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Countryside Rehab and Healthcare Center

FRVS

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

Began FRVS:	**10/19/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,566,660**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,852,736.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**438,714**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,453,328**	**11.1292**
20% ROE(2):	**1,113,332**	**0.4119**
Insurance Cost(3):	**33,453**	**0.8032**
Taxes Cost(3):	**59,351**	**1.4249**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.7692**

(1) 80% Capital ($4,453,328) amortized at 7.7500% for 20 years Principal & Interest of $438,714 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1292
(2) 20% ROE ($1,113,332) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4119
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6579**	**38.6579**	**1.6806**	**36.9773**	
Patient Care					
Direct Care	**81.4341**	**81.4341**	**3.5402**	**77.8939**	
Indirect Care	**50.5440**	**50.5440**	**2.1973**	**48.3467**	
Property	**13.6500**	**13.7692**	**0.5986**	**13.1706**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1758**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.2860**	**184.4052**	**8.0167**	**205.4007**	

***Medicaid Trend Adjustment :**

0 043873-00 - 2013/07

224.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Harbor Beach Nursing and Rehab. 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	
1615 Miami Road		**02/01/2012-01/31/2013**		Number of Beds:	**59**	Superior:	**0**
Ft. Lauderdale FL 33316		Days In CR	**366**	Maximum:	**21,594**	Standard:	**184**
County: **Broward[6]**		First Used:	**2012/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**20,012**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,858**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**14,468**		
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:	**2/1/2012**						
Previous Med #	**252255**						

Medicaid Utilization	**72.29662%**
Occupancy:	**92.67389%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.78571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	728,915	1,231,382	751,842	364,449	0	3,076,588
1a	Audit Adjustments						
2	Cost Per Diem	50.3812	85.1107	51.9659	**25.1900**		212.6478
3	Cost Per Diem Inflated	50.3812	85.1107	51.9659			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.3812**	**85.1107**	**51.9659**	**25.1900**		212.6478
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	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**59.4309**		**69.3141**			
10b	Base for line 10a	58.1956		67.8734			
11	Lesser of 5,7,8,10, 10a	**50.3812**	**85.1107**	**51.9659**	**13.6500**		201.1078
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3812**	**85.1107**	**51.9659**	**13.6500**		**201.1078**
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 043873-00 - 2013/07

224.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,788,047**
FRVS Base Asset:	**1,938,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**2,822,258.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**219,729**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,230,438**	**11.3370**
20% ROE(2):	**557,609**	**0.4196**
Insurance Cost(3):	**17,726**	**0.8858**
Taxes Cost(3):	**75,879**	**3.7917**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.4341**

(1) 80% Capital ($2,230,438) amortized at 7.7500% for 20 years Principal & Interest of $219,729 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $11.3370
(2) 20% ROE ($557,609) times the ROE factor (0.014583) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.4196
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**59**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,617,367**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3812**	**50.3812**	**2.1902**	**48.1910**	
Patient Care					
Direct Care	**85.1107**	**85.1107**	**3.7000**	**81.4107**	
Indirect Care	**51.9659**	**51.9659**	**2.2591**	**49.7068**	
Property	**13.6500**	**16.4341**	**0.7144**	**15.7197**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3839**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.1078**	**203.8919**	**8.8637**	**224.2485**	

***Medicaid Trend Adjustment :**

0 043874-00 - 2013/07

204.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Health Center at Brentwood

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
2333 North Brentwood Circle	**02/01/2012-01/31/2013**	Number of Beds: **120**	Superior: **0**
Lecanto FL 34461	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Citrus[9]**	First Used: **2012/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **42,242**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,719**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,178**	
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: **2/1/2012**			
Previous Med # **252263**			

Medicaid Utilization	**47.76762%**
Occupancy:	**96.17942%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.20329%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	726,091	1,815,033	915,118	478,420	0	3,934,662
1a	Audit Adjustments						
2	Cost Per Diem	35.9843	89.9511	45.3523	**23.7100**		194.9977
3	Cost Per Diem Inflated	35.9843	89.9511	45.3523			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.9843**	**89.9511**	**45.3523**	**23.7100**		194.9977
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.3167**		**56.0682**			
10b	Base for line 10a	45.3540		54.9028			
11	Lesser of 5,7,8,10, 10a	**35.9843**	**89.9511**	**45.3523**	**13.6500**		184.9377
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.9843**	**89.9511**	**45.3523**	**13.6500**		**184.9377**
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 043874-00 - 2013/07

204.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,437,844**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,919,568.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**428,562**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,350,275**	**10.8717**
20% ROE(2):	**1,087,569**	**0.4023**
Insurance Cost(3):	**33,484**	**0.7927**
Taxes Cost(3):	**71,729**	**1.6980**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.7647**

(1) 80% Capital ($4,350,275) amortized at 7.7500% for 20 years Principal & Interest of $428,562 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8717
(2) 20% ROE ($1,087,569) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4023
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.9843**	**35.9843**	**1.5644**	**34.4199**	
Patient Care					
Direct Care	**89.9511**	**89.9511**	**3.9105**	**86.0406**	
Indirect Care	**45.3523**	**45.3523**	**1.9716**	**43.3807**	
Property	**13.6500**	**13.7647**	**0.5984**	**13.1663**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3087**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.9377**	**185.0524**	**8.0449**	**204.1526**	

***Medicaid Trend Adjustment :**

0 043875-00 - 2013/07

207.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Governor's Creek Health and 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	
803 Oak Street		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Green Cove Springs FL 32043		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Clay[10]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,594**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,282**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**34,050**		
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:	**2/1/2012**						
Previous Med #	**252387**						

Medicaid Utilization	**81.86277%**
Occupancy:	**94.70401%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.34401%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,451,680	2,797,470	1,740,511	686,448	0	6,676,109
1a	Audit Adjustments						
2	Cost Per Diem	42.6338	82.1577	51.1163	**20.1600**		196.0678
3	Cost Per Diem Inflated	42.6338	82.1577	51.1163			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6338**	**82.1577**	**51.1163**	**20.1600**		196.0678
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**54.5900**			
10b	Base for line 10a	44.5058		53.4553			
11	Lesser of 5,7,8,10, 10a	**42.6338**	**82.1577**	**51.1163**	**13.6500**		189.5578
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.6338**	**82.1577**	**51.1163**	**13.6500**		**189.5578**
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 043875-00 - 2013/07

207.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Governor's Creek Health and Rehab.

FRVS

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

Began FRVS:	**1/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,052,402**
FRVS Base Asset:	**2,253,887**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**2,253,128.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**319,374**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,241,922**	**8.1018**
20% ROE(2):	**810,480**	**0.2827**
Insurance Cost(3):	**33,229**	**0.7989**
Taxes Cost(3):	**31,923**	**0.7675**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.9509**

(1) 80% Capital ($3,241,922) amortized at 7.7500% for 20 years Principal & Interest of $319,374 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.1018
(2) 20% ROE ($810,480) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2827
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6338**	**42.6338**	**1.8534**	**40.7804**	
Patient Care					
Direct Care	**82.1577**	**82.1577**	**3.5717**	**78.5860**	
Indirect Care	**51.1163**	**51.1163**	**2.2222**	**48.8941**	
Property	**13.6500**	**9.9509**	**0.4326**	**9.5183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7602**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.5578**	**185.8587**	**8.0799**	**207.3754**	

***Medicaid Trend Adjustment :**

0 043876-00 - 2013/07

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Largo Rehab and Spa

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	
9035 Bryan Dairy Rd.		**02/01/2012-01/31/2013**		Number of Beds:	**158**	Superior:	**0**
Largo FL 33777		Days In CR	**366**	Maximum:	**57,828**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**57,670**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**55,659**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,393**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,298**		
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:	**2/1/2012**						
Previous Med #	**252336**						

Medicaid Utilization	**58.02835%**
Occupancy:	**96.24922%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.29126%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,287,072	2,867,772	1,469,721	870,431	0	6,494,996
1a	Audit Adjustments						
2	Cost Per Diem	39.8499	88.7910	45.5050	**26.9500**		201.0959
3	Cost Per Diem Inflated	39.8499	88.7910	45.5050			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8499**	**88.7910**	**45.5050**	**26.9500**		201.0959
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.7527**		**56.5409**			
10b	Base for line 10a	45.7809		55.3657			
11	Lesser of 5,7,8,10, 10a	**39.8499**	**88.7910**	**45.5050**	**13.6500**		187.7959
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.8499**	**88.7910**	**45.5050**	**13.6500**		**187.7959**
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 043876-00 - 2013/07

207.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Largo Rehab and Spa

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**7,208,590**
FRVS Base Asset:	**6,049,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**6,478,480.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**568,117**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,766,872**	**10.9457**
20% ROE(2):	**1,441,718**	**0.4051**
Insurance Cost(3):	**45,287**	**0.8137**
Taxes Cost(3):	**109,425**	**1.9660**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.1305**

(1) 80% Capital ($5,766,872) amortized at 7.7500% for 20 years Principal & Interest of $568,117 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = $10.9457
(2) 20% ROE ($1,441,718) times the ROE factor (0.014583) divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = $0.4051
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**158**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,049,978**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8499**	**39.8499**	**1.7324**	**38.1175**	
Patient Care					
Direct Care	**88.7910**	**88.7910**	**3.8600**	**84.9310**	
Indirect Care	**45.5050**	**45.5050**	**1.9782**	**43.5268**	
Property	**13.6500**	**14.1305**	**0.6143**	**13.5162**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4852**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.7959**	**188.2764**	**8.1849**	**207.4131**	

***Medicaid Trend Adjustment :**

0 043877-00 - 2013/07

213.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Magnolia 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	
1507 South Tuttle Ave		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34239		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,930**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,982**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,695**		
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:	**2/1/2012**						
Previous Med #	**252182**						

Medicaid Utilization	**68.43549%**
Occupancy:	**95.46903%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.30808%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,173,356	2,515,731	1,398,496	718,810	0	5,806,393
1a	Audit Adjustments						
2	Cost Per Diem	40.8906	87.6714	48.7366	**25.0500**		202.3486
3	Cost Per Diem Inflated	40.8906	87.6714	48.7366			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8906**	**87.6714**	**48.7366**	**25.0500**		202.3486
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**48.4507**		**58.5510**			
10b	Base for line 10a	47.4437		57.3340			
11	Lesser of 5,7,8,10, 10a	**40.8906**	**87.6714**	**48.7366**	**13.6500**		190.9486
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.8906**	**87.6714**	**48.7366**	**13.6500**		**190.9486**
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 043877-00 - 2013/07

213.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Magnolia Health and Rehabilitation Center

FRVS

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

Began FRVS:	**9/14/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,509,661**
FRVS Base Asset:	**4,058,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**2,964,729.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**434,222**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,407,729**	**11.0153**
20% ROE(2):	**1,101,932**	**0.4076**
Insurance Cost(3):	**33,555**	**0.8003**
Taxes Cost(3):	**120,446**	**2.8725**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.0957**

(1) 80% Capital ($4,407,729) amortized at 7.7500% for 20 years Principal & Interest of $434,222 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0153
(2) 20% ROE ($1,101,932) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4076
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8906**	**40.8906**	**1.7776**	**39.1130**	
Patient Care					
Direct Care	**87.6714**	**87.6714**	**3.8114**	**83.8600**	
Indirect Care	**48.7366**	**48.7366**	**2.1187**	**46.6179**	
Property	**13.6500**	**15.0957**	**0.6563**	**14.4394**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9545**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.9486**	**192.3943**	**8.3640**	**213.8212**	

***Medicaid Trend Adjustment :**

0 043878-00 - 2013/07

184.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Marshall Health and Rehab. 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	
207 Marshall Drive		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Perry FL 32347		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Taylor[62]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**39,086**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,343**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,112**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**77.04037%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**88.99363%**	Cost:	**1.00000000**
Open Date:	**9/1/1979**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1979**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**3/1/1984**	Low Occupancy Adjustment Factor:			**112.14792%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252425**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,022,786	2,303,116	1,286,855	554,663	0	5,167,420
1a	Audit Adjustments						
2	Cost Per Diem	33.9661	76.4850	42.7356	**18.4200**		171.6067
3	Cost Per Diem Inflated	33.9661	76.4850	42.7356			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.9661**	**76.4850**	**42.7356**	**18.4200**		171.6067
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**52.8927**			
10b	Base for line 10a	44.5058		51.7933			
11	Lesser of 5,7,8,10, 10a	**33.9661**	**76.4850**	**42.7356**	**13.6500**		166.8367
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**33.9661**	**76.4850**	**42.7356**	**13.6500**		**166.8367**
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 043878-00 - 2013/07

184.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Marshall Health 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:	**1979/07**
Indexed Asset Value	**3,545,336**
FRVS Base Asset:	**2,027,076**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**1,901,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**279,412**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,836,269**	**7.0881**
20% ROE(2):	**709,067**	**0.2623**
Insurance Cost(3):	**33,351**	**0.8533**
Taxes Cost(3):	**36,115**	**0.9240**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.1277**

(1) 80% Capital ($2,836,269) amortized at 7.7500% for 20 years Principal & Interest of $279,412 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0881
(2) 20% ROE ($709,067) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2623
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.9661**	**33.9661**	**1.4766**	**32.4895**	
Patient Care					
Direct Care	**76.4850**	**76.4850**	**3.3250**	**73.1600**	
Indirect Care	**42.7356**	**42.7356**	**1.8579**	**40.8777**	
Property	**13.6500**	**9.1277**	**0.3968**	**8.7309**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5293**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**166.8367**	**162.3144**	**7.0563**	**184.6238**	

***Medicaid Trend Adjustment :**

0 043880-00 - 2013/07

199.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

North Florida Rehab. and Specialty 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	
6700 NW 10th Place		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32605		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Alachua[1]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,364**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,745**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,983**		
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:	**2/1/2012**						
Previous Med #	**252361**						

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Medicaid Utilization		**45.89256%**
Occupancy:		**94.18033%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**118.68408%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	652,439	1,608,650	946,280	552,595	0	3,759,964
1a	Audit Adjustments						
2	Cost Per Diem	34.3696	84.7416	49.8488	**29.1100**		198.0700
3	Cost Per Diem Inflated	34.3696	84.7416	49.8488			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3696**	**84.7416**	**49.8488**	**29.1100**		198.0700
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**56.1115**			
10b	Base for line 10a	44.5058		54.9452			
11	Lesser of 5,7,8,10, 10a	**34.3696**	**84.7416**	**49.8488**	**13.6500**		182.6100
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.3696**	**84.7416**	**49.8488**	**13.6500**		**182.6100**
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 043880-00 - 2013/07

199.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Florida Rehab. and Specialty 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:	**1984/01**
Indexed Asset Value	**5,350,326**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,231,418.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,665**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,280,261**	**10.6967**
20% ROE(2):	**1,070,065**	**0.3959**
Insurance Cost(3):	**33,463**	**0.8090**
Taxes Cost(3):	**89,680**	**2.1681**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.0697**

(1) 80% Capital ($4,280,261) amortized at 7.7500% for 20 years Principal & Interest of $421,665 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6967
(2) 20% ROE ($1,070,065) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3959
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3696**	**34.3696**	**1.4942**	**32.8754**	
Patient Care					
Direct Care	**84.7416**	**84.7416**	**3.6840**	**81.0576**	
Indirect Care	**49.8488**	**49.8488**	**2.1671**	**47.6817**	
Property	**13.6500**	**14.0697**	**0.6117**	**13.4580**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8781**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.6100**	**183.0297**	**7.9570**	**199.7872**	

***Medicaid Trend Adjustment :**

0 044886-00 - 2013/07

225.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crestview 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	
1849 First Avenue East		**02/01/2012-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Crestview FL 32539		Days In CR	**182**	Maximum:	**32,760**	Standard:	**184**
County:	**Okaloosa[46]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**21,428**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,516**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,843**		
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:	**2/1/2012**						
Previous Med #	**251101**						

Medicaid Utilization	**69.26918%**
Occupancy:	**65.40903%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**82.42710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27907452**
Semester Index:	**1.32132636**
Cost:	**1.03303313**
Target:	**1.01485834**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02262367**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,750	1,438,236	766,727	508,521	0	3,445,234
1a	Audit Adjustments						
2	Cost Per Diem	49.2993	96.8966	51.6558	**34.2600**		232.1117
3	Cost Per Diem Inflated	50.9278	99.0888	53.3622			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9278**	**99.0888**	**53.3622**	**34.2600**		237.6388
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2026		53.6500			
7	Provider Target Rate	**52.2894**		**54.7888**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**50.9398**			
10b	Base for line 10a	44.5058		49.8810			
11	Lesser of 5,7,8,10, 10a	**45.4505**	**96.4205**	**50.9398**	**13.6500**		206.4608
12/13	Medicaid Adjustment Rate		2.0902	1.1043			
14	Prospective Per Diem 11	**45.4505**	**98.5107**	**52.0441**	**13.6500**		**209.6553**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044886-00 - 2013/07

225.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crestview Rehabilitation Center

FRVS

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

Began FRVS:	**10/30/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,104,592**
FRVS Base Asset:	**2,097,280**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

Mortgage Information		
Amount:	**2,761,778.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**472,900**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,083,674**	**7.9976**
20% ROE(2):	**1,020,918**	**0.2699**
Insurance Cost(3):	**17,711**	**0.8265**
Taxes Cost(3):	**11,889**	**0.5548**
Home Office(3):	**5,779**	**0.2697**
Replacement(3&4):	**6,117**	**0.0000**
Total FRVS PD:		**9.9185**

(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 (0.015630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2699
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4505**	**45.4505**	**1.9759**	**43.4746**	
Patient Care					
Direct Care	**98.5107**	**98.5107**	**4.2826**	**94.2281**	
Indirect Care	**52.0441**	**52.0441**	**2.2625**	**49.7816**	
Property	**13.6500**	**9.9185**	**0.4312**	**9.4873**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8781**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.6553**	**205.9238**	**8.9522**	**225.6861**	

***Medicaid Trend Adjustment :**

0 044888-00 - 2013/07

231.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Fort Walton 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	
1 LBJ Sr. Drive		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ft. Walton Beach FL 32547		Days In CR	**182**	Maximum:	**21,840**	Standard:	**184**
County: **Okaloosa[46]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2013/07**	Total Patient:	**16,829**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,435**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**10,273**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.27907452**
Open Date:	**8/1/1960**					Semester Index:	**1.32132636**
Acquired Date:	**8/1/1960**					Cost:	**1.03303313**
Entered Medicaid	**3/1/1982**					Target:	**1.01485834**
Med # Active Date:	**2/1/2012**					**DC FY Index:**	**1.20083276**
Previous Med #	**229237**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02262367**
						PS Target:	**1.02122620**

Medicaid Utilization		**61.04344%**
Occupancy:		**77.05586%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**97.10419%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	523,258	1,008,074	540,357	323,497	0	2,395,186
1a	Audit Adjustments						
2	Cost Per Diem	50.9353	98.1285	52.5997	**31.4900**		233.1535
3	Cost Per Diem Inflated	52.6179	100.3485	54.3372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6179**	**100.3485**	**54.3372**	**31.4900**		238.7936
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.9017		54.6304			
7	Provider Target Rate	**54.0246**		**55.7900**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.0746**		**53.2253**			
10b	Base for line 10a	45.1169		52.1190			
11	Lesser of 5,7,8,10, 10a	**46.0746**	**96.4205**	**53.2253**	**13.6500**		209.3704
12/13	Medicaid Adjustment Rate		1.1979	0.6613			
14	Prospective Per Diem 11	**46.0746**	**97.6184**	**53.8866**	**13.6500**		**211.2296**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044888-00 - 2013/07

231.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Fort Walton Rehabilitation Center

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	**0.015630**

Mortgage Information		
Amount:	**2,880,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**477,587**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,986,352**	**12.1153**
20% ROE(2):	**996,588**	**0.3951**
Insurance Cost(3):	**14,149**	**0.8408**
Taxes Cost(3):	**11,431**	**0.6792**
Home Office(3):	**4,539**	**0.2697**
Replacement(3&4):	**26,190**	**0.0000**
Total FRVS PD:		**14.3001**

(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 (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3951
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0746**	**46.0746**	**2.0030**	**44.0716**	
Patient Care					
Direct Care	**97.6184**	**97.6184**	**4.2438**	**93.3746**	
Indirect Care	**53.8866**	**53.8866**	**2.3426**	**51.5440**	
Property	**13.6500**	**14.3001**	**0.6217**	**13.6784**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3393**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**211.2296**	**211.8797**	**9.2111**	**231.8443**	

***Medicaid Trend Adjustment :**

0 044889-00 - 2013/07

227.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

River Valley 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	
17884 N.E. Crozier Center		**02/01/2012-07/31/2012**		Number of Beds:	**150**	Superior:	**0**
Blountstown FL 32424		Days In CR	**182**	Maximum:	**27,300**	Standard:	**184**
County:	**Calhoun[7]**	First Used:	**2012/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**23,016**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,078**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,771**		
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:	**2/1/2012**						
Previous Med #	**251097**						

Medicaid Utilization	**81.55631%**
Occupancy:	**84.30769%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.24280%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27907452**
Semester Index:	**1.32132636**
Cost:	**1.03303313**
Target:	**1.01485834**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02262367**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	827,453	1,857,375	869,571	409,020	0	3,963,419
1a	Audit Adjustments						
2	Cost Per Diem	44.0815	98.9492	46.3252	**21.7900**		211.1459
3	Cost Per Diem Inflated	45.5376	101.1878	47.8555			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5376**	**101.1878**	**47.8555**	**21.7900**		216.3709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7833		48.1136			
7	Provider Target Rate	**46.7551**		**49.1349**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.2438**		**50.2339**			
10b	Base for line 10a	44.3034		49.1898			
11	Lesser of 5,7,8,10, 10a	**45.2438**	**96.4205**	**47.8555**	**13.6500**		203.1698
12/13	Medicaid Adjustment Rate		3.4230	1.6989			
14	Prospective Per Diem 11	**45.2438**	**99.8435**	**49.5544**	**13.6500**		**208.2917**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044889-00 - 2013/07

227.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

River Valley Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/01**
Indexed Asset Value	**4,734,964**
FRVS Base Asset:	**2,082,681**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**470,949**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,787,971**	**9.5576**
20% ROE(2):	**946,993**	**0.3004**
Insurance Cost(3):	**17,696**	**0.7689**
Taxes Cost(3):	**16,323**	**0.7092**
Home Office(3):	**6,208**	**0.2697**
Replacement(3&4):	**3,206**	**0.0000**
Total FRVS PD:		**11.6058**

(1) 80% Capital ($3,787,971) amortized at 12.5000% for 20 years Interest of $470,949 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $9.5576
(2) 20% ROE ($946,993) times the ROE factor (0.015630) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.3004
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2438**	**45.2438**	**1.9669**	**43.2769**	
Patient Care					
Direct Care	**99.8435**	**99.8435**	**4.3405**	**95.5030**	
Indirect Care	**49.5544**	**49.5544**	**2.1543**	**47.4001**	
Property	**13.6500**	**11.6058**	**0.5045**	**11.1013**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6330**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.2917**	**206.2475**	**8.9662**	**227.7507**	

***Medicaid Trend Adjustment :**

0 044975-00 - 2013/07

252.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Plantation Key Nursing 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	
48 High Point Road		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tavernier FL 33070		Days In CR	**366**	Maximum:	**43,920**	Standard:	**138**
County: **Monroe[44]**		First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**46**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**10,033**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,364**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**7,092**		
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: **12/19/2011**							
Previous Med # **208906**							

Medicaid Utilization	**70.68673%**
Occupancy:	**22.84381%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**28.78729%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	521,471	854,906	433,771	270,205	0	2,080,353
1a	Audit Adjustments						
2	Cost Per Diem	73.5295	120.5451	61.1634	**38.1000**		293.3380
3	Cost Per Diem Inflated	73.5295	120.5451	61.1634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.5295**	**120.5451**	**61.1634**	**38.1000**		293.3380
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**52.7547**		**60.5935**			
10b	Base for line 10a	51.6582		59.3341			
11	Lesser of 5,7,8,10, 10a	**52.7547**	**99.9385**	**60.5935**	**13.6500**		226.9367
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.7547**	**99.9385**	**60.5935**	**13.6500**		**226.9367**
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 044975-00 - 2013/07

252.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Plantation Key Nursing Center

FRVS

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

Began FRVS:	**12/19/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,448,280**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024690**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**0.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**563,769**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,358,624**	**14.3016**
20% ROE(2):	**1,089,656**	**0.6825**
Insurance Cost(3):	**38,550**	**3.8423**
Taxes Cost(3):	**40,230**	**4.0098**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**22.8362**

(1) 80% Capital ($4,358,624) amortized at 13.0000% for 20 years Interest of $563,769 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3016
(2) 20% ROE ($1,089,656) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6825
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.7547**	**52.7547**	**2.2934**	**50.4613**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**60.5935**	**60.5935**	**2.6342**	**57.9593**	
Property	**13.6500**	**22.8362**	**0.9928**	**21.8434**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1769**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.9367**	**236.1229**	**10.2650**	**252.8712**	

***Medicaid Trend Adjustment :**

0 045471-00 - 2013/07

230.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**07/01/2010-06/30/2011**	Number of Beds: **60**	Superior: **0**
Davenport FL 33837	Days In CR **365**	Maximum: **21,900**	Standard: **184**
County: **Polk[53]**	First Used: **2010/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **18,980**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,602**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **11,212**	
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: **6/30/2010**			
Previous Med # **001306**			

Medicaid Utilization	**59.07271%**
Occupancy:	**86.66667%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.21552%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23415178**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.17950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	518,443	1,124,921	622,626	370,893	0	2,636,883
1a	Audit Adjustments						
2	Cost Per Diem	46.2400	100.3319	55.5321	**33.0800**		235.1840
3	Cost Per Diem Inflated	46.2400	100.3319	55.5321			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2400**	**100.3319**	**55.5321**	**33.0800**		235.1840
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	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**59.7337**		**70.5674**			
10b	Base for line 10a	58.4921		69.1007			
11	Lesser of 5,7,8,10, 10a	**46.2400**	**99.6051**	**55.5321**	**13.6500**		215.0272
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.2400**	**99.6051**	**55.5321**	**13.6500**		**215.0272**
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 045471-00 - 2013/07

230.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Crossroads

FRVS

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

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,833,480**
FRVS Base Asset:	**971,248**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**2,024,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**131,231**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,466,784**	**6.6581**
20% ROE(2):	**366,696**	**0.4806**
Insurance Cost(3):	**65,300**	**3.4405**
Taxes Cost(3):	**22,600**	**1.1907**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.7699**

(1) 80% Capital ($1,466,784) amortized at 6.5000% for 20 years Principal & Interest of $131,231 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $6.6581
(2) 20% ROE ($366,696) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4806
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2400**	**46.2400**	**2.0102**	**44.2298**	
Patient Care					
Direct Care	**99.6051**	**99.6051**	**4.3302**	**95.2749**	
Indirect Care	**55.5321**	**55.5321**	**2.4142**	**53.1179**	
Property	**13.6500**	**11.7699**	**0.5117**	**11.2582**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0142**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.0272**	**213.1471**	**9.2663**	**230.7314**	

***Medicaid Trend Adjustment :**

0 046017-00 - 2013/07

257.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Homestead Manor A Palace Community

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	
1330 NW First Avenue		**11/01/2011-06/30/2012**		Number of Beds:	**64**	Superior:	**0**
Homestead FL 33030		Days In CR	**243**	Maximum:	**15,552**	Standard:	**184**
County: **Dade[13]**		First Used:	**2011/07**	Max Annualized:	**23,360**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**14,723**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,081**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**8,798**		
Class at 1/94: **South Small [3]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.27343864**
Open Date: **1/1/1983**						Semester Index:	**1.32132636**
Acquired Date: **1/1/1983**						Cost:	**1.03760505**
Entered Medicaid **1/1/1983**						Target:	**1.01485834**
Med # Active Date: **11/1/2011**						**DC FY Index:**	**1.19833101**
Previous Med # **212121**						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02475859**
						PS Target:	**1.02122620**

Medicaid Utilization		**59.75684%**
Occupancy:		**94.66950%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**119.30052%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	644,507	905,369	541,647	142,616	0	2,234,139
1a	Audit Adjustments						
2	Cost Per Diem	73.2561	102.9062	61.5648	**16.2100**		253.9371
3	Cost Per Diem Inflated	76.0109	105.4540	63.8799			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**76.0109**	**105.4540**	**63.8799**	**16.2100**		261.5548
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.3902		64.1987			
7	Provider Target Rate	**78.0117**		**65.5614**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**55.2508**		**66.1832**			
10b	Base for line 10a	54.1024		64.8076			
11	Lesser of 5,7,8,10, 10a	**55.2508**	**105.3251**	**63.8799**	**13.6500**		238.1058
12/13	Medicaid Adjustment Rate		1.1561	0.7012			
14	Prospective Per Diem 11	**55.2508**	**106.4812**	**64.5811**	**13.6500**		**239.9631**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046017-00 - 2013/07

257.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Homestead Manor A Palace Community

FRVS

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

Began FRVS:	**11/1/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**2,848,358**
FRVS Base Asset:	**1,361,312**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016250**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.6500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.6500**	**%**
Interest Only:	**False**	
Yearly Payment:	**190,422**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,278,686**	**9.0574**
20% ROE(2):	**569,672**	**0.4403**
Insurance Cost(3):	**8,556**	**0.5811**
Taxes Cost(3):	**12,574**	**0.8540**
Home Office(3):	**26,192**	**1.7790**
Replacement(3&4):	**3,066**	**0.0000**
Total FRVS PD:		**12.7118**

(1) 80% Capital ($2,278,686) amortized at 5.6500% for 20 years Principal & Interest of $190,422 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $9.0574
(2) 20% ROE ($569,672) times the ROE factor (0.016250) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $0.4403
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**54**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.2508**	**55.2508**	**2.4019**	**52.8489**	
Patient Care					
Direct Care	**106.4812**	**106.4812**	**4.6291**	**101.8521**	
Indirect Care	**64.5811**	**64.5811**	**2.8075**	**61.7736**	
Property	**13.6500**	**12.7118**	**0.5526**	**12.1592**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4189**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**239.9631**	**239.0249**	**10.3911**	**257.8891**	

***Medicaid Trend Adjustment :**

0 046128-00 - 2013/07

237.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**264**	Superior:	**0**
Miami Fl 33128		Days In CR	**366**	Maximum:	**96,624**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**96,360**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**94,337**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,120**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**59,448**		
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:	**8/19/2011**						
Previous Med #	**225177**						

Medicaid Utilization	**63.01663%**
Occupancy:	**97.63309%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**123.03518%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,065,032	5,836,363	3,606,924	1,644,332	0	14,152,651
1a	Audit Adjustments						
2	Cost Per Diem	51.5582	98.1759	60.6736	**27.6600**		238.0677
3	Cost Per Diem Inflated	54.2094	101.2684	63.7935			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.2094**	**101.2684**	**63.7935**	**27.6600**		246.9313
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3907		79.3375			
7	Provider Target Rate	**54.5240**		**81.0215**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**		229.4175
12/13	Medicaid Adjustment Rate		1.4635	0.9051			
14	Prospective Per Diem 11	**54.0219**	**101.4020**	**62.7122**	**13.6500**		**231.7861**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046128-00 - 2013/07

237.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Victoria Nursing and Rehabilitation 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:	**2000/07**
Indexed Asset Value	**12,500,180**
FRVS Base Asset:	**5,618,709**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**15,121,948.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**8.4408**	**%**
Amortization Rate:	**10.4408**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,193,306**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**10,000,144**	**13.7598**
20% ROE(2):	**2,500,036**	**0.6307**
Insurance Cost(3):	**86,563**	**0.9176**
Taxes Cost(3):	**158,999**	**1.6854**
Home Office(3):	**56,422**	**0.5981**
Replacement(3&4):	**19,158**	**0.0000**
Total FRVS PD:		**17.5916**

(1) 80% Capital ($10,000,144) amortized at 10.4408% for 20 years Principal & Interest of $1,193,306 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $13.7598
(2) 20% ROE ($2,500,036) times the ROE factor (0.021880) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $0.6307
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**141**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,618,709**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.4020**	**101.4020**	**4.4083**	**96.9937**	
Indirect Care	**62.7122**	**62.7122**	**2.7263**	**59.9859**	
Property	**13.6500**	**17.5916**	**0.7648**	**16.8268**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.8439**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.7861**	**235.7277**	**10.2479**	**237.1601**	

***Medicaid Trend Adjustment :**

0 046233-00 - 2013/07

234.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crossbreeze 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	
1755 18th Street		**10/01/2011-09/30/2012**		Number of Beds:	**101**	Superior:	**0**
Sarasota FL 34234		Days In CR	**366**	Maximum:	**36,966**	Standard:	**168**
County:	**Sarasota[58]**	First Used:	**2011/07**	Max Annualized:	**36,865**	Conditional:	**16**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**28,362**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,708**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,336**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**71.70157%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**76.72456%**	Cost:	**1.00000000**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**96.68669%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**202681**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,065,810	2,039,264	1,133,746	507,587	0	4,746,407
1a	Audit Adjustments						
2	Cost Per Diem	52.4100	100.2785	55.7507	**24.9600**		233.3992
3	Cost Per Diem Inflated	52.4100	100.2785	55.7507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4100**	**100.2785**	**55.7507**	**24.9600**		233.3992
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**55.2606**		**58.7640**			
10b	Base for line 10a	54.1120		57.5426			
11	Lesser of 5,7,8,10, 10a	**52.4100**	**99.9385**	**55.7507**	**13.6500**		221.7492
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.4100**	**99.9385**	**55.7507**	**13.6500**		**221.7492**
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 046233-00 - 2013/07

234.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crossbreeze 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:	**1971/07**
Indexed Asset Value	**4,130,979**
FRVS Base Asset:	**1,364,843**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**105,639**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,304,783**	**3.1840**
20% ROE(2):	**826,196**	**0.4669**
Insurance Cost(3):	**70,000**	**2.4681**
Taxes Cost(3):	**38,000**	**1.3398**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.4588**

(1) 80% Capital ($3,304,783) amortized at 3.2500% for 20 years Interest of $105,639 divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = $3.1840
(2) 20% ROE ($826,196) times the ROE factor (0.018750) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = $0.4669
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.4100**	**52.4100**	**2.2784**	**50.1316**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**55.7507**	**55.7507**	**2.4237**	**53.3270**	
Property	**13.6500**	**7.4588**	**0.3243**	**7.1345**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9942**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.7492**	**215.5580**	**9.3710**	**234.0176**	

***Medicaid Trend Adjustment :**

0 046758-00 - 2013/07

239.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**184**
Miami FL 33128		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**42,723**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,031**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,019**		
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:	**3/29/2012**						
Previous Med #	**207276**						

Medicaid Utilization	**72.60492%**
Occupancy:	**97.27459%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.58340%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,382,517	2,826,645	1,843,626	642,093	0	6,694,881
1a	Audit Adjustments						
2	Cost Per Diem	44.5700	91.1262	59.4354	**20.7000**		215.8316
3	Cost Per Diem Inflated	46.8618	93.9966	62.4916			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8618**	**93.9966**	**62.4916**	**20.7000**		224.0500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8771		66.4521			
7	Provider Target Rate	**45.8297**		**67.8626**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.8297**	**93.9966**	**61.8071**	**13.6500**		215.2834
12/13	Medicaid Adjustment Rate		2.3904	1.5718			
14	Prospective Per Diem 11	**45.8297**	**96.3870**	**63.3789**	**13.6500**		**219.2456**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046758-00 - 2013/07

239.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Riverside Care Center

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/07**
Indexed Asset Value	**3,052,866**
FRVS Base Asset:	**782,402**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**263,687**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,442,293**	**6.6892**
20% ROE(2):	**610,573**	**0.3389**
Insurance Cost(3):	**9,740**	**0.2280**
Taxes Cost(3):	**58,477**	**1.3687**
Home Office(3):	**25,552**	**0.5981**
Replacement(3&4):	**22,461**	**0.0000**
Total FRVS PD:		**9.2229**

(1) 80% Capital ($2,442,293) amortized at 9.0000% for 20 years Principal & Interest of $263,687 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6892
(2) 20% ROE ($610,573) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3389
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**80**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8297**	**45.8297**	**1.9924**	**43.8373**	
Patient Care					
Direct Care	**96.3870**	**96.3870**	**4.1903**	**92.1967**	
Indirect Care	**63.3789**	**63.3789**	**2.7553**	**60.6236**	
Property	**13.6500**	**9.2229**	**0.5934**	**13.0566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9797**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.2456**	**214.8185**	**9.5314**	**239.5303**	

***Medicaid Trend Adjustment :**

0 047787-00 - 2013/07

238.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Renaissance Health and Rehabilitation

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	
5065 Wallis Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**32,998**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,787**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,797**		
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:	**2/1/2012**						
Previous Med #	**252549**						

Medicaid Utilization	**72.11649%**
Occupancy:	**75.13206%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.67985%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,223,395	2,243,436	1,611,544	464,042	0	5,542,417
1a	Audit Adjustments						
2	Cost Per Diem	51.4096	94.2739	67.7205	**19.5000**		232.9040
3	Cost Per Diem Inflated	51.4096	94.2739	67.7205			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4096**	**94.2739**	**67.7205**	**19.5000**		232.9040
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**51.7400**		**58.9369**			
10b	Base for line 10a	50.6646		57.7119			
11	Lesser of 5,7,8,10, 10a	**51.4096**	**94.2739**	**58.9369**	**13.6500**		218.2704
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.4096**	**94.2739**	**58.9369**	**13.6500**		**218.2704**
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 047787-00 - 2013/07

238.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Renaissance Health and Rehabilitation

FRVS

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

Began FRVS:	**7/9/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,385,961**
FRVS Base Asset:	**3,590,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**2,786,919.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**424,473**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,308,769**	**10.7680**
20% ROE(2):	**1,077,192**	**0.3757**
Insurance Cost(3):	**32,179**	**0.9752**
Taxes Cost(3):	**65,146**	**1.9742**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.0931**

(1) 80% Capital ($4,308,769) amortized at 7.7500% for 20 years Principal & Interest of $424,473 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7680
(2) 20% ROE ($1,077,192) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3757
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1984**	Used Per Bed Standard:	**27,413**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4096**	**51.4096**	**2.2349**	**49.1747**	
Patient Care					
Direct Care	**94.2739**	**94.2739**	**4.0984**	**90.1755**	
Indirect Care	**58.9369**	**58.9369**	**2.5622**	**56.3747**	
Property	**13.6500**	**14.0931**	**0.6127**	**13.4804**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3302**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.2704**	**218.7135**	**9.5082**	**238.3719**	

***Medicaid Trend Adjustment :**

0 047788-00 - 2013/07

230.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Wood Lake Nursing & 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	
6414 13th Road South		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**36,163**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,008**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,901**		
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:	**2/1/2012**						
Previous Med #	**261599**						

Medicaid Utilization	**71.62293%**
Occupancy:	**82.33835%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**103.76107%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,228,461	2,193,589	1,545,724	556,094	0	5,523,868
1a	Audit Adjustments						
2	Cost Per Diem	47.4291	84.6913	59.6782	**21.4700**		213.2686
3	Cost Per Diem Inflated	47.4291	84.6913	59.6782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4291**	**84.6913**	**59.6782**	**21.4700**		213.2686
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**54.7789**		**62.2953**			
10b	Base for line 10a	53.6403		61.0005			
11	Lesser of 5,7,8,10, 10a	**47.4291**	**84.6913**	**59.6782**	**13.6500**		205.4486
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4291**	**84.6913**	**59.6782**	**13.6500**		**205.4486**
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 047788-00 - 2013/07

230.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wood Lake Nursing & Rehabilitation Center

FRVS

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

Began FRVS:	**7/11/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**6,015,077**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**6,825,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.9360**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**576,512**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,812,062**	**14.6249**
20% ROE(2):	**1,203,015**	**0.4196**
Insurance Cost(3):	**33,412**	**0.9239**
Taxes Cost(3):	**89,708**	**2.4807**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**18.4491**

(1) 80% Capital ($4,812,062) amortized at 10.5000% for 20 years Principal & Interest of $576,512 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6249
(2) 20% ROE ($1,203,015) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4196
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4291**	**47.4291**	**2.0619**	**45.3672**	
Patient Care					
Direct Care	**84.6913**	**84.6913**	**3.6818**	**81.0095**	
Indirect Care	**59.6782**	**59.6782**	**2.5944**	**57.0838**	
Property	**13.6500**	**18.4491**	**0.8020**	**17.6471**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4868**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.4486**	**210.2477**	**9.1401**	**230.4308**	

***Medicaid Trend Adjustment :**

0 047795-00 - 2013/07

209.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Hillcrest Nursing 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	
4200 Washington Street		**02/01/2012-01/31/2013**		Number of Beds:	**240**	Superior:	**0**
Hollywood FL 33021		Days In CR	**366**	Maximum:	**87,840**	Standard:	**184**
County: **Broward[6]**		First Used:	**2012/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**80,737**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,974**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**46,725**		
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: **2/1/2012**							
Previous Med # **252531**							

Medicaid Utilization	**57.87309%**
Occupancy:	**91.91371%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.82773%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,675,485	3,776,618	2,906,559	1,127,942	0	9,486,604
1a	Audit Adjustments						
2	Cost Per Diem	35.8584	80.8265	62.2057	**24.1400**		203.0306
3	Cost Per Diem Inflated	35.8584	80.8265	62.2057			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8584**	**80.8265**	**62.2057**	**24.1400**		203.0306
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.9637**		**58.5510**			
10b	Base for line 10a	48.9252		57.3340			
11	Lesser of 5,7,8,10, 10a	**35.8584**	**80.8265**	**58.5510**	**13.6500**		188.8859
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.8584**	**80.8265**	**58.5510**	**13.6500**		**188.8859**
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 047795-00 - 2013/07

209.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hillcrest Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**6/27/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**10,921,455**
FRVS Base Asset:	**6,840,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**6,780,937.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**860,732**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,737,164**	**10.9175**
20% ROE(2):	**2,184,291**	**0.3809**
Insurance Cost(3):	**64,085**	**0.7938**
Taxes Cost(3):	**214,580**	**2.6578**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.7500**

(1) 80% Capital ($8,737,164) amortized at 7.7500% for 20 years Principal & Interest of $860,732 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $10.9175
(2) 20% ROE ($2,184,291) times the ROE factor (0.013750) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3809
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8584**	**35.8584**	**1.5589**	**34.2995**	
Patient Care					
Direct Care	**80.8265**	**80.8265**	**3.5138**	**77.3127**	
Indirect Care	**58.5510**	**58.5510**	**2.5454**	**56.0056**	
Property	**13.6500**	**14.7500**	**0.6412**	**14.1088**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0751**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.8859**	**189.9859**	**8.2593**	**209.6381**	

***Medicaid Trend Adjustment :**

0 048441-00 - 2013/07

229.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Health Central 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
411 North Dillard Street	**10/01/2011-09/30/2012**	Number of Beds: **228**	Superior: **0**
Winter Garden FL 34787	Days In CR **366**	Maximum: **83,448**	Standard: **184**
County: **Orange[48]**	First Used: **2013/07**	Max Annualized: **83,220**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2013/07**	Total Patient: **75,146**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **11,560**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **49,042**	
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: **4/1/2012**			
Previous Med # **204811**			

Medicaid Utilization	**65.26229%**
Occupancy:	**90.05129%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.48075%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,469,290	4,639,770	2,287,768	268,260	0	9,665,088
1a	Audit Adjustments						
2	Cost Per Diem	50.3505	94.6081	46.6492	**5.4700**		197.0778
3	Cost Per Diem Inflated	52.1046	96.8156	48.2743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.1046**	**96.8156**	**48.2743**	**5.4700**		202.6645
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3301		51.3539			
7	Provider Target Rate	**47.3135**		**52.4439**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3135**	**96.8156**	**48.2743**	**5.4700**		197.8734
12/13	Medicaid Adjustment Rate		1.6623	0.8289			
14	Prospective Per Diem 11	**47.3135**	**98.4779**	**49.1032**	**5.4700**		**200.3646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 048441-00 - 2013/07

229.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**10,958,869**
FRVS Base Asset:	**1,411,740**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.9428**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.9428**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,011,269**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,767,095**	**13.5019**
20% ROE(2):	**2,191,774**	**0.4512**
Insurance Cost(3):	**47,703**	**0.6348**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**27,048**	**0.3599**
Replacement(3&4):	**214,824**	**0.0000**
Total FRVS PD:		**14.9478**

(1) 80% Capital ($8,767,095) amortized at 9.9428% for 20 years Principal & Interest of $1,011,269 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $13.5019
(2) 20% ROE ($2,191,774) times the ROE factor (0.015420) divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $0.4512
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3135**	**47.3135**	**2.0569**	**45.2566**	
Patient Care					
Direct Care	**98.4779**	**98.4779**	**4.2811**	**94.1968**	
Indirect Care	**49.1032**	**49.1032**	**2.1347**	**46.9685**	
Property	**5.4700**	**14.9478**	**0.6498**	**14.2980**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1218**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.3646**	**209.8424**	**9.1225**	**229.6781**	

***Medicaid Trend Adjustment :**

0 048611-00 - 2013/07

236.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ocala Oaks 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	
3930 E Silver Springs Blvd		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**184**
Ocala FL 34470		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Marion[42]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,986**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,300**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,386**		
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:	**6/1/2012**						
Previous Med #	**214043**						

Medicaid Utilization	**69.99000%**
Occupancy:	**95.85845%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.79881%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29546714**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20883103**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,375,209	2,893,666	1,694,462	726,422	0	6,689,759
1a	Audit Adjustments						
2	Cost Per Diem	46.7981	98.4709	57.6622	**24.7200**		227.6512
3	Cost Per Diem Inflated	46.7981	98.4709	57.6622			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7981**	**98.4709**	**57.6622**	**24.7200**		227.6512
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**48.1727**		**59.3736**			
10b	Base for line 10a	47.1714		58.1395			
11	Lesser of 5,7,8,10, 10a	**46.7981**	**96.4205**	**57.6622**	**13.6500**		214.5308
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7981**	**96.4205**	**57.6622**	**13.6500**		**214.5308**
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 048611-00 - 2013/07

236.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ocala Oaks Rehabilitation 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	**5,262,025**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**4,899,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**512,847**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,209,620**	**13.0098**
20% ROE(2):	**1,052,405**	**0.3671**
Insurance Cost(3):	**44,900**	**1.0694**
Taxes Cost(3):	**65,000**	**1.5481**
Home Office(3):	**14,300**	**0.3406**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.3350**

(1) 80% Capital ($4,209,620) amortized at 10.7500% for 20 years Principal & Interest of $512,847 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0098
(2) 20% ROE ($1,052,405) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3671
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7981**	**46.7981**	**2.0345**	**44.7636**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**57.6622**	**57.6622**	**2.5068**	**55.1554**	
Property	**13.6500**	**16.3350**	**0.7101**	**15.6249**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2118**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.5308**	**217.2158**	**9.4431**	**236.8209**	

***Medicaid Trend Adjustment :**

0 048807-00 - 2013/07

252.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

New Riviera Nursing and 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	
6901 Yumuri Street		**12/01/2011-11/30/2012**		Number of Beds:	**223**	Superior:	**0**
Coral Gables FL 33146		Days In CR	**366**	Maximum:	**81,618**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/01**	Max Annualized:	**81,395**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**54,559**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,458**		
Current Class	**South Large [4]**	Initial CR?	**True**	Medicaid:	**13,640**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**<=18 months [2]**						
Open Date:	**4/24/2012**						
Acquired Date:	**4/24/2012**						
Entered Medicaid	**6/14/2012**						
Med # Active Date:	**6/14/2012**						
Previous Med #							

Medicaid Utilization	**25.00046%**
Occupancy:	**66.84678%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**84.23891%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28130802**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	683,500	1,367,975	784,539	842,406	0	3,678,420
1a	Audit Adjustments						
2	Cost Per Diem	50.1100	100.2914	57.5175	**61.7600**		269.6789
3	Cost Per Diem Inflated	50.1100	100.2914	57.5175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1100**	**100.2914**	**57.5175**	**61.7600**		269.6789
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	**54.0219**	**99.9385**	**68.0425**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**51.5851**		**60.0480**			
10b	Base for line 10a	50.5129		58.7999			
11	Lesser of 5,7,8,10, 10a	**50.1100**	**99.9385**	**57.5175**	**18.6230**		226.1890
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.1100**	**99.9385**	**57.5175**	**18.6230**		**226.1890**
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 048807-00 - 2013/07

252.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

New Riviera Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**6/14/2012**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2012/01**
Indexed Asset Value	**11,072,670**
FRVS Base Asset:	**11,059,239**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**31,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.9000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**776,959**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,858,136**	**10.6062**
20% ROE(2):	**2,214,534**	**0.5668**
Insurance Cost(3):	**250,000**	**4.5822**
Taxes Cost(3):	**798,200**	**14.6300**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**30.3852**

(1) 80% Capital ($8,858,136) amortized at 6.2500% for 20 years Principal & Interest of $776,959 divided by annual available days (81,395) divided by Occup. Adj. (0.9000) = $10.6062
(2) 20% ROE ($2,214,534) times the ROE factor (0.018750) divided by annual available days (81,395) divided by Occup. Adj. (0.9000) = $0.5668
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2011**	Used Per Bed Standard:	**49,593**
Comparison Bed	**223**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**11,059,239**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1100**	**50.1100**	**2.1784**	**47.9316**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**57.5175**	**57.5175**	**2.5005**	**55.0170**	
Property	**18.6230**	**30.3852**	**1.3209**	**29.0643**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1708**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.1890**	**237.9512**	**10.3444**	**252.6140**	

***Medicaid Trend Adjustment :**

0 054789-00 - 2013/07

204.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Dade Nursing 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	
17475 S. Dixie Highway		**06/01/2012-05/31/2013**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33157		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**62,528**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,253**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**52,266**		
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:	**6/1/2012**						
Previous Med #	**214027**						

Medicaid Utilization	**83.58815%**
Occupancy:	**95.17199%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.93376%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29546714**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20883103**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,036,001	4,292,204	2,207,401	1,047,933	0	9,583,539
1a	Audit Adjustments						
2	Cost Per Diem	38.9546	82.1223	42.2340	**20.0500**		183.3609
3	Cost Per Diem Inflated	38.9546	82.1223	42.2340			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9546**	**82.1223**	**42.2340**	**20.0500**		183.3609
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**46.2415**		**55.8035**			
10b	Base for line 10a	45.2804		54.6436			
11	Lesser of 5,7,8,10, 10a	**38.9546**	**82.1223**	**42.2340**	**13.6500**		176.9609
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**38.9546**	**82.1223**	**42.2340**	**13.6500**		**176.9609**
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 054789-00 - 2013/07

204.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Dade Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**4/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**8,326,582**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**6,105,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**825,082**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,661,266**	**13.9537**
20% ROE(2):	**1,665,316**	**0.3873**
Insurance Cost(3):	**52,262**	**0.8358**
Taxes Cost(3):	**201,594**	**3.2241**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**18.4009**

(1) 80% Capital ($6,661,266) amortized at 11.0000% for 20 years Principal & Interest of $825,082 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.9537
(2) 20% ROE ($1,665,316) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3873
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9546**	**38.9546**	**1.6935**	**37.2611**	
Patient Care					
Direct Care	**82.1223**	**82.1223**	**3.5701**	**78.5522**	
Indirect Care	**42.2340**	**42.2340**	**1.8360**	**40.3980**	
Property	**13.6500**	**18.4009**	**0.7999**	**17.6010**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4019**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**176.9609**	**181.7118**	**7.8995**	**204.0506**	

***Medicaid Trend Adjustment :**

0 054790-00 - 2013/07

232.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Golden Glades Nursing 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	
220 Sierra Drive		**06/01/2012-05/31/2013**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33179		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**50,614**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,060**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**44,631**	FY Index:	**1.29546714**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**88.17916%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**77.03805%**	Cost:	**1.00000000**
Open Date:	**9/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20883103**
Entered Medicaid	**9/1/1984**	Low Occupancy Adjustment Factor:			**97.08174%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**207993**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,892,817	4,337,218	2,307,053	941,714	0	9,478,802
1a	Audit Adjustments						
2	Cost Per Diem	42.4104	97.1795	51.6917	**21.1000**		212.3816
3	Cost Per Diem Inflated	42.4104	97.1795	51.6917			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4104**	**97.1795**	**51.6917**	**21.1000**		212.3816
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**47.0440**		**60.9745**			
10b	Base for line 10a	46.0662		59.7071			
11	Lesser of 5,7,8,10, 10a	**42.4104**	**97.1795**	**51.6917**	**13.6500**		204.9316
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.4104**	**97.1795**	**51.6917**	**13.6500**		**204.9316**
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 054790-00 - 2013/07

232.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Golden Glades Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**10/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**8,938,438**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**6,469,400.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.6500**	**%**
Interest Only:	**False**	
Yearly Payment:	**923,977**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,150,750**	**15.6262**
20% ROE(2):	**1,787,688**	**0.4157**
Insurance Cost(3):	**51,177**	**1.0111**
Taxes Cost(3):	**178,989**	**3.5364**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**20.5894**

(1) 80% Capital ($7,150,750) amortized at 11.6500% for 20 years Principal & Interest of $923,977 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.6262
(2) 20% ROE ($1,787,688) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4157
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4104**	**42.4104**	**1.8437**	**40.5667**	
Patient Care					
Direct Care	**97.1795**	**97.1795**	**4.2247**	**92.9548**	
Indirect Care	**51.6917**	**51.6917**	**2.2472**	**49.4445**	
Property	**13.6500**	**20.5894**	**0.8951**	**19.6943**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4027**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**204.9316**	**211.8710**	**9.2107**	**232.8994**	

***Medicaid Trend Adjustment :**

0 059369-00 - 2013/07

244.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Calusa Harbour

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	
2525 E First Street		**10/01/2012-09/30/2013**		Number of Beds:	**60**	Superior:	**0**
Fort Myers FL 33901		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County: **Lee[36]**		First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**18,980**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,680**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**5,110**	FY Index:	**1.30745026**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**26.92308%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**86.66667%**	Cost:	**1.00000000**
Open Date:	**6/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.21600000**
Entered Medicaid	**6/1/1984**	Low Occupancy Adjustment Factor:			**109.21552%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**221473**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	256,560	525,720	429,547	33,317	8,170	1,253,314
1a	Audit Adjustments						
2	Cost Per Diem	50.2074	102.8806	84.0601	**6.5200**	**1.5988**	245.2669
3	Cost Per Diem Inflated	50.2074	102.8806	84.0601			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2074**	**102.8806**	**84.0601**	**6.5200**	**1.5988**	245.2669
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	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**65.3177**		**73.0660**			
10b	Base for line 10a	63.9601		71.5473			
11	Lesser of 5,7,8,10, 10a	**50.2074**	**102.8806**	**73.0660**	**6.5200**	**1.5988**	234.2728
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.2074**	**102.8806**	**73.0660**	**6.5200**	**1.5988**	**234.2728**
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 059369-00 - 2013/07

244.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Calusa Harbour

FRVS

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

Began FRVS:	**10/1/2012**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**1,958,459**
FRVS Base Asset:	**1,177,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**2,120,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2640**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**8.2640**	**%**
Interest Only:	**False**	
Yearly Payment:	**160,364**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,566,767**	**8.1362**
20% ROE(2):	**391,692**	**0.2836**
Insurance Cost(3):	**22,237**	**1.1716**
Taxes Cost(3):	**25,356**	**1.3359**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.9273**

(1) 80% Capital ($1,566,767) amortized at 8.2640% for 20 years Principal & Interest of $160,364 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.1362
(2) 20% ROE ($391,692) times the ROE factor (0.014270) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2836
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2074**	**50.2074**	**2.1827**	**48.0247**	
Patient Care					
Direct Care	**102.8806**	**102.8806**	**4.4725**	**98.4081**	
Indirect Care	**73.0660**	**73.0660**	**3.1764**	**69.8896**	
Property	**6.5200**	**10.9273**	**0.4750**	**10.4523**	
ROE	**1.5988**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.1462**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**234.2728**	**237.0813**	**10.3066**	**244.7573**	

***Medicaid Trend Adjustment :**

0 059400-00 - 2013/07

245.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Stratford Court of Palm Harbor

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	
45 Katherine Blvd		**10/01/2012-09/30/2013**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**16,060**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,110**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,110**	FY Index:	**1.30745026**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**31.81818%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**73.33333%**	Cost:	**1.00000000**
Open Date:	**1/15/1992**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/15/1992**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.21600000**
Entered Medicaid	**2/12/1992**	Low Occupancy Adjustment Factor:			**92.41314%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**210943**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	304,845	464,959	503,071	40,420	6,479	1,319,774
1a	Audit Adjustments						
2	Cost Per Diem	59.6566	90.9900	98.4483	**7.9100**	**1.2679**	258.2728
3	Cost Per Diem Inflated	59.6566	90.9900	98.4483			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.6566**	**90.9900**	**98.4483**	**7.9100**	**1.2679**	258.2728
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	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**57.2219**		**68.3782**			
10b	Base for line 10a	56.0325		66.9570			
11	Lesser of 5,7,8,10, 10a	**57.2219**	**90.9900**	**68.3782**	**7.9100**	**1.2679**	225.7680
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.2219**	**90.9900**	**68.3782**	**7.9100**	**1.2679**	**225.7680**
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 059400-00 - 2013/07

245.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Stratford Court of Palm Harbor

FRVS

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

Began FRVS:	**2/12/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**2,411,658**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**4,493,048.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**215,806**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,929,326**	**10.9491**
20% ROE(2):	**482,332**	**0.3492**
Insurance Cost(3):	**18,124**	**1.1285**
Taxes Cost(3):	**22,715**	**1.4144**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.8412**

(1) 80% Capital ($1,929,326) amortized at 9.5000% for 20 years Principal & Interest of $215,806 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.9491
(2) 20% ROE ($482,332) times the ROE factor (0.014270) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3492
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.2219**	**57.2219**	**2.4876**	**54.7343**	
Patient Care					
Direct Care	**90.9900**	**90.9900**	**3.9556**	**87.0344**	
Indirect Care	**68.3782**	**68.3782**	**2.9726**	**65.4056**	
Property	**7.9100**	**13.8412**	**0.6017**	**13.2395**	
ROE	**1.2679**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2136**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.7680**	**230.4313**	**10.0175**	**245.4638**	

***Medicaid Trend Adjustment :**

0 059404-00 - 2013/07

240.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Gardens of Port St. Lucie

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	
1699 SE Lyngate Drive		**10/01/2012-09/30/2013**		Number of Beds:	**30**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**10,950**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2012/07**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**10,220**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,840**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,555**	FY Index:	**1.30745026**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**25.00000%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.33333%**	Cost:	**1.00000000**
Open Date:	**10/13/1993**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/13/1993**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.21600000**
Entered Medicaid	**10/18/1993**	Low Occupancy Adjustment Factor:			**117.61671%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**210781**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	119,299	253,133	187,391	56,849	0	616,672
1a	Audit Adjustments						
2	Cost Per Diem	46.6924	99.0736	73.3429	**22.2501**		241.3590
3	Cost Per Diem Inflated	46.6924	99.0736	73.3429			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6924**	**99.0736**	**73.3429**	**22.2501**		241.3590
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	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**59.5976**		**74.5167**			
10b	Base for line 10a	58.3589		72.9679			
11	Lesser of 5,7,8,10, 10a	**46.6924**	**99.0736**	**73.3429**	**13.6500**		232.7589
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.6924**	**99.0736**	**73.3429**	**13.6500**		**232.7589**
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 059404-00 - 2013/07

240.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The 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	**1,401,936**
FRVS Base Asset:	**982,590**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**1,968,820.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**125,452**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,121,549**	**12.7298**
20% ROE(2):	**280,387**	**0.4060**
Insurance Cost(3):	**70,102**	**6.8593**
Taxes Cost(3):	**31,347**	**3.0672**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**23.0623**

(1) 80% Capital ($1,121,549) amortized at 9.5000% for 20 years Principal & Interest of $125,452 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $12.7298
(2) 20% ROE ($280,387) times the ROE factor (0.014270) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.4060
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**30**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**982,590**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6924**	**46.6924**	**2.0299**	**44.6625**	
Patient Care					
Direct Care	**99.0736**	**99.0736**	**4.3070**	**94.7666**	
Indirect Care	**73.3429**	**73.3429**	**3.1885**	**70.1544**	
Property	**13.6500**	**23.0623**	**1.0026**	**22.0597**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**232.7589**	**242.1712**	**10.5280**	**240.4796**	

***Medicaid Trend Adjustment :**

0 059783-00 - 2013/07

193.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Summer Brook 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	
5377 Moncrief Road		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32209		Days In CR	**365**	Maximum:	**43,800**	Standard:	**154**
County:	**Duval[16]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**30**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**42,340**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,229**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,556**		
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:	**7/1/2012**						
Previous Med #	**265721**						

Medicaid Utilization	**83.97733%**
Occupancy:	**96.66666%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.81731%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29827938**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.21050000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,277,215	2,808,956	1,274,629	950,767	0	7,311,567
1a	Audit Adjustments						
2	Cost Per Diem	64.0459	79.0009	35.8485	**26.7400**		205.6353
3	Cost Per Diem Inflated	64.0459	79.0009	35.8485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.0459**	**79.0009**	**35.8485**	**26.7400**		205.6353
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**48.6827**		**46.7648**			
10b	Base for line 10a	47.6708		45.7928			
11	Lesser of 5,7,8,10, 10a	**48.6827**	**79.0009**	**35.8485**	**13.6500**		177.1821
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.6827**	**79.0009**	**35.8485**	**13.6500**		**177.1821**
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 059783-00 - 2013/07

193.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Summer Brook 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:	**1971/07**
Indexed Asset Value	**3,376,424**
FRVS Base Asset:	**1,522,570**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**1,232,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**232,222**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,701,139**	**5.8910**
20% ROE(2):	**675,285**	**0.2445**
Insurance Cost(3):	**21,500**	**0.5078**
Taxes Cost(3):	**30,700**	**0.7251**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.3684**

(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 (0.014270) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2445
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6827**	**48.6827**	**2.1164**	**46.5663**	
Patient Care					
Direct Care	**79.0009**	**79.0009**	**3.4344**	**75.5665**	
Indirect Care	**35.8485**	**35.8485**	**1.5584**	**34.2901**	
Property	**13.6500**	**7.3684**	**0.3203**	**7.0481**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4048**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.1821**	**170.9005**	**7.4295**	**193.7122**	

***Medicaid Trend Adjustment :**

0 059852-00 - 2013/07

180.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Shoal Creek 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	
500 Hospital Drive		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Crestview Fl 32539		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Okaloosa[46]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2013/07**	Total Patient:	**42,816**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,308**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,309**	FY Index:	**1.28564713**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**68.45338%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**97.48634%**	Cost:	**1.00000000**
Open Date:	**4/5/2000**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/5/2000**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**4/27/2000**	Low Occupancy Adjustment Factor:			**122.85025%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252379**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	889,268	2,308,793	1,073,131	818,600	0	5,089,792
1a	Audit Adjustments						
2	Cost Per Diem	30.3411	78.7742	36.6144	**27.9300**		173.6597
3	Cost Per Diem Inflated	30.3411	78.7742	36.6144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**30.3411**	**78.7742**	**36.6144**	**27.9300**		173.6597
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**44.8596**		**52.5557**			
10b	Base for line 10a	43.9272		51.4633			
11	Lesser of 5,7,8,10, 10a	**30.3411**	**78.7742**	**36.6144**	**13.6500**		159.3797
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**30.3411**	**78.7742**	**36.6144**	**13.6500**		**159.3797**
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 059852-00 - 2013/07

180.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Shoal Creek Rehabilitation Center

FRVS

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

Began FRVS:	**4/27/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**5,487,559**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,919,915.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**432,480**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,390,047**	**10.9711**
20% ROE(2):	**1,097,512**	**0.4060**
Insurance Cost(3):	**33,266**	**0.7770**
Taxes Cost(3):	**81,478**	**1.9030**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.0571**

(1) 80% Capital ($4,390,047) amortized at 7.7500% for 20 years Principal & Interest of $432,480 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9711
(2) 20% ROE ($1,097,512) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4060
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**30.3411**	**30.3411**	**1.3190**	**29.0221**	
Patient Care					
Direct Care	**78.7742**	**78.7742**	**3.4246**	**75.3496**	
Indirect Care	**36.6144**	**36.6144**	**1.5917**	**35.0227**	
Property	**13.6500**	**14.0571**	**0.6111**	**13.4460**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1657**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**159.3797**	**159.7868**	**6.9464**	**180.8425**	

***Medicaid Trend Adjustment :**

0 059855-00 - 2013/07

195.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Englewood Healthcare & Rehab. 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	
1111 Drury Lane		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Englewood FL 34224		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,017**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,330**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,581**		
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:	**2/1/2012**						
Previous Med #	**252204**						

Medicaid Utilization	**56.42852%**
Occupancy:	**91.11339%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.81919%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	929,640	1,839,728	913,760	599,074	0	4,282,202
1a	Audit Adjustments						
2	Cost Per Diem	41.1691	81.4724	40.4659	**26.5300**		189.6374
3	Cost Per Diem Inflated	41.1691	81.4724	40.4659			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1691**	**81.4724**	**40.4659**	**26.5300**		189.6374
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**47.3134**		**56.4736**			
10b	Base for line 10a	46.3300		55.2998			
11	Lesser of 5,7,8,10, 10a	**41.1691**	**81.4724**	**40.4659**	**13.6500**		176.7574
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.1691**	**81.4724**	**40.4659**	**13.6500**		**176.7574**
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 059855-00 - 2013/07

195.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Englewood Healthcare & Rehab. Center

FRVS

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

Began FRVS:	**5/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**5,319,512**
FRVS Base Asset:	**3,190,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.013750**

Mortgage Information		
Amount:	**3,801,353.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**419,236**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,255,610**	**10.6351**
20% ROE(2):	**1,063,902**	**0.3711**
Insurance Cost(3):	**37,353**	**0.9334**
Taxes Cost(3):	**66,394**	**1.6591**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5987**

(1) 80% Capital ($4,255,610) amortized at 7.7500% for 20 years Principal & Interest of $419,236 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6351
(2) 20% ROE ($1,063,902) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3711
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1691**	**41.1691**	**1.7898**	**39.3793**	
Patient Care					
Direct Care	**81.4724**	**81.4724**	**3.5419**	**77.9305**	
Indirect Care	**40.4659**	**40.4659**	**1.7592**	**38.7067**	
Property	**13.6500**	**13.5987**	**0.5912**	**13.0075**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6414**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**176.7574**	**176.7061**	**7.6821**	**195.5018**	

***Medicaid Trend Adjustment :**

0 059866-00 - 2013/07

192.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Island Health and Rehab. 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	
125 Alma Boulevard		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Merritt Island FL 32953		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,177**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,895**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,420**		
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:	**2/1/2012**						
Previous Med #	**252352**						

Medicaid Utilization	**61.73349%**
Occupancy:	**93.75455%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.14753%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	955,738	1,983,647	1,185,392	636,517	0	4,761,294
1a	Audit Adjustments						
2	Cost Per Diem	37.5979	78.0349	46.6323	**25.0400**		187.3051
3	Cost Per Diem Inflated	37.5979	78.0349	46.6323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5979**	**78.0349**	**46.6323**	**25.0400**		187.3051
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.3676**		**55.5692**			
10b	Base for line 10a	46.3831		54.4142			
11	Lesser of 5,7,8,10, 10a	**37.5979**	**78.0349**	**46.6323**	**13.6500**		175.9151
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.5979**	**78.0349**	**46.6323**	**13.6500**		**175.9151**
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 059866-00 - 2013/07

192.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Island Health and Rehab. 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:	**1983/01**
Indexed Asset Value	**3,711,644**
FRVS Base Asset:	**2,166,209**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information

Amount:	**3,854,663.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**292,519**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,969,315**	**7.4206**
20% ROE(2):	**742,329**	**0.2746**
Insurance Cost(3):	**33,434**	**0.8120**
Taxes Cost(3):	**39,783**	**0.9661**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.4733**

(1) 80% Capital ($2,969,315) amortized at 7.7500% for 20 years Principal & Interest of $292,519 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.4206
(2) 20% ROE ($742,329) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2746
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5979**	**37.5979**	**1.6345**	**35.9634**	
Patient Care					
Direct Care	**78.0349**	**78.0349**	**3.3924**	**74.6425**	
Indirect Care	**46.6323**	**46.6323**	**2.0273**	**44.6050**	
Property	**13.6500**	**9.4733**	**0.4118**	**9.0615**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7981**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.9151**	**171.7384**	**7.4660**	**192.9069**	

***Medicaid Trend Adjustment :**

0 059869-00 - 2013/07

203.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Rosewood Health and Rehab. 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	
3920 Rosewood Way		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,665**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,110**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,710**		
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:	**2/1/2012**						
Previous Med #	**252468**						

Medicaid Utilization	**76.10704%**
Occupancy:	**94.86567%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.54774%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,244,486	2,719,367	1,352,626	801,312	0	6,117,791
1a	Audit Adjustments						
2	Cost Per Diem	39.2459	85.7574	42.6561	**25.2700**		192.9294
3	Cost Per Diem Inflated	39.2459	85.7574	42.6561			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.2459**	**85.7574**	**42.6561**	**25.2700**		192.9294
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**47.8715**		**54.9378**			
10b	Base for line 10a	46.8765		53.7959			
11	Lesser of 5,7,8,10, 10a	**39.2459**	**85.7574**	**42.6561**	**13.6500**		181.3094
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.2459**	**85.7574**	**42.6561**	**13.6500**		**181.3094**
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 059869-00 - 2013/07

203.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rosewood Health and Rehab. 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:	**1984/07**
Indexed Asset Value	**5,848,368**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**5,140,025.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**460,916**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,678,694**	**11.6924**
20% ROE(2):	**1,169,674**	**0.4327**
Insurance Cost(3):	**34,719**	**0.8333**
Taxes Cost(3):	**60,332**	**1.4480**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.4064**

(1) 80% Capital ($4,678,694) amortized at 7.7500% for 20 years Principal & Interest of $460,916 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6924
(2) 20% ROE ($1,169,674) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4327
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2459**	**39.2459**	**1.7061**	**37.5398**	
Patient Care					
Direct Care	**85.7574**	**85.7574**	**3.7281**	**82.0293**	
Indirect Care	**42.6561**	**42.6561**	**1.8544**	**40.8017**	
Property	**13.6500**	**14.4064**	**0.6263**	**13.7801**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8635**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.3094**	**182.0658**	**7.9149**	**203.8508**	

***Medicaid Trend Adjustment :**

0 059873-00 - 2013/07

210.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Evans 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	
3735 Evans Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Ft Myers FL 33901		Days In CR	**366**	Maximum:	**43,920**	Standard:	**180**
County:	**Lee[36]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**4**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**42,170**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,438**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,896**	FY Index:	**1.28564713**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**47.18046%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.01548%**	Cost:	**1.00000000**
Open Date:	**12/3/1998**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/3/1998**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**12/14/1998**	Low Occupancy Adjustment Factor:			**120.99670%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252212**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,677	1,855,304	944,516	473,326	0	4,027,823
1a	Audit Adjustments						
2	Cost Per Diem	37.9311	93.2501	47.4727	**23.7900**		202.4439
3	Cost Per Diem Inflated	37.9311	93.2501	47.4727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9311**	**93.2501**	**47.4727**	**23.7900**		202.4439
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**49.9282**		**58.0370**			
10b	Base for line 10a	48.8904		56.8307			
11	Lesser of 5,7,8,10, 10a	**37.9311**	**93.2501**	**47.4727**	**13.6500**		192.3039
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.9311**	**93.2501**	**47.4727**	**13.6500**		**192.3039**
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 059873-00 - 2013/07

210.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Evans Health Care

FRVS

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

Began FRVS:	**12/14/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**4,735,742**
FRVS Base Asset:	**3,977,610**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,725,244.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**373,229**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,788,594**	**9.4680**
20% ROE(2):	**947,148**	**0.3504**
Insurance Cost(3):	**33,151**	**0.7861**
Taxes Cost(3):	**73,435**	**1.7414**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.3459**

(1) 80% Capital ($3,788,594) amortized at 7.7500% for 20 years Principal & Interest of $373,229 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4680
(2) 20% ROE ($947,148) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3504
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**105**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,977,610**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9311**	**37.9311**	**1.6490**	**36.2821**	
Patient Care					
Direct Care	**93.2501**	**93.2501**	**4.0539**	**89.1962**	
Indirect Care	**47.4727**	**47.4727**	**2.0638**	**45.4089**	
Property	**13.6500**	**12.3459**	**0.5367**	**11.8092**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0217**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.3039**	**190.9998**	**8.3034**	**210.5545**	

***Medicaid Trend Adjustment :**

0 059874-00 - 2013/07

187.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sea Breeze 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	
1937 Jenks Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32405		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**40,692**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,999**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,393**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**12/1/1979**					Target:	**1.01485834**
Acquired Date:	**12/1/1979**					**DC FY Index:**	**1.20349917**
Entered Medicaid	**6/1/1980**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.00000000**
Previous Med #	**252247**					**PS Target:**	**1.02122620**

Medicaid Utilization	**77.14784%**
Occupancy:	**92.65027%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.75594%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,047,254	2,571,828	1,270,985	512,020	0	5,402,087
1a	Audit Adjustments						
2	Cost Per Diem	33.3595	81.9236	40.4863	**16.3100**		172.0794
3	Cost Per Diem Inflated	33.3595	81.9236	40.4863			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.3595**	**81.9236**	**40.4863**	**16.3100**		172.0794
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**43.8550**		**50.7568**			
10b	Base for line 10a	42.9435		49.7018			
11	Lesser of 5,7,8,10, 10a	**33.3595**	**81.9236**	**40.4863**	**13.6500**		169.4194
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**33.3595**	**81.9236**	**40.4863**	**13.6500**		**169.4194**
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 059874-00 - 2013/07

187.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,076,593**
FRVS Base Asset:	**1,814,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**285,022**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,461,274**	**7.2304**
20% ROE(2):	**615,319**	**0.2276**
Insurance Cost(3):	**36,363**	**0.8936**
Taxes Cost(3):	**43,187**	**1.0613**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.4129**

(1) 80% Capital ($2,461,274) amortized at 10.0000% for 20 years Principal & Interest of $285,022 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.2304
(2) 20% ROE ($615,319) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2276
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.3595**	**33.3595**	**1.4502**	**31.9093**	
Patient Care					
Direct Care	**81.9236**	**81.9236**	**3.5615**	**78.3621**	
Indirect Care	**40.4863**	**40.4863**	**1.7601**	**38.7262**	
Property	**13.6500**	**9.4129**	**0.4092**	**9.0037**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8586**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.4194**	**165.1823**	**7.1810**	**187.6963**	

***Medicaid Trend Adjustment :**

0 059877-00 - 2013/07

204.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Spring Hill Health and Rehab. 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	
12170 Cortez Blvd.		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34613		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hernando[27]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,063**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,861**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,828**		
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:	**2/1/2012**						
Previous Med #	**252492**						

Medicaid Utilization	**45.85150%**
Occupancy:	**93.49499%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.82044%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,026	1,573,976	1,085,287	513,251	0	3,860,540
1a	Audit Adjustments						
2	Cost Per Diem	36.5427	83.5976	57.6422	**27.2600**		205.0425
3	Cost Per Diem Inflated	36.5427	83.5976	57.6422			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5427**	**83.5976**	**57.6422**	**27.2600**		205.0425
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.1464**		**54.5900**			
10b	Base for line 10a	44.2080		53.4553			
11	Lesser of 5,7,8,10, 10a	**36.5427**	**83.5976**	**54.5900**	**13.6500**		188.3803
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.5427**	**83.5976**	**54.5900**	**13.6500**		**188.3803**
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 059877-00 - 2013/07

204.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Spring Hill Health and Rehab. Center

FRVS

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

Began FRVS:	**8/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,370,496**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information

Amount:	**4,919,949.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**423,255**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,296,397**	**10.7371**
20% ROE(2):	**1,074,099**	**0.3974**
Insurance Cost(3):	**33,535**	**0.8167**
Taxes Cost(3):	**127,878**	**3.1142**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.0654**

(1) 80% Capital ($4,296,397) amortized at 7.7500% for 20 years Principal & Interest of $423,255 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7371
(2) 20% ROE ($1,074,099) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3974
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5427**	**36.5427**	**1.5886**	**34.9541**	
Patient Care					
Direct Care	**83.5976**	**83.5976**	**3.6343**	**79.9633**	
Indirect Care	**54.5900**	**54.5900**	**2.3732**	**52.2168**	
Property	**13.6500**	**15.0654**	**0.6549**	**14.4105**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5947**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.3803**	**189.7957**	**8.2510**	**204.9758**	

***Medicaid Trend Adjustment :**

0 060972-00 - 2013/07

212.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Emerald Shores Health and 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	
626 North Tyndall Parkway		**02/01/2012-01/31/2013**		Number of Beds:	**77**	Superior:	**0**
Callaway Fl 32404		Days In CR	**366**	Maximum:	**28,182**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2012/01**	Max Annualized:	**28,105**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**24,209**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,905**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,015**	FY Index:	**1.28564713**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**49.63030%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.90235%**	Cost:	**1.00000000**
Open Date:	**8/30/2000**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/30/2000**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**8/30/2000**	Low Occupancy Adjustment Factor:			**108.25235%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252191**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	569,834	994,124	635,855	299,774	0	2,499,587
1a	Audit Adjustments						
2	Cost Per Diem	47.4269	82.7402	52.9218	**24.9500**		208.0389
3	Cost Per Diem Inflated	47.4269	82.7402	52.9218			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4269**	**82.7402**	**52.9218**	**24.9500**		208.0389
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	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**50.5188**		**60.0720**			
10b	Base for line 10a	49.4688		58.8234			
11	Lesser of 5,7,8,10, 10a	**47.4269**	**82.7402**	**52.9218**	**13.6500**		196.7389
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4269**	**82.7402**	**52.9218**	**13.6500**		**196.7389**
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 060972-00 - 2013/07

212.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Emerald Shores Health and Rehab.

FRVS

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

Began FRVS:	**8/30/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**3,507,048**
FRVS Base Asset:	**3,068,373**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**2,094,140.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**276,394**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,805,638**	**10.9270**
20% ROE(2):	**701,410**	**0.4044**
Insurance Cost(3):	**22,443**	**0.9271**
Taxes Cost(3):	**45,888**	**1.8955**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.1540**

(1) 80% Capital ($2,805,638) amortized at 7.7500% for 20 years Principal & Interest of $276,394 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $10.9270
(2) 20% ROE ($701,410) times the ROE factor (0.014583) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $0.4044
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**77**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,068,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4269**	**47.4269**	**2.0618**	**45.3651**	
Patient Care					
Direct Care	**82.7402**	**82.7402**	**3.5970**	**79.1432**	
Indirect Care	**52.9218**	**52.9218**	**2.3007**	**50.6211**	
Property	**13.6500**	**14.1540**	**0.6153**	**13.5387**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0328**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.7389**	**197.2429**	**8.5748**	**212.5373**	

***Medicaid Trend Adjustment :**

0 060993-00 - 2013/07

213.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

University Hills Health and 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	
10040 Hillview Road		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**366**	Maximum:	**43,920**	Standard:	**160**
County:	**Escambia[17]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**24**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**38,588**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,902**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,748**		
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:	**2/1/2012**						
Previous Med #	**252123**						

Medicaid Utilization	**77.09132%**
Occupancy:	**87.85974%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.71901%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,021,366	2,702,174	1,557,647	608,347	0	5,889,534
1a	Audit Adjustments						
2	Cost Per Diem	34.3339	90.8355	52.3614	**20.4500**		197.9808
3	Cost Per Diem Inflated	34.3339	90.8355	52.3614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3339**	**90.8355**	**52.3614**	**20.4500**		197.9808
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.9308**		**54.5900**			
10b	Base for line 10a	44.9761		53.4553			
11	Lesser of 5,7,8,10, 10a	**34.3339**	**90.8355**	**52.3614**	**13.6500**		191.1808
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.3339**	**90.8355**	**52.3614**	**13.6500**		**191.1808**
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 060993-00 - 2013/07

213.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

University Hills Health and Rehab.

FRVS

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

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**5,505,428**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,105,912.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**433,889**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,404,342**	**11.0068**
20% ROE(2):	**1,101,086**	**0.4073**
Insurance Cost(3):	**33,187**	**0.8600**
Taxes Cost(3):	**44,085**	**1.1425**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.4166**

(1) 80% Capital ($4,404,342) amortized at 7.7500% for 20 years Principal & Interest of $433,889 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0068
(2) 20% ROE ($1,101,086) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4073
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3339**	**34.3339**	**1.4926**	**32.8413**	
Patient Care					
Direct Care	**90.8355**	**90.8355**	**3.9489**	**86.8866**	
Indirect Care	**52.3614**	**52.3614**	**2.2763**	**50.0851**	
Property	**13.6500**	**13.4166**	**0.5833**	**12.8333**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9916**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.1808**	**190.9474**	**8.3011**	**213.4743**	

***Medicaid Trend Adjustment :**

0 061095-00 - 2013/07

212.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heritage Park Rehab. 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	
2826 Cleveland Avenue		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33901		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**42,366**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,218**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,668**		
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:	**2/1/2012**						
Previous Med #	**252344**						

Medicaid Utilization	**65.30709%**
Occupancy:	**96.46175%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.55908%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,025,216	2,554,091	1,346,542	570,514	0	5,496,363
1a	Audit Adjustments						
2	Cost Per Diem	37.0542	92.3121	48.6678	**20.6200**		198.6541
3	Cost Per Diem Inflated	37.0542	92.3121	48.6678			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.0542**	**92.3121**	**48.6678**	**20.6200**		198.6541
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**52.7061**		**57.5500**			
10b	Base for line 10a	51.6106		56.3538			
11	Lesser of 5,7,8,10, 10a	**37.0542**	**92.3121**	**48.6678**	**13.6500**		191.6841
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.0542**	**92.3121**	**48.6678**	**13.6500**		**191.6841**
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 061095-00 - 2013/07

212.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,109,211**
FRVS Base Asset:	**3,026,911**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**2,912,669.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**402,662**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,087,369**	**10.2147**
20% ROE(2):	**1,021,842**	**0.3780**
Insurance Cost(3):	**33,564**	**0.7922**
Taxes Cost(3):	**66,460**	**1.5687**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.9536**

(1) 80% Capital ($4,087,369) amortized at 7.7500% for 20 years Principal & Interest of $402,662 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2147
(2) 20% ROE ($1,021,842) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3780
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.0542**	**37.0542**	**1.6109**	**35.4433**	
Patient Care					
Direct Care	**92.3121**	**92.3121**	**4.0131**	**88.2990**	
Indirect Care	**48.6678**	**48.6678**	**2.1157**	**46.5521**	
Property	**13.6500**	**12.9536**	**0.5631**	**12.3905**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4124**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.6841**	**190.9877**	**8.3028**	**212.9337**	

***Medicaid Trend Adjustment :**

0 061101-00 - 2013/07

199.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Destin Healthcare 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	
195 Mattie M. Kelly Blvd.		**02/01/2012-01/31/2013**		Number of Beds:	**119**	Superior:	**0**
Destin FL 32541		Days In CR	**366**	Maximum:	**43,554**	Standard:	**184**
County:	**Okaloosa[46]**	First Used:	**2012/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**40,940**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,627**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,686**	FY Index:	**1.28564713**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**60.29800%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.99825%**	Cost:	**1.00000000**
Open Date:	**7/14/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/11/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20349917**
Entered Medicaid	**8/11/1994**	Low Occupancy Adjustment Factor:			**118.45464%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**252166**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	855,996	2,149,953	1,050,323	555,929	0	4,612,201
1a	Audit Adjustments						
2	Cost Per Diem	34.6754	87.0920	42.5473	**22.5200**		186.8347
3	Cost Per Diem Inflated	34.6754	87.0920	42.5473			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.6754**	**87.0920**	**42.5473**	**22.5200**		186.8347
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**54.5900**			
10b	Base for line 10a	44.5058		53.4553			
11	Lesser of 5,7,8,10, 10a	**34.6754**	**87.0920**	**42.5473**	**13.6500**		177.9647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.6754**	**87.0920**	**42.5473**	**13.6500**		**177.9647**
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 061101-00 - 2013/07

199.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Destin Healthcare and Rehabilitation Center

FRVS

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

Began FRVS:	**8/11/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,505,542**
FRVS Base Asset:	**2,976,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,618,367.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**433,898**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,404,434**	**11.0995**
20% ROE(2):	**1,101,108**	**0.4108**
Insurance Cost(3):	**32,938**	**0.8045**
Taxes Cost(3):	**61,127**	**1.4931**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.8079**

(1) 80% Capital ($4,404,434) amortized at 7.7500% for 20 years Principal & Interest of $433,898 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $11.0995
(2) 20% ROE ($1,101,108) times the ROE factor (0.014583) divided by annual available days (43,435) 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			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**88**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,976,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.6754**	**34.6754**	**1.5075**	**33.1679**	
Patient Care					
Direct Care	**87.0920**	**87.0920**	**3.7862**	**83.3058**	
Indirect Care	**42.5473**	**42.5473**	**1.8497**	**40.6976**	
Property	**13.6500**	**13.8079**	**0.6003**	**13.2076**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9307**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.9647**	**178.1226**	**7.7437**	**199.1460**	

***Medicaid Trend Adjustment :**

0 061102-00 - 2013/07

200.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

San Jose 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	
9355 San Jose Boulevard		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,852**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,676**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,375**		
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:	**2/1/2012**						
Previous Med #	**252051**						

Medicaid Utilization	**77.35592%**
Occupancy:	**95.29144%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.08429%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,135,776	2,652,021	1,583,543	706,746	0	6,078,086
1a	Audit Adjustments						
2	Cost Per Diem	35.0819	81.9157	48.9125	**21.8300**		187.7401
3	Cost Per Diem Inflated	35.0819	81.9157	48.9125			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0819**	**81.9157**	**48.9125**	**21.8300**		187.7401
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**45.4505**		**54.5900**			
10b	Base for line 10a	44.5058		53.4553			
11	Lesser of 5,7,8,10, 10a	**35.0819**	**81.9157**	**48.9125**	**13.6500**		179.5601
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.0819**	**81.9157**	**48.9125**	**13.6500**		**179.5601**
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 061102-00 - 2013/07

200.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

San Jose Health and Rehabilitation 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:	**1985/07**
Indexed Asset Value	**5,001,618**
FRVS Base Asset:	**3,051,972**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**3,339,377.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**394,183**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,001,294**	**9.9996**
20% ROE(2):	**1,000,324**	**0.3701**
Insurance Cost(3):	**33,479**	**0.7999**
Taxes Cost(3):	**67,194**	**1.6055**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.7751**

(1) 80% Capital ($4,001,294) amortized at 7.7500% for 20 years Principal & Interest of $394,183 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9996
(2) 20% ROE ($1,000,324) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3701
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1985**	Used Per Bed Standard:	**28,259**
Comparison Bed	**108**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,051,972**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0819**	**35.0819**	**1.5251**	**33.5568**	
Patient Care					
Direct Care	**81.9157**	**81.9157**	**3.5611**	**78.3546**	
Indirect Care	**48.9125**	**48.9125**	**2.1264**	**46.7861**	
Property	**13.6500**	**12.7751**	**0.5554**	**12.2197**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1231**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.5601**	**178.6852**	**7.7680**	**200.8767**	

***Medicaid Trend Adjustment :**

0 061107-00 - 2013/07

207.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

SeaView Nursing and Rehab. 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	
2401 NE 2nd Street		**02/01/2012-01/31/2013**		Number of Beds:	**83**	Superior:	**0**
Pompano Beach FL 33062		Days In CR	**366**	Maximum:	**30,378**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2012/01**	Max Annualized:	**30,295**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**27,863**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,109**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**23,766**		
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:	**2/1/2012**						
Previous Med #	**252433**						

Medicaid Utilization	**85.29591%**
Occupancy:	**91.72098%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.58486%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,063,719	1,853,786	1,237,094	361,481	0	4,516,080
1a	Audit Adjustments						
2	Cost Per Diem	44.7580	78.0016	52.0531	**15.2100**		190.0227
3	Cost Per Diem Inflated	44.7580	78.0016	52.0531			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7580**	**78.0016**	**52.0531**	**15.2100**		190.0227
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	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**57.6874**		**67.3311**			
10b	Base for line 10a	56.4884		65.9316			
11	Lesser of 5,7,8,10, 10a	**44.7580**	**78.0016**	**52.0531**	**13.6500**		188.4627
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.7580**	**78.0016**	**52.0531**	**13.6500**		**188.4627**
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 061107-00 - 2013/07

207.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

SeaView 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:	**1983/07**
Indexed Asset Value	**2,208,776**
FRVS Base Asset:	**1,201,038**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**1,234,273.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**174,076**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,767,021**	**6.3845**
20% ROE(2):	**441,755**	**0.2363**
Insurance Cost(3):	**34,045**	**1.2219**
Taxes Cost(3):	**58,303**	**2.0925**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.9352**

(1) 80% Capital ($1,767,021) amortized at 7.7500% for 20 years Principal & Interest of $174,076 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $6.3845
(2) 20% ROE ($441,755) times the ROE factor (0.014583) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $0.2363
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**83**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,365,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7580**	**44.7580**	**1.9458**	**42.8122**	
Patient Care					
Direct Care	**78.0016**	**78.0016**	**3.3910**	**74.6106**	
Indirect Care	**52.0531**	**52.0531**	**2.2629**	**49.7902**	
Property	**13.6500**	**9.9352**	**0.4319**	**9.5033**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9800**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.4627**	**184.7479**	**8.0316**	**207.5327**	

***Medicaid Trend Adjustment :**

0 061109-00 - 2013/07

204.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Vista Manor

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	
1550 Jess Parrish Court		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Titusville FL 32796		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,748**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,795**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,870**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1985**						
Acquired Date:	**9/1/1985**						
Entered Medicaid	**9/16/1985**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252522**						

Medicaid Utilization	**56.12545%**
Occupancy:	**92.77778%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.91662%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	794,759	1,927,253	1,163,386	563,974	0	4,449,372
1a	Audit Adjustments						
2	Cost Per Diem	34.7512	84.2699	50.8695	**24.6600**		194.5506
3	Cost Per Diem Inflated	34.7512	84.2699	50.8695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.7512**	**84.2699**	**50.8695**	**24.6600**		194.5506
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**46.8361**		**56.5409**			
10b	Base for line 10a	45.8626		55.3657			
11	Lesser of 5,7,8,10, 10a	**34.7512**	**84.2699**	**50.8695**	**13.6500**		183.5406
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**34.7512**	**84.2699**	**50.8695**	**13.6500**		**183.5406**
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 061109-00 - 2013/07

204.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Vista Manor

FRVS

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

Began FRVS:	**12/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,634,348**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**4,919,889.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6343**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**444,049**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,507,478**	**11.2646**
20% ROE(2):	**1,126,870**	**0.4169**
Insurance Cost(3):	**33,589**	**0.8243**
Taxes Cost(3):	**74,811**	**1.8359**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.3417**

(1) 80% Capital ($4,507,478) amortized at 7.7500% for 20 years Principal & Interest of $444,049 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.2646
(2) 20% ROE ($1,126,870) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4169
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.7512**	**34.7512**	**1.5107**	**33.2405**	
Patient Care					
Direct Care	**84.2699**	**84.2699**	**3.6635**	**80.6064**	
Indirect Care	**50.8695**	**50.8695**	**2.2115**	**48.6580**	
Property	**13.6500**	**14.3417**	**0.6235**	**13.7182**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8145**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.5406**	**184.2323**	**8.0092**	**204.8740**	

***Medicaid Trend Adjustment :**

0 061140-00 - 2013/07

220.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Lakeside Oaks 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	
1061 Virginia Street		**02/01/2012-01/31/2013**		Number of Beds:	**93**	Superior:	**0**
Dunedin FL 34698		Days In CR	**366**	Maximum:	**34,038**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**33,945**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**31,371**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,007**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**19,153**		
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:	**2/1/2012**						
Previous Med #	**252484**						

Medicaid Utilization	**61.05320%**
Occupancy:	**92.16464%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.14395%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	799,048	1,695,763	1,115,139	434,773	0	4,044,723
1a	Audit Adjustments						
2	Cost Per Diem	41.7192	88.5377	58.2227	**22.7000**		211.1796
3	Cost Per Diem Inflated	41.7192	88.5377	58.2227			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7192**	**88.5377**	**58.2227**	**22.7000**		211.1796
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	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**50.9702**		**65.1728**			
10b	Base for line 10a	49.9108		63.8182			
11	Lesser of 5,7,8,10, 10a	**41.7192**	**88.5377**	**58.2227**	**13.6500**		202.1296
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.7192**	**88.5377**	**58.2227**	**13.6500**		**202.1296**
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 061140-00 - 2013/07

220.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lakeside Oaks Care Center

FRVS

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

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**2,799,303**
FRVS Base Asset:	**1,628,358**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**278,424**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,239,442**	**9.1136**
20% ROE(2):	**559,861**	**0.2672**
Insurance Cost(3):	**26,465**	**0.8436**
Taxes Cost(3):	**38,622**	**1.2311**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.4555**

(1) 80% Capital ($2,239,442) amortized at 12.5000% for 20 years Interest of $278,424 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $9.1136
(2) 20% ROE ($559,861) times the ROE factor (0.014583) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.2672
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**93**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7192**	**41.7192**	**1.8137**	**39.9055**	
Patient Care					
Direct Care	**88.5377**	**88.5377**	**3.8490**	**84.6887**	
Indirect Care	**58.2227**	**58.2227**	**2.5311**	**55.6916**	
Property	**13.6500**	**11.4555**	**0.4980**	**10.9575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7426**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.1296**	**199.9351**	**8.6918**	**220.8223**	

***Medicaid Trend Adjustment :**

0 071884-00 - 2013/07

233.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Whitehall Boca Raton

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	
7300 Del Prado Circle South		**01/01/2013-12/31/2013**		Number of Beds:	**154**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**56,210**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**56,210**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**51,940**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**37,960**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**3,400**	FY Index:	**1.31434321**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**12/16/1982**					Target:	**1.01485834**
Acquired Date:	**12/16/1982**					**DC FY Index:**	**1.22150000**
Entered Medicaid	**12/1/2009**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2013**					**DC Inflation:**	**1.00000000**
Previous Med #	**016016**					**PS Target:**	**1.02122620**

Medicaid Utilization	**6.54601%**	Low Occupancy Adjustment Factor:	**116.44495%**
Occupancy:	**92.40349%**	Weighted Low Occ Adjustment Factor:	**100.00000%**
Statewide Low Occupancy Threshold:	**79.35380%**		
Medicaid Low Occupancy Threshold:	**41.45590%**		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	189,324	354,418	252,111	154,462	0	950,315
1a	Audit Adjustments						
2	Cost Per Diem	55.6835	104.2406	74.1503	**45.4300**		279.5044
3	Cost Per Diem Inflated	55.6835	104.2406	74.1503			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.6835**	**104.2406**	**74.1503**	**45.4300**		279.5044
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	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**53.6290**		**60.7253**			
10b	Base for line 10a	52.5143		59.4631			
11	Lesser of 5,7,8,10, 10a	**53.6290**	**99.9385**	**60.7253**	**13.6500**		227.9428
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6290**	**99.9385**	**60.7253**	**13.6500**		**227.9428**
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 071884-00 - 2013/07

233.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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:	**1982/07**
Indexed Asset Value	**3,818,584**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**16,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**247,021**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,054,867**	**4.8829**
20% ROE(2):	**763,717**	**0.2154**
Insurance Cost(3):	**70,200**	**1.3516**
Taxes Cost(3):	**185,810**	**3.5774**
Home Office(3):	**185,520**	**3.5718**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5991**

(1) 80% Capital ($3,054,867) amortized at 5.2500% for 20 years Principal & Interest of $247,021 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $4.8829
(2) 20% ROE ($763,717) times the ROE factor (0.014270) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $0.2154
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1982**	Used Per Bed Standard:	**24,796**
Comparison Bed	**154**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,818,584**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6290**	**53.6290**	**2.3314**	**51.2976**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**60.7253**	**60.7253**	**2.6399**	**58.0854**	
Property	**13.6500**	**13.5991**	**0.5912**	**13.0079**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$6.4005**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.9428**	**227.8919**	**9.9071**	**233.2217**	

***Medicaid Trend Adjustment :**

0 072048-00 - 2013/07

228.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Campus Rehabilitation & Nursing 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	
715 East Dixie Avenue		**01/01/2013-12/31/2013**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 32748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**154**
County: **Lake[35]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**30**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**40,576**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,950**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,645**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.31434321**
Open Date: **1/1/1980**						Semester Index:	**1.32132636**
Acquired Date: **1/1/1980**						Cost:	**1.00000000**
Entered Medicaid **4/1/1982**						Target:	**1.01485834**
Med # Active Date: **12/28/2012**						**DC FY Index:**	**1.22150000**
Previous Med # **252956**						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.00000000**
						PS Target:	**1.02122620**

Medicaid Utilization		**65.66690%**
Occupancy:		**92.63927%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**116.74207%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,308,536	2,707,052	1,655,201	930,443	0	6,601,232
1a	Audit Adjustments						
2	Cost Per Diem	49.1100	101.5970	62.1205	**34.9200**		247.7475
3	Cost Per Diem Inflated	49.1100	101.5970	62.1205			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.1100**	**101.5970**	**62.1205**	**34.9200**		247.7475
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	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**49.4018**		**58.9671**			
10b	Base for line 10a	48.3750		57.7415			
11	Lesser of 5,7,8,10, 10a	**49.1100**	**96.4205**	**58.1101**	**13.6500**		217.2906
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1100**	**96.4205**	**58.1101**	**13.6500**		**217.2906**
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 072048-00 - 2013/07

228.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Campus Rehabilitation & Nursing Center

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	**3,656,287**
FRVS Base Asset:	**2,210,061**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**9,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.4600**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**221,305**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,925,030**	**5.6140**
20% ROE(2):	**731,257**	**0.2705**
Insurance Cost(3):	**42,800**	**1.0548**
Taxes Cost(3):	**54,300**	**1.3382**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.2775**

(1) 80% Capital ($2,925,030) amortized at 4.4600% for 20 years Principal & Interest of $221,305 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.6140
(2) 20% ROE ($731,257) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2705
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1100**	**49.1100**	**2.1350**	**46.9750**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**8.2775**	**0.3598**	**7.9177**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3626**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.2906**	**211.9181**	**9.2127**	**228.9044**	

***Medicaid Trend Adjustment :**

0 072320-00 - 2013/07

210.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Club Health and Rehab Center at the Villages

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	
16529 SE 86th Belle Meade Ci		**07/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**0**
The Villages Fl 32162		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**14,941**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,653**		
Current Class	**North Small [1]**	Initial CR?	**True**	Medicaid:	**100**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**<=18 months [2]**						
Open Date:	**7/13/2012**						
Acquired Date:	**4/4/2012**						
Entered Medicaid	**7/13/2012**						
Med # Active Date:	**7/13/2012**						
Previous Med #							

Medicaid Utilization	**0.66930%**
Occupancy:	**68.22374%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**85.97414%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29827938**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.21050000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	9,254	8,868	10,121	7,545	0	35,788
1a	Audit Adjustments						
2	Cost Per Diem	92.5400	88.6800	101.2100	**75.4500**		357.8800
3	Cost Per Diem Inflated	92.5400	88.6800	101.2100			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**92.5400**	**88.6800**	**101.2100**	**75.4500**		357.8800
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	**55.1732**	**93.8851**	**69.0511**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**49.8277**		**57.4306**			
10b	Base for line 10a	48.7920		56.2369			
11	Lesser of 5,7,8,10, 10a	**49.8277**	**88.6800**	**57.4306**	**18.6230**		214.5613
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8277**	**88.6800**	**57.4306**	**18.6230**		**214.5613**
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 072320-00 - 2013/07

210.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Club Health and Rehab Center at the Villages

FRVS

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

Began FRVS:	**7/13/2012**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2012/01**
Indexed Asset Value	**2,987,100**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.7500**
ROE Factor	**0.014583**

Mortgage Information		
Amount:	**9,470,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**193,233**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,389,680**	**11.7646**
20% ROE(2):	**597,420**	**0.5304**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**12.2950**

(1) 80% Capital ($2,389,680) amortized at 5.2500% for 20 years Principal & Interest of $193,233 divided by annual available days (21,900) divided by Occup. Adj. (0.7500) = $11.7646
(2) 20% ROE ($597,420) times the ROE factor (0.014583) divided by annual available days (21,900) divided by Occup. Adj. (0.7500) = $0.5304
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2012**	Used Per Bed Standard:	**49,785**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,987,100**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8277**	**49.8277**	**2.1662**	**47.6615**	
Patient Care					
Direct Care	**88.6800**	**88.6800**	**3.8552**	**84.8248**	
Indirect Care	**57.4306**	**57.4306**	**2.4967**	**54.9339**	
Property	**18.6230**	**12.2950**	**0.5345**	**11.7605**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.0500**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.5613**	**208.2333**	**9.0526**	**210.0671**	

***Medicaid Trend Adjustment :**

0 073324-00 - 2013/07

222.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Braden River Rehabilitation Center, LLC

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	
2010 Manatee Avenue E		**01/01/2013-12/31/2013**		Number of Beds:	**208**	Superior:	**0**
Bradenton FL 34208		Days In CR	**365**	Maximum:	**75,920**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**75,920**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**62,329**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,464**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**44,254**		
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:	**1/1/2013**						
Previous Med #	**005021**						

Medicaid Utilization	**71.00066%**
Occupancy:	**82.09826%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**103.45851%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31434321**
Semester Index:	**1.32132636**
Cost:	**1.00000000**
Target:	**1.01485834**
DC FY Index:	**1.22150000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.00000000**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,218,035	4,623,777	2,332,845	1,513,929	0	10,688,586
1a	Audit Adjustments						
2	Cost Per Diem	50.1206	104.4827	52.7149	**34.2100**		241.5282
3	Cost Per Diem Inflated	50.1206	104.4827	52.7149			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1206**	**104.4827**	**52.7149**	**34.2100**		241.5282
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	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**45.3482**		**51.7318**			
10b	Base for line 10a	44.4056		50.6566			
11	Lesser of 5,7,8,10, 10a	**45.3482**	**98.1795**	**51.7318**	**13.6500**		208.9095
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.3482**	**98.1795**	**51.7318**	**13.6500**		**208.9095**
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 073324-00 - 2013/07

222.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Braden River Rehabilitation Center, LLC

FRVS

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

Began FRVS:	**8/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,159,549**
FRVS Base Asset:	**1,984,948**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

Mortgage Information		
Amount:	**4,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**346,536**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,327,639**	**5.0717**
20% ROE(2):	**831,910**	**0.1737**
Insurance Cost(3):	**121,800**	**1.9541**
Taxes Cost(3):	**72,400**	**1.1616**
Home Office(3):	**21,300**	**0.3417**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.7028**

(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 (0.014270) divided by annual available days (75,920) divided by Occup. Adj. (0.9000) = $0.1737
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**208**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,928,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3482**	**45.3482**	**1.9714**	**43.3768**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**51.7318**	**51.7318**	**2.2489**	**49.4829**	
Property	**13.6500**	**8.7028**	**0.3783**	**8.3245**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0247**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.9095**	**203.9623**	**8.8668**	**222.9566**	

***Medicaid Trend Adjustment :**

0 200107-00 - 2013/07

225.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**274**	Superior:	**0**
St. Petersburg FL 33716		Days In CR	**366**	Maximum:	**100,284**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**100,010**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**89,774**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**12,421**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**64,635**		
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**						

Medicaid Utilization	**71.99746%**
Occupancy:	**89.51976%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.81093%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,668,954	5,884,422	3,628,081	1,131,759	0	14,313,216
1a	Audit Adjustments						
2	Cost Per Diem	56.7642	91.0408	56.1318	**17.5100**		221.4468
3	Cost Per Diem Inflated	58.8988	93.2948	58.2426			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.8988**	**93.2948**	**58.2426**	**17.5100**		227.9462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4047		56.1915			
7	Provider Target Rate	**56.5807**		**57.3842**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**93.2948**	**57.3842**	**13.6500**		215.9096
12/13	Medicaid Adjustment Rate		2.3088	1.4201			
14	Prospective Per Diem 11	**51.5806**	**95.6036**	**58.8043**	**13.6500**		**219.6385**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200107-00 - 2013/07

225.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**12,362,838**
FRVS Base Asset:	**4,922,814**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**1,646,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**1,229,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,890,270**	**13.6612**
20% ROE(2):	**2,472,568**	**0.4379**
Insurance Cost(3):	**45,211**	**0.5036**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**226,537**	**2.5234**
Replacement(3&4):	**276,031**	**0.0000**
Total FRVS PD:		**17.1261**

(1) 80% Capital ($9,890,270) amortized at 12.5000% for 20 years Interest of $1,229,632 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = $13.6612
(2) 20% ROE ($2,472,568) times the ROE factor (0.015940) divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = $0.4379
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**274**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,809,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**95.6036**	**95.6036**	**4.1562**	**91.4474**	
Indirect Care	**58.8043**	**58.8043**	**2.5564**	**56.2479**	
Property	**13.6500**	**17.1261**	**0.7445**	**16.3816**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.0330**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.6385**	**223.1146**	**9.6995**	**225.2845**	

***Medicaid Trend Adjustment :**

0 200409-00 - 2013/07

192.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Leon[37]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,984**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,046**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,175**		
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 #							

Medicaid Utilization	**32.97739%**
Occupancy:	**97.86885%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**123.33229%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	632,311	1,008,850	965,407	765,734	0	3,372,302
1a	Audit Adjustments						
2	Cost Per Diem	44.6075	71.1711	68.1063	**54.0200**		237.9049
3	Cost Per Diem Inflated	46.8437	73.3821	71.5205			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8437**	**73.3821**	**71.5205**	**54.0200**		245.7663
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8467		74.1583			
7	Provider Target Rate	**52.9472**		**75.7324**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8437**	**73.3821**	**58.1101**	**13.6500**		191.9859
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.8437**	**73.3821**	**58.1101**	**13.6500**		**191.9859**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200409-00 - 2013/07

192.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Westminster Oaks

FRVS

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

Began FRVS:	**10/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,843,464**
FRVS Base Asset:	**1,521,900**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**1,558,322.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**418,348**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,874,771**	**10.6126**
20% ROE(2):	**968,693**	**0.5094**
Insurance Cost(3):	**98,499**	**2.2915**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,261**	**0.2852**
Replacement(3&4):	**320,781**	**0.0000**
Total FRVS PD:		**13.6987**

(1) 80% Capital ($3,874,771) amortized at 9.0000% for 20 years Principal & Interest of $418,348 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6126
(2) 20% ROE ($968,693) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5094
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,521,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8437**	**46.8437**	**2.0364**	**44.8073**	
Patient Care					
Direct Care	**73.3821**	**73.3821**	**3.1902**	**70.1919**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**13.6987**	**0.5955**	**13.1032**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.9859**	**192.0346**	**8.3483**	**192.5227**	

***Medicaid Trend Adjustment :**

0 200425-00 - 2013/07

244.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-12/31/2011**		Number of Beds:	**90**	Superior:	**0**
Miami FL 33125		Days In CR	**184**	Maximum:	**16,560**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**15,787**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,963**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**4,804**		
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 #							

Medicaid Utilization	**30.43010%**
Occupancy:	**95.33213%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.13556%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	319,151	425,898	351,563	124,568	0	1,221,180
1a	Audit Adjustments						
2	Cost Per Diem	66.4344	88.6549	73.1813	**25.9301**		254.2007
3	Cost Per Diem Inflated	69.7648	91.4091	76.8499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.7648**	**91.4091**	**76.8499**	**25.9301**		263.9539
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7795		67.0783			
7	Provider Target Rate	**57.9847**		**68.5021**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.9847**	**91.4091**	**68.5021**	**13.6500**		231.5459
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.9847**	**91.4091**	**68.5021**	**13.6500**		**231.5459**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200425-00 - 2013/07

244.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Floridean Nursing & Rehab

FRVS

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

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,745,565**
FRVS Base Asset:	**88,069**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019790**

Mortgage Information		
Amount:	**5,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1423**	**%**
Chase Rate:	**5.1538**	**%**
Amortization Rate:	**6.1423**	**%**
Interest Only:	**False**	
Yearly Payment:	**260,571**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,996,452**	**8.8135**
20% ROE(2):	**749,113**	**0.5014**
Insurance Cost(3):	**59,391**	**3.7620**
Taxes Cost(3):	**52,532**	**3.3275**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.4044**

(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 (0.019790) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.5014
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**47**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,339,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.9847**	**57.9847**	**2.5208**	**55.4639**	
Patient Care					
Direct Care	**91.4091**	**91.4091**	**3.9738**	**87.4353**	
Indirect Care	**68.5021**	**68.5021**	**2.9780**	**65.5241**	
Property	**13.6500**	**16.4044**	**0.7132**	**15.6912**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.7853**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.5459**	**234.3003**	**10.1858**	**244.7362**	

***Medicaid Trend Adjustment :**

0 200506-00 - 2013/07

233.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**462**	Superior:	**0**
Miami FL 33137		Days In CR	**366**	Maximum:	**169,092**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**168,630**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**151,502**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**17,727**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**92,687**		
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 #							

Medicaid Utilization	**61.17873%**
Occupancy:	**89.59738%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.90874%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	6,346,292	10,284,309	6,319,589	1,266,104	39,540	24,255,834
1a	Audit Adjustments						
2	Cost Per Diem	68.4701	110.9574	68.1820	**13.6600**	**0.4266**	261.6961
3	Cost Per Diem Inflated	71.4255	114.0215	71.1250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**71.4255**	**114.0215**	**71.1250**	**13.6600**	**0.4266**	270.6586
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	100.5679		74.5537			
7	Provider Target Rate	**102.7026**		**76.1362**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**	**0.4266**	229.8441
12/13	Medicaid Adjustment Rate		1.2568	0.7773			
14	Prospective Per Diem 11	**54.0219**	**101.1953**	**62.5844**	**13.6500**	**0.4266**	**231.8782**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200506-00 - 2013/07

233.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Miami Jewish Health Systems

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**26,351,148**
FRVS Base Asset:	**9,462,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**9,999,999.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4410**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4410**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,877,307**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**21,080,918**	**12.3697**
20% ROE(2):	**5,270,230**	**0.6185**
Insurance Cost(3):	**71,071**	**0.4691**
Taxes Cost(3):	**14,365**	**0.0948**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,063,977**	**0.0000**
Total FRVS PD:		**13.5521**

(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 (0.017810) divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = $0.6185
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**332**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**9,462,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.1953**	**101.1953**	**4.3993**	**96.7960**	
Indirect Care	**62.5844**	**62.5844**	**2.7207**	**59.8637**	
Property	**13.6500**	**13.5521**	**0.5934**	**13.0566**	
ROE	**0.4266**	**0.0000**	**0.0185**	**0.4081**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1081**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.8782**	**231.3537**	**10.0804**	**233.7423**	

***Medicaid Trend Adjustment :**

0 200620-00 - 2013/07

258.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**46**	Superior:	**0**
North Miami Beach FL 33161		Days In CR	**365**	Maximum:	**16,790**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**16,790**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**14,336**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,350**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**11,631**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.25362148**
Open Date:	**1/1/1978**					Semester Index:	**1.32132636**
Acquired Date:	**1/1/1978**					Cost:	**1.05400743**
Entered Medicaid	**1/1/1978**					Target:	**1.01485834**
Med # Active Date:	**1/1/1978**					**DC FY Index:**	**1.18950000**
Previous Med #						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03236654**
						PS Target:	**1.02122620**

Medicaid Utilization		**81.13142%**
Occupancy:		**85.38415%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**107.59933%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	821,032	932,023	956,807	178,768	0	2,888,630
1a	Audit Adjustments						
2	Cost Per Diem	70.5900	80.1327	82.2635	**15.3700**		248.3562
3	Cost Per Diem Inflated	74.4024	82.7263	86.7063			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**74.4024**	**82.7263**	**86.7063**	**15.3700**		259.2050
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.6060		90.6412			
7	Provider Target Rate	**68.0198**		**92.5652**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**82.7263**	**77.6541**	**13.6500**		237.8508
12/13	Medicaid Adjustment Rate		2.8973	2.7197			
14	Prospective Per Diem 11	**63.8204**	**85.6236**	**80.3738**	**13.6500**		**243.4678**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200620-00 - 2013/07

258.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**935,539**
FRVS Base Asset:	**533,635**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**315,414.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**93,051**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**748,431**	**6.1578**
20% ROE(2):	**187,108**	**0.2993**
Insurance Cost(3):	**21,229**	**1.4808**
Taxes Cost(3):	**11,552**	**0.8058**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.7437**

(1) 80% Capital ($748,431) amortized at 12.5000% for 20 years Interest of $93,051 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $6.1578
(2) 20% ROE ($187,108) times the ROE factor (0.024170) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $0.2993
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**46**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,311,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**85.6236**	**85.6236**	**3.7223**	**81.9013**	
Indirect Care	**80.3738**	**80.3738**	**3.4941**	**76.8797**	
Property	**13.6500**	**8.7437**	**0.3801**	**8.3636**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5407**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**243.4678**	**238.5615**	**10.3710**	**258.5676**	

***Medicaid Trend Adjustment :**

0 200735-00 - 2013/07

220.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32244		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**42,715**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**2,694**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**27,182**		
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 #							

Medicaid Utilization	**63.63573%**
Occupancy:	**97.25637%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.56045%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,490	2,700,200	1,297,771	220,990	0	5,204,451
1a	Audit Adjustments						
2	Cost Per Diem	36.2552	99.3378	47.7438	**8.1300**		191.4668
3	Cost Per Diem Inflated	37.3224	101.4443	49.1491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3224**	**101.4443**	**49.1491**	**8.1300**		196.0458
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3224**	**96.4205**	**49.1491**	**8.1300**		191.0220
12/13	Medicaid Adjustment Rate		1.4791	0.7540			
14	Prospective Per Diem 11	**37.3224**	**97.8996**	**49.9031**	**8.1300**		**193.2551**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200735-00 - 2013/07

220.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

All Saints Catholic Nursing Home & R.C. 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	**5,741,857**
FRVS Base Asset:	**1,411,227**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**461,061**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,593,486**	**11.6961**
20% ROE(2):	**1,148,371**	**0.4247**
Insurance Cost(3):	**30,549**	**0.7152**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**24,194**	**0.0000**
Total FRVS PD:		**12.8360**

(1) 80% Capital ($4,593,486) amortized at 8.0000% for 20 years Principal & Interest of $461,061 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6961
(2) 20% ROE ($1,148,371) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4247
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3224**	**37.3224**	**1.6225**	**35.6999**	
Patient Care					
Direct Care	**97.8996**	**97.8996**	**4.2560**	**93.6436**	
Indirect Care	**49.9031**	**49.9031**	**2.1694**	**47.7337**	
Property	**8.1300**	**12.8360**	**0.5580**	**12.2780**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2802**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.2551**	**197.9611**	**8.6059**	**220.4718**	

***Medicaid Trend Adjustment :**

0 200859-00 - 2013/07

238.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

River Garden Hebrew 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	
11401 Old St. Augustine Rd.		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**184**
Jacksonville FL 32258		Days In CR	**365**	Maximum:	**65,700**	Standard:	**0**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**61,644**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,817**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,025**		
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 #							

Medicaid Utilization	**50.32931%**
Occupancy:	**93.82648%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.23817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,615,536	3,087,530	1,927,179	369,198	0	6,999,443
1a	Audit Adjustments						
2	Cost Per Diem	52.0721	99.5175	62.1170	**11.9000**		225.6066
3	Cost Per Diem Inflated	54.8844	102.7385	65.4718			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.8844**	**102.7385**	**65.4718**	**11.9000**		234.9947
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.6380		66.5650			
7	Provider Target Rate	**69.0737**		**67.9779**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**58.1101**	**11.9000**		215.5698
12/13	Medicaid Adjustment Rate		0.0357	0.0215			
14	Prospective Per Diem 11	**49.1392**	**96.4562**	**58.1316**	**11.9000**		**215.6270**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200859-00 - 2013/07

238.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,681,650**
FRVS Base Asset:	**5,372,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**863,494**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,945,320**	**14.6033**
20% ROE(2):	**1,736,330**	**0.7097**
Insurance Cost(3):	**108,704**	**1.7634**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**3,597**	**0.0584**
Replacement(3&4):	**351,974**	**0.0000**
Total FRVS PD:		**17.1348**

(1) 80% Capital ($6,945,320) amortized at 12.5000% for 20 years Interest of $863,494 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.6033
(2) 20% ROE ($1,736,330) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7097
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**192**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.4562**	**96.4562**	**4.1933**	**92.2629**	
Indirect Care	**58.1316**	**58.1316**	**2.5272**	**55.6044**	
Property	**11.9000**	**17.1348**	**0.7449**	**16.3899**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8357**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.6270**	**220.8618**	**9.6016**	**238.9323**	

***Medicaid Trend Adjustment :**

0 200913-00 - 2013/07

224.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Jacksonville 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	
1504 Seabreeze Avenue		**06/01/2011-05/31/2012**		Number of Beds:	**165**	Superior:	**0**
Jacksonville Beach FL 32250-		Days In CR	**366**	Maximum:	**60,390**	Standard:	**184**
County: **Duval[16]**		First Used:	**2013/01**	Max Annualized:	**60,225**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**52,259**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,314**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**37,906**		
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**						

Medicaid Utilization	**72.53487%**
Occupancy:	**86.53585%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.05068%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,489,427	3,405,278	1,956,818	272,544	0	7,124,067
1a	Audit Adjustments						
2	Cost Per Diem	39.2926	89.8348	51.6229	**7.1900**		187.9403
3	Cost Per Diem Inflated	41.0796	92.4188	53.9707			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0796**	**92.4188**	**53.9707**	**7.1900**		194.6591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1089		64.8471			
7	Provider Target Rate	**49.1301**		**66.2236**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0796**	**92.4188**	**53.9707**	**7.1900**		194.6591
12/13	Medicaid Adjustment Rate		2.3430	1.3683			
14	Prospective Per Diem 11	**41.0796**	**94.7618**	**55.3390**	**7.1900**		**198.3704**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200913-00 - 2013/07

224.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Jacksonville Beach

FRVS

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

Began FRVS:	**7/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/07**
Indexed Asset Value	**5,112,346**
FRVS Base Asset:	**1,747,238**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**806,723.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**508,484**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,089,877**	**9.3812**
20% ROE(2):	**1,022,469**	**0.3537**
Insurance Cost(3):	**62,166**	**1.1896**
Taxes Cost(3):	**57,861**	**1.1072**
Home Office(3):	**35,717**	**0.6835**
Replacement(3&4):	**73,014**	**0.0000**
Total FRVS PD:		**12.7152**

(1) 80% Capital ($4,089,877) amortized at 12.5000% for 20 years Interest of $508,484 divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = $9.3812
(2) 20% ROE ($1,022,469) times the ROE factor (0.018750) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = $0.3537
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0796**	**41.0796**	**1.7859**	**39.2937**	
Patient Care					
Direct Care	**94.7618**	**94.7618**	**4.1196**	**90.6422**	
Indirect Care	**55.3390**	**55.3390**	**2.4058**	**52.9332**	
Property	**7.1900**	**12.7152**	**0.5528**	**12.1624**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4518**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.3704**	**203.8956**	**8.8641**	**224.3197**	

***Medicaid Trend Adjustment :**

0 200956-00 - 2013/07

235.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**150**	Superior:	**0**
Clearwater FL 34625		Days In CR	**366**	Maximum:	**54,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**45,817**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,604**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,774**	FY Index:	**1.27343864**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**71.53240%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**83.45537%**	Cost:	**1.03760505**
Open Date:	**4/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**12/1/1983**	Low Occupancy Adjustment Factor:			**105.16871%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/1/1988**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,365,935	2,863,323	2,121,858	547,326	0	6,898,442
1a	Audit Adjustments						
2	Cost Per Diem	41.6774	87.3657	64.7421	**16.7000**		210.4852
3	Cost Per Diem Inflated	43.2447	89.5288	67.1767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2447**	**89.5288**	**67.1767**	**16.7000**		216.6502
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6043		59.1193			
7	Provider Target Rate	**46.5723**		**60.3742**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2447**	**89.5288**	**59.9006**	**13.6500**		206.3241
12/13	Medicaid Adjustment Rate		2.1687	1.4510			
14	Prospective Per Diem 11	**43.2447**	**91.6975**	**61.3516**	**13.6500**		**209.9438**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200956-00 - 2013/07

235.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

COMPREHENSIVE HEALTHCARE OF CLEA

FRVS

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

Began FRVS:	**2/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**7,621,950**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.3500**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**13.3500**	**%**
Interest Only:	**False**	
Yearly Payment:	**875,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,097,560**	**17.7688**
20% ROE(2):	**1,524,390**	**0.4931**
Insurance Cost(3):	**33,945**	**0.7409**
Taxes Cost(3):	**64,609**	**1.4102**
Home Office(3):	**33,754**	**0.7367**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**21.1497**

(1) 80% Capital ($6,097,560) amortized at 13.3500% for 20 years Principal & Interest of $875,559 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $17.7688
(2) 20% ROE ($1,524,390) times the ROE factor (0.015940) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.4931
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2447**	**43.2447**	**1.8800**	**41.3647**	
Patient Care					
Direct Care	**91.6975**	**91.6975**	**3.9864**	**87.7111**	
Indirect Care	**61.3516**	**61.3516**	**2.6672**	**58.6844**	
Property	**13.6500**	**21.1497**	**0.9194**	**20.2303**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7953**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.9438**	**217.4435**	**9.4530**	**235.6222**	

***Medicaid Trend Adjustment :**

0 201006-00 - 2013/07

227.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 S. Douglas Road		**05/01/2011-04/30/2012**		Number of Beds:	**120**	Superior:	**184**
Pembroke Pines FL 33025		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County: **Broward[6]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**41,862**	Total:	**184**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**9,189**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,072**		
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 #							

Medicaid Utilization	**40.78162%**
Occupancy:	**95.31420%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.11297%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26104493**
Semester Index:	**1.32132636**
Cost:	**1.04780276**
Target:	**1.01485834**
DC FY Index:	**1.19233184**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02991463**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,242,914	2,172,723	1,281,164	202,303	0	4,899,104
1a	Audit Adjustments						
2	Cost Per Diem	72.8042	127.2682	75.0448	**11.8500**		286.9672
3	Cost Per Diem Inflated	76.2844	131.0754	78.6321			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**76.2844**	**131.0754**	**78.6321**	**11.8500**		297.8419
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.2161		73.4977			
7	Provider Target Rate	**80.8976**		**75.0578**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**11.8500**		227.6175
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**99.9385**	**61.8071**	**11.8500**		**227.6175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201006-00 - 2013/07

227.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,537,570**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019790**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**461,906**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,430,056**	**11.7176**
20% ROE(2):	**1,107,514**	**0.5560**
Insurance Cost(3):	**14,950**	**0.3571**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**675,584**	**0.0000**
Total FRVS PD:		**12.6307**

(1) 80% Capital ($4,430,056) amortized at 10.5000% for 20 years Interest of $461,906 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7176
(2) 20% ROE ($1,107,514) times the ROE factor (0.019790) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5560
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**85**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**11.8500**	**12.6307**	**0.5491**	**12.0816**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.6175**	**228.3982**	**9.9292**	**227.3054**	

***Medicaid Trend Adjustment :**

0 201120-00 - 2013/07

224.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Gulf Coast Village 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	
1333 Santa Barbara Blvd.		**01/01/2011-12/31/2011**		Number of Beds:	**85**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**365**	Maximum:	**31,025**	Standard:	**184**
County: **Lee[36]**		First Used:	**2012/07**	Max Annualized:	**31,025**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**28,632**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**14,810**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**7,498**		
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 #							

Medicaid Utilization	**26.18748%**
Occupancy:	**92.28687%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.29798%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	282,450	735,100	490,691	114,569	0	1,622,810
1a	Audit Adjustments						
2	Cost Per Diem	37.6700	98.0395	65.4429	**15.2799**		216.4323
3	Cost Per Diem Inflated	39.7045	101.2127	68.9773			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.7045**	**101.2127**	**68.9773**	**15.2799**		225.1744
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		68.0521			
7	Provider Target Rate	**56.2760**		**69.4966**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7045**	**101.2127**	**68.9773**	**13.6500**		223.5445
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.7045**	**101.2127**	**68.9773**	**13.6500**		**223.5445**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201120-00 - 2013/07

224.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Gulf Coast Village Care Center

FRVS

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

Began FRVS:	**8/28/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**3,999,831**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,269,266.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7904**	**%**
Chase Rate:	**7.5743**	**%**
Amortization Rate:	**7.7904**	**%**
Interest Only:	**False**	
Yearly Payment:	**316,189**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,199,865**	**11.3238**
20% ROE(2):	**799,966**	**0.6925**
Insurance Cost(3):	**53,690**	**1.8752**
Taxes Cost(3):	**34,900**	**1.2189**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**95,486**	**0.0000**
Total FRVS PD:		**15.1104**

(1) 80% Capital ($3,199,865) amortized at 7.7904% for 20 years Principal & Interest of $316,189 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $11.3238
(2) 20% ROE ($799,966) times the ROE factor (0.024170) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.6925
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7045**	**39.7045**	**1.7261**	**37.9784**	
Patient Care					
Direct Care	**101.2127**	**101.2127**	**4.4000**	**96.8127**	
Indirect Care	**68.9773**	**68.9773**	**2.9987**	**65.9786**	
Property	**13.6500**	**15.1104**	**0.6569**	**14.4535**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.5445**	**225.0049**	**9.7817**	**224.0596**	

***Medicaid Trend Adjustment :**

0 201545-00 - 2013/07

221.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hobe Sound FL 33455		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**41,124**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,612**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,392**		
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 #							

Medicaid Utilization	**66.60831%**
Occupancy:	**93.63388%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.99545%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	945,425	2,619,828	1,297,899	155,587	28,397	5,047,136
1a	Audit Adjustments						
2	Cost Per Diem	34.5146	95.6421	47.3824	**5.6800**	**1.0367**	184.2558
3	Cost Per Diem Inflated	35.5305	97.6703	48.7771			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.5305**	**97.6703**	**48.7771**	**5.6800**	**1.0367**	188.6946
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3657		52.8299			
7	Provider Target Rate	**46.3286**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.5305**	**97.6703**	**48.7771**	**5.6800**	**1.0367**	188.6946
12/13	Medicaid Adjustment Rate		1.8249	0.9114			
14	Prospective Per Diem 11	**35.5305**	**99.4952**	**49.6885**	**5.6800**	**1.0367**	**191.4309**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201545-00 - 2013/07

221.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,688,402**
FRVS Base Asset:	**2,482,470**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**456,941**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,750,722**	**11.5916**
20% ROE(2):	**937,680**	**0.3468**
Insurance Cost(3):	**71,601**	**1.7411**
Taxes Cost(3):	**57,420**	**1.3963**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**96,914**	**0.0000**
Total FRVS PD:		**15.0758**

(1) 80% Capital ($3,750,722) amortized at 10.7500% for 20 years Principal & Interest of $456,941 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5916
(2) 20% ROE ($937,680) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3468
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.5305**	**35.5305**	**1.5446**	**33.9859**	
Patient Care					
Direct Care	**99.4952**	**99.4952**	**4.3254**	**95.1698**	
Indirect Care	**49.6885**	**49.6885**	**2.1601**	**47.5284**	
Property	**5.6800**	**15.0758**	**0.6554**	**14.4204**	
ROE	**1.0367**	**0.5795**	**0.0252**	**0.5543**	
ROE Adjustment	**-0.5795**	**-0.5795**	**-0.0252**	**-0.5543**	
Quality Assess-Medicaid Share				**$21.6914**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.8514**	**199.7900**	**8.6855**	**221.6323**	

***Medicaid Trend Adjustment :**

0 201588-00 - 2013/07

212.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Gardens at 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 Blvd		**01/01/2012-12/31/2012**		Number of Beds:	**40**	Superior:	**0**
Winter Park FL 32789		Days In CR	**366**	Maximum:	**14,640**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**14,600**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**13,702**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,179**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**10,265**		
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 #							

Medicaid Utilization	**74.91607%**
Occupancy:	**93.59289%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.94381%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	571,409	784,985	690,627	229,628	0	2,276,649
1a	Audit Adjustments						
2	Cost Per Diem	55.6658	76.4720	67.2798	**22.3700**		221.7876
3	Cost Per Diem Inflated	57.3043	78.0937	69.2602			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.3043**	**78.0937**	**69.2602**	**22.3700**		227.0282
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.2096**	**78.0937**	**60.3576**	**13.6500**		203.3109
12/13	Medicaid Adjustment Rate		2.1890	1.6919			
14	Prospective Per Diem 11	**51.2096**	**80.2827**	**62.0495**	**13.6500**		**207.1918**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201588-00 - 2013/07

212.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Gardens at DePugh 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	**1,921,387**
FRVS Base Asset:	**1,037,356**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**191,105**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,537,110**	**14.5438**
20% ROE(2):	**384,277**	**0.4264**
Insurance Cost(3):	**58,700**	**4.2840**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**19.2542**

(1) 80% Capital ($1,537,110) amortized at 12.5000% for 20 years Interest of $191,105 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $14.5438
(2) 20% ROE ($384,277) times the ROE factor (0.014580) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $0.4264
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**40**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,140,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2096**	**51.2096**	**2.2262**	**48.9834**	
Patient Care					
Direct Care	**80.2827**	**80.2827**	**3.4901**	**76.7926**	
Indirect Care	**62.0495**	**62.0495**	**2.6975**	**59.3520**	
Property	**13.6500**	**19.2542**	**0.8370**	**18.4172**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.1918**	**212.7960**	**9.2508**	**212.3816**	

***Medicaid Trend Adjustment :**

0 201651-00 - 2013/07

233.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32805		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**37,814**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,508**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,500**		
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 #							

Medicaid Utilization	**83.30248%**
Occupancy:	**86.09745%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.49820%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,659,512	2,548,070	1,920,964	309,330	0	6,437,876
1a	Audit Adjustments						
2	Cost Per Diem	52.6829	80.8911	60.9830	**9.8200**		204.3770
3	Cost Per Diem Inflated	54.9569	83.1249	63.6152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.9569**	**83.1249**	**63.6152**	**9.8200**		211.5170
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.8547		55.5135			
7	Provider Target Rate	**61.1252**		**56.6918**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**83.1249**	**56.6918**	**9.8200**		201.2173
12/13	Medicaid Adjustment Rate		3.1143	2.1240			
14	Prospective Per Diem 11	**51.5806**	**86.2392**	**58.8158**	**9.8200**		**206.4556**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201651-00 - 2013/07

233.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Guardian Care Nursing & 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	**5,483,381**
FRVS Base Asset:	**1,168,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**545,388**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,386,705**	**13.8353**
20% ROE(2):	**1,096,676**	**0.4955**
Insurance Cost(3):	**61,892**	**1.6367**
Taxes Cost(3):	**4,034**	**0.1067**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**94,171**	**0.0000**
Total FRVS PD:		**16.0742**

(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 (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4955
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**76**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,166,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**86.2392**	**86.2392**	**3.7491**	**82.4901**	
Indirect Care	**58.8158**	**58.8158**	**2.5569**	**56.2589**	
Property	**9.8200**	**16.0742**	**0.6988**	**15.3754**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9451**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.4556**	**212.7098**	**9.2472**	**233.2441**	

***Medicaid Trend Adjustment :**

0 202011-00 - 2013/07

228.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33761		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,940**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,224**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,846**		
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**						

Medicaid Utilization	**52.19329%**
Occupancy:	**90.93807%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.59825%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	950,468	1,875,961	1,176,442	269,747	0	4,272,618
1a	Audit Adjustments						
2	Cost Per Diem	45.5947	89.9914	56.4349	**12.9400**		204.9610
3	Cost Per Diem Inflated	47.5627	92.4765	58.8708			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5627**	**92.4765**	**58.8708**	**12.9400**		211.8500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4307		50.8005			
7	Provider Target Rate	**54.5648**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5627**	**92.4765**	**51.8788**	**12.9400**		204.8580
12/13	Medicaid Adjustment Rate		0.2282	0.1280			
14	Prospective Per Diem 11	**47.5627**	**92.7047**	**52.0068**	**12.9400**		**205.2142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202011-00 - 2013/07

228.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Westchester Gardens Rehabilitation & Care Cente

FRVS

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

Began FRVS:	**9/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**6,089,770**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,320,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**623,454**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,871,816**	**15.8157**
20% ROE(2):	**1,217,954**	**0.5503**
Insurance Cost(3):	**45,817**	**1.1471**
Taxes Cost(3):	**64,215**	**1.6078**
Home Office(3):	**25,080**	**0.6279**
Replacement(3&4):	**167,866**	**0.0000**
Total FRVS PD:		**19.7488**

(1) 80% Capital ($4,871,816) amortized at 11.5000% for 20 years Principal & Interest of $623,454 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.8157
(2) 20% ROE ($1,217,954) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5503
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5627**	**47.5627**	**2.0677**	**45.4950**	
Patient Care					
Direct Care	**92.7047**	**92.7047**	**4.0302**	**88.6745**	
Indirect Care	**52.0068**	**52.0068**	**2.2609**	**49.7459**	
Property	**12.9400**	**19.7488**	**0.8585**	**18.8903**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5019**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.2142**	**212.0230**	**9.2173**	**228.1440**	

***Medicaid Trend Adjustment :**

0 202533-00 - 2013/07

247.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2010-09/30/2011**		Number of Beds:	**60**	Superior:	**184**
Bartow FL 33830		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County:	**Polk[53]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**20,263**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,596**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**14,248**		
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 #							

Medicaid Utilization	**70.31535%**
Occupancy:	**92.52511%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.59821%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,753	1,342,194	806,992	51,720	0	3,157,659
1a	Audit Adjustments						
2	Cost Per Diem	67.1500	94.2023	56.6390	**3.6300**		221.6213
3	Cost Per Diem Inflated	71.2511	97.6206	60.0981			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**71.2511**	**97.6206**	**60.0981**	**3.6300**		232.5998
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5723		62.5163			
7	Provider Target Rate	**52.6670**		**63.8433**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6670**	**97.6206**	**60.0981**	**3.6300**		214.0157
12/13	Medicaid Adjustment Rate		2.2311	1.3735			
14	Prospective Per Diem 11	**52.6670**	**99.8517**	**61.4716**	**3.6300**		**217.6203**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202533-00 - 2013/07

247.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Rohr Home

FRVS

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

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,610,396**
FRVS Base Asset:	**570,711**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**259,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,088,317**	**13.1728**
20% ROE(2):	**522,079**	**0.6733**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**36,219**	**0.0000**
Total FRVS PD:		**13.8461**

(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 (0.025420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6733
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6670**	**52.6670**	**2.2896**	**50.3774**	
Patient Care					
Direct Care	**99.8517**	**99.8517**	**4.3409**	**95.5108**	
Indirect Care	**61.4716**	**61.4716**	**2.6724**	**58.7992**	
Property	**3.6300**	**13.8461**	**0.6019**	**13.2442**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7334**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.6203**	**227.8364**	**9.9048**	**247.5014**	

***Medicaid Trend Adjustment :**

0 202606-00 - 2013/07

227.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Marine Street		**10/01/2010-09/30/2011**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32084		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **St Johns[55]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,287**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**11,664**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,403**	FY Index:	**1.24527319**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**54.26163%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**94.26256%**	Cost:	**1.06107348**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18500000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**118.78771%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03628692**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,162,651	2,335,345	1,081,820	408,183	0	4,987,999
1a	Audit Adjustments						
2	Cost Per Diem	51.8971	104.2425	48.2891	**18.2200**		222.6487
3	Cost Per Diem Inflated	55.0666	108.0251	51.2383			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0666**	**108.0251**	**51.2383**	**18.2200**		232.5500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3387		54.4584			
7	Provider Target Rate	**54.4709**		**55.6143**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**51.2383**	**13.6500**		210.4480
12/13	Medicaid Adjustment Rate		0.4623	0.2457			
14	Prospective Per Diem 11	**49.1392**	**96.8828**	**51.4840**	**13.6500**		**211.1560**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202606-00 - 2013/07

227.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

SAMANTHA R. WILSON AT BAYVIEW

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	**5,347,146**
FRVS Base Asset:	**337,836**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025420**

Mortgage Information		
Amount:	**7,079,538.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**7.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**401,068**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,277,717**	**10.1742**
20% ROE(2):	**1,069,429**	**0.6896**
Insurance Cost(3):	**89,577**	**2.1696**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**44,403**	**0.0000**
Total FRVS PD:		**13.0334**

(1) 80% Capital ($4,277,717) amortized at 7.1000% for 20 years Principal & Interest of $401,068 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1742
(2) 20% ROE ($1,069,429) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6896
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**51**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.8828**	**96.8828**	**4.2118**	**92.6710**	
Indirect Care	**51.4840**	**51.4840**	**2.2382**	**49.2458**	
Property	**13.6500**	**13.0334**	**0.5666**	**12.4668**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0619**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**211.1560**	**210.5394**	**9.1528**	**227.2849**	

***Medicaid Trend Adjustment :**

0 202703-00 - 2013/07

257.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**204**	Superior:	**0**
Sarasota FL 34236		Days In CR	**365**	Maximum:	**74,460**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/07**	Max Annualized:	**74,460**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**71,969**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,954**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**50,279**	FY Index:	**1.23784784**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.06743843**
Open Date:	**1/1/1970**					Target:	**1.01485834**
Acquired Date:	**1/1/1970**					**DC FY Index:**	**1.18133049**
Entered Medicaid	**1/1/1970**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/1970**					**DC Inflation:**	**1.03950589**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**69.86202%**						
Occupancy:	**96.65458%**						
Statewide Low Occupancy Threshold:	**79.35380%**						
Medicaid Low Occupancy Threshold:	**41.45590%**						
Low Occupancy Adjustment Factor:	**121.80208%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,675,385	5,470,612	3,306,839	1,099,099	0	12,551,935
1a	Audit Adjustments						
2	Cost Per Diem	53.2108	108.8051	65.7698	**21.8600**		249.6457
3	Cost Per Diem Inflated	56.7993	113.1035	70.2052			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7993**	**113.1035**	**70.2052**	**21.8600**		261.9680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0117		70.5044			
7	Provider Target Rate	**60.2643**		**72.0009**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**		229.4175
12/13	Medicaid Adjustment Rate		2.2331	1.3811			
14	Prospective Per Diem 11	**54.0219**	**102.1716**	**63.1882**	**13.6500**		**233.0317**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202703-00 - 2013/07

257.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**10,096,808**
FRVS Base Asset:	**3,497,793**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**1,004,248**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,077,446**	**14.9856**
20% ROE(2):	**2,019,362**	**0.7783**
Insurance Cost(3):	**85,383**	**1.1864**
Taxes Cost(3):	**37,337**	**0.5188**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**240,007**	**0.0000**
Total FRVS PD:		**17.4691**

(1) 80% Capital ($8,077,446) amortized at 12.5000% for 20 years Interest of $1,004,248 divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = $14.9856
(2) 20% ROE ($2,019,362) times the ROE factor (0.025830) divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = $0.7783
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**204**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,814,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**102.1716**	**102.1716**	**4.4417**	**97.7299**	
Indirect Care	**63.1882**	**63.1882**	**2.7470**	**60.4412**	
Property	**13.6500**	**17.4691**	**0.7594**	**16.7097**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8127**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**233.0317**	**236.8508**	**10.2966**	**257.2033**	

***Medicaid Trend Adjustment :**

0 202711-00 - 2013/07

266.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2010-06/30/2011**		Number of Beds:	**60**	Superior:	**184**
Sarasota FL 34232		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County: **Sarasota[58]**		First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**20,933**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,155**	**Inflation**	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**10,248**	FY Index:	**1.23415178**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**48.95619%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**95.58448%**	Cost:	**1.07063522**
Open Date: **8/1/1977**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **8/1/1977**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.17950000**
Entered Medicaid **1/1/1970**		Low Occupancy Adjustment Factor:			**120.45356%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **1/1/1970**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.04111912**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	831,728	1,140,855	599,580	108,014	0	2,680,177
1a	Audit Adjustments						
2	Cost Per Diem	81.1600	111.3246	58.5070	**10.5400**		261.5316
3	Cost Per Diem Inflated	86.8928	115.9022	62.6397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**86.8928**	**115.9022**	**62.6397**	**10.5400**		275.9747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.5774		64.8862			
7	Provider Target Rate	**78.2028**		**66.2635**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**105.3251**	**62.6397**	**10.5400**		242.3252
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**105.3251**	**62.6397**	**10.5400**		**242.3252**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202711-00 - 2013/07

266.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

SUNNYSIDE 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:	**1977/07**
Indexed Asset Value	**2,810,092**
FRVS Base Asset:	**706,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**2,418,670.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**225,646**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,248,074**	**11.4483**
20% ROE(2):	**562,018**	**0.7365**
Insurance Cost(3):	**51,861**	**2.4775**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**7,920**	**0.3784**
Replacement(3&4):	**50,963**	**0.0000**
Total FRVS PD:		**15.0407**

(1) 80% Capital ($2,248,074) amortized at 8.0000% for 20 years Principal & Interest of $225,646 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.4483
(2) 20% ROE ($562,018) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7365
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**62.6397**	**62.6397**	**2.7231**	**59.9166**	
Property	**10.5400**	**15.0407**	**0.6539**	**14.3868**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3319**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**242.3252**	**246.8259**	**10.7303**	**266.2639**	

***Medicaid Trend Adjustment :**

0 202789-00 - 2013/07

185.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Center for Health Care of The Alliance Communit

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		**07/01/2011-06/30/2012**		Number of Beds:	**130**	Superior:	**0**
Deland FL 32720		Days In CR	**366**	Maximum:	**47,580**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**47,450**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,431**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**3,916**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,085**		
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 #							

Medicaid Utilization	**65.37375%**
Occupancy:	**87.07650%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.73200%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,088,366	2,138,231	1,261,522	306,061	0	4,794,180
1a	Audit Adjustments						
2	Cost Per Diem	40.1833	78.9452	46.5764	**11.3000**		177.0049
3	Cost Per Diem Inflated	41.9177	81.1253	48.5868			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9177**	**81.1253**	**48.5868**	**11.3000**		182.9298
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3442		51.1437			
7	Provider Target Rate	**44.2642**		**52.2293**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9177**	**81.1253**	**48.5868**	**11.3000**		182.9298
12/13	Medicaid Adjustment Rate		1.4031	0.8403			
14	Prospective Per Diem 11	**41.9177**	**82.5284**	**49.4271**	**11.3000**		**185.1732**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202789-00 - 2013/07

185.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Center for Health Care of The Alliance Communit

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	**5,483,425**
FRVS Base Asset:	**458,153**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**11,015,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4300**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.4300**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,032**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,386,740**	**8.4307**
20% ROE(2):	**1,096,685**	**0.4574**
Insurance Cost(3):	**65,580**	**1.5829**
Taxes Cost(3):	**9,586**	**0.2314**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**86,610**	**0.0000**
Total FRVS PD:		**10.7024**

(1) 80% Capital ($4,386,740) amortized at 5.4300% for 20 years Principal & Interest of $360,032 divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = $8.4307
(2) 20% ROE ($1,096,685) times the ROE factor (0.017810) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = $0.4574
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9177**	**41.9177**	**1.8223**	**40.0954**	
Patient Care					
Direct Care	**82.5284**	**82.5284**	**3.5878**	**78.9406**	
Indirect Care	**49.4271**	**49.4271**	**2.1488**	**47.2783**	
Property	**11.3000**	**10.7024**	**0.4653**	**10.2371**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.1732**	**184.5756**	**8.0242**	**185.3878**	

***Medicaid Trend Adjustment :**

0 202941-00 - 2013/07

211.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

MIRACLE HILL NURSING AND REHABILITA

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 STREET		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32304		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Leon[37]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**3**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,709**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,890**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**33,799**		
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 #							

Medicaid Utilization	**79.13789%**
Occupancy:	**97.24271%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.54324%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,426,645	2,763,460	1,339,069	514,083	0	6,043,257
1a	Audit Adjustments						
2	Cost Per Diem	42.2097	81.7616	39.6186	**15.2100**		178.7999
3	Cost Per Diem Inflated	44.0316	84.0195	41.3287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0316**	**84.0195**	**41.3287**	**15.2100**		184.5898
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5774		48.7710			
7	Provider Target Rate	**44.5024**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0316**	**84.0195**	**41.3287**	**13.6500**		183.0298
12/13	Medicaid Adjustment Rate		2.7093	1.3327			
14	Prospective Per Diem 11	**44.0316**	**86.7288**	**42.6614**	**13.6500**		**187.0718**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202941-00 - 2013/07

211.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MIRACLE HILL NURSING AND REHABILITA

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	**5,604,519**
FRVS Base Asset:	**835,478**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,759,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2600**	**%**
Chase Rate:	**8.7400**	**%**
Amortization Rate:	**10.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**528,516**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,483,615**	**13.4073**
20% ROE(2):	**1,120,904**	**0.5064**
Insurance Cost(3):	**69,311**	**1.6229**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**132,970**	**0.0000**
Total FRVS PD:		**15.5366**

(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 (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5064
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0316**	**44.0316**	**1.9142**	**42.1174**	
Patient Care					
Direct Care	**86.7288**	**86.7288**	**3.7704**	**82.9584**	
Indirect Care	**42.6614**	**42.6614**	**1.8546**	**40.8068**	
Property	**13.6500**	**15.5366**	**0.6754**	**14.8612**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6141**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.0718**	**188.9584**	**8.2146**	**211.1943**	

***Medicaid Trend Adjustment :**

0 203122-00 - 2013/07

230.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at Leesburg

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**116**	Superior:	**0**
Leesburg FL 34748		Days In CR	**366**	Maximum:	**42,456**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**35,728**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,289**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,144**		
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**						

Medicaid Utilization	**70.37618%**
Occupancy:	**84.15300%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.04786%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,110,239	2,211,913	1,450,222	146,087	0	4,918,461
1a	Audit Adjustments						
2	Cost Per Diem	44.1552	87.9698	57.6767	**5.8100**		195.6117
3	Cost Per Diem Inflated	46.1634	90.5002	60.2999			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1634**	**90.5002**	**60.2999**	**5.8100**		202.7735
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7735		66.3992			
7	Provider Target Rate	**50.8300**		**67.8086**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1634**	**90.5002**	**58.1101**	**5.8100**		200.5837
12/13	Medicaid Adjustment Rate		2.0746	1.3321			
14	Prospective Per Diem 11	**46.1634**	**92.5748**	**59.4422**	**5.8100**		**203.9904**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203122-00 - 2013/07

230.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Leesburg

FRVS

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

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,997,029**
FRVS Base Asset:	**1,850,667**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**397,552**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,197,623**	**10.4328**
20% ROE(2):	**799,406**	**0.3933**
Insurance Cost(3):	**40,231**	**1.1260**
Taxes Cost(3):	**29,412**	**0.8232**
Home Office(3):	**25,368**	**0.7100**
Replacement(3&4):	**35,149**	**0.0000**
Total FRVS PD:		**13.4853**

(1) 80% Capital ($3,197,623) amortized at 12.5000% for 20 years Interest of $397,552 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $10.4328
(2) 20% ROE ($799,406) times the ROE factor (0.018750) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.3933
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1634**	**46.1634**	**2.0069**	**44.1565**	
Patient Care					
Direct Care	**92.5748**	**92.5748**	**4.0245**	**88.5503**	
Indirect Care	**59.4422**	**59.4422**	**2.5841**	**56.8581**	
Property	**5.8100**	**13.4853**	**0.5862**	**12.8991**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5941**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.9904**	**211.6657**	**9.2017**	**230.8945**	

***Medicaid Trend Adjustment :**

0 203165-00 - 2013/07

252.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 St		**10/01/2011-09/30/2012**		Number of Beds:	**212**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**77,592**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**77,380**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**73,116**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**6,185**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**52,830**	FY Index:	**1.27684492**
Class at 1/94: **South Large [4]**						Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**						Cost:	**1.03483699**
Open Date:	**12/1/1970**					Target:	**1.01485834**
Acquired Date:	**12/1/1970**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**12/1/1970**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/1970**					**DC Inflation:**	**1.02333333**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**72.25505%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**94.23136%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.74839%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,655,756	5,029,469	3,290,092	1,069,808	11,683	12,056,808
1a	Audit Adjustments						
2	Cost Per Diem	50.2698	95.2010	62.2770	**20.2500**	**0.2211**	228.2189
3	Cost Per Diem Inflated	52.0210	97.4224	64.4465			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0210**	**97.4224**	**64.4465**	**20.2500**	**0.2211**	234.3610
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.7029		77.7153			
7	Provider Target Rate	**58.9277**		**79.3649**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.0210**	**97.4224**	**61.8071**	**13.6500**	**0.2211**	225.1216
12/13	Medicaid Adjustment Rate		2.4392	1.5475			
14	Prospective Per Diem 11	**52.0210**	**99.8616**	**63.3546**	**13.6500**	**0.2211**	**229.1083**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203165-00 - 2013/07

252.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Villa Maria Nursing & Rehabilitation

FRVS

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

Began FRVS:	**7/1/2010**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**9,954,447**
FRVS Base Asset:	**5,676,585**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**6,375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**892,018**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,963,558**	**12.8086**
20% ROE(2):	**1,990,889**	**0.4408**
Insurance Cost(3):	**190,092**	**2.5999**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**61,576**	**0.8422**
Replacement(3&4):	**183,669**	**0.0000**
Total FRVS PD:		**16.6915**

(1) 80% Capital ($7,963,558) amortized at 9.5200% for 20 years Principal & Interest of $892,018 divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = $12.8086
(2) 20% ROE ($1,990,889) times the ROE factor (0.015420) divided by annual available days (77,380) divided by Occup. Adj. (0.9000) = $0.4408
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**212**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,042,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.0210**	**52.0210**	**2.2615**	**49.7595**	
Patient Care					
Direct Care	**99.8616**	**99.8616**	**4.3413**	**95.5203**	
Indirect Care	**63.3546**	**63.3546**	**2.7542**	**60.6004**	
Property	**13.6500**	**16.6915**	**0.7256**	**15.9659**	
ROE	**0.2211**	**0.3970**	**0.0173**	**0.3797**	
ROE Adjustment	**-0.2211**	**-0.3970**	**-0.0173**	**-0.3797**	
Quality Assess-Medicaid Share				**$21.7684**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**228.8872**	**231.9287**	**10.0826**	**252.4509**	

***Medicaid Trend Adjustment :**

0 203203-00 - 2013/07

235.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/28/2012**		Number of Beds:	**120**	Superior:	**0**
Pahokee FL 33476		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Palm Beach[50]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**33,852**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,262**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**28,285**		
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**						

Medicaid Utilization	**83.55489%**
Occupancy:	**77.28767%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.39631%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,526,907	2,504,778	1,436,531	453,974	306	5,922,496
1a	Audit Adjustments						
2	Cost Per Diem	53.9829	88.5550	50.7877	**16.0500**	**0.0108**	209.3864
3	Cost Per Diem Inflated	56.7588	91.3444	53.3993			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7588**	**91.3444**	**53.3993**	**16.0500**	**0.0108**	217.5633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6507		56.8860			
7	Provider Target Rate	**50.7046**		**58.0935**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7046**	**91.3444**	**53.3993**	**13.6500**	**0.0108**	209.1091
12/13	Medicaid Adjustment Rate		3.4482	2.0158			
14	Prospective Per Diem 11	**50.7046**	**94.7926**	**55.4151**	**13.6500**	**0.0108**	**214.5731**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203203-00 - 2013/07

235.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Glades Health Care Center

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**3,285,434**
FRVS Base Asset:	**1,991,976**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**475,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**10.4400**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**260,877**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,628,347**	**6.6179**
20% ROE(2):	**657,087**	**0.3647**
Insurance Cost(3):	**68,450**	**2.0220**
Taxes Cost(3):	**12,587**	**0.3718**
Home Office(3):	**639**	**0.0189**
Replacement(3&4):	**17,117**	**0.0000**
Total FRVS PD:		**9.3953**

(1) 80% Capital ($2,628,347) amortized at 10.0000% for 20 years Interest of $260,877 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6179
(2) 20% ROE ($657,087) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3647
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7046**	**50.7046**	**2.2043**	**48.5003**	
Patient Care					
Direct Care	**94.7926**	**94.7926**	**4.1209**	**90.6717**	
Indirect Care	**55.4151**	**55.4151**	**2.4091**	**53.0060**	
Property	**13.6500**	**9.3953**	**0.5934**	**13.0566**	
ROE	**0.0108**	**0.1371**	**0.0005**	**0.0103**	
ROE Adjustment	**-0.0108**	**-0.1371**	**-0.0005**	**-0.0103**	
Quality Assess-Medicaid Share				**$21.4885**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.5623**	**210.3076**	**9.3277**	**235.5595**	

***Medicaid Trend Adjustment :**

0 203220-00 - 2013/07

219.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at Inverness

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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	**06/01/2011-05/31/2012**	Number of Beds: **104**	Superior: **0**
Inverness FL 34452-4753	Days In CR **366**	Maximum: **38,064**	Standard: **184**
County: **Citrus[9]**	First Used: **2013/01**	Max Annualized: **37,960**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **32,781**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,716**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,431**	
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**			

Medicaid Utilization	**62.32574%**
Occupancy:	**86.12074%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.52757%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	914,008	1,552,486	1,172,375	119,113	0	3,757,982
1a	Audit Adjustments						
2	Cost Per Diem	44.7363	75.9868	57.3822	**5.8300**		183.9353
3	Cost Per Diem Inflated	46.7709	78.1725	59.9920			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7709**	**78.1725**	**59.9920**	**5.8300**		190.7654
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1519		60.0537			
7	Provider Target Rate	**58.3650**		**61.3284**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7709**	**78.1725**	**58.1101**	**5.8300**		188.8835
12/13	Medicaid Adjustment Rate		1.0840	0.8058			
14	Prospective Per Diem 11	**46.7709**	**79.2565**	**58.9159**	**5.8300**		**190.7733**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203220-00 - 2013/07

219.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Inverness

FRVS

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

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,280,155**
FRVS Base Asset:	**1,729,808**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**785,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**326,251**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,624,124**	**9.5496**
20% ROE(2):	**656,031**	**0.3600**
Insurance Cost(3):	**38,489**	**1.1741**
Taxes Cost(3):	**47,328**	**1.4438**
Home Office(3):	**22,274**	**0.6795**
Replacement(3&4):	**110,787**	**0.0000**
Total FRVS PD:		**13.2070**

(1) 80% Capital ($2,624,124) amortized at 12.5000% for 20 years Interest of $326,251 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $9.5496
(2) 20% ROE ($656,031) times the ROE factor (0.018750) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.3600
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7709**	**46.7709**	**2.0333**	**44.7376**	
Patient Care					
Direct Care	**79.2565**	**79.2565**	**3.4455**	**75.8110**	
Indirect Care	**58.9159**	**58.9159**	**2.5613**	**56.3546**	
Property	**5.8300**	**13.2070**	**0.5742**	**12.6328**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0843**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.7733**	**198.1503**	**8.6143**	**219.4567**	

***Medicaid Trend Adjustment :**

0 203238-00 - 2013/07

250.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Lake Worth

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**138**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**366**	Maximum:	**50,508**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**38,941**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,751**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,027**		
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**						

Medicaid Utilization	**77.10896%**
Occupancy:	**77.09868%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.15815%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,566,376	2,788,629	1,867,866	259,734	0	6,482,605
1a	Audit Adjustments						
2	Cost Per Diem	52.1656	92.8707	62.2062	**8.6500**		215.8925
3	Cost Per Diem Inflated	54.5381	95.5421	65.0354			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5381**	**95.5421**	**65.0354**	**8.6500**		223.7656
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.4606		69.9571			
7	Provider Target Rate	**78.0836**		**71.4420**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**95.5421**	**61.8071**	**8.6500**		220.0211
12/13	Medicaid Adjustment Rate		2.9138	1.8850			
14	Prospective Per Diem 11	**54.0219**	**98.4559**	**63.6921**	**8.6500**		**224.8199**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203238-00 - 2013/07

250.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Lake Worth

FRVS

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

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,167,748**
FRVS Base Asset:	**2,132,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**414,532**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,334,198**	**9.1442**
20% ROE(2):	**833,550**	**0.3448**
Insurance Cost(3):	**53,979**	**1.3862**
Taxes Cost(3):	**105,378**	**2.7061**
Home Office(3):	**30,370**	**0.7799**
Replacement(3&4):	**585,645**	**0.0000**
Total FRVS PD:		**14.3612**

(1) 80% Capital ($3,334,198) amortized at 12.5000% for 20 years Interest of $414,532 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $9.1442
(2) 20% ROE ($833,550) times the ROE factor (0.018750) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.3448
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**162**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,617,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**98.4559**	**98.4559**	**4.2802**	**94.1757**	
Indirect Care	**63.6921**	**63.6921**	**2.7689**	**60.9232**	
Property	**8.6500**	**14.3612**	**0.6243**	**13.7369**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4894**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.8199**	**230.5311**	**10.0219**	**250.8350**	

***Medicaid Trend Adjustment :**

0 203327-00 - 2013/07

229.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33173		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**62,966**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,277**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,764**		
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 #							

Medicaid Utilization	**48.85811%**
Occupancy:	**95.57680%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.44389%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,435,063	2,575,390	1,774,543	852,470	0	6,637,466
1a	Audit Adjustments						
2	Cost Per Diem	46.6475	83.7144	57.6825	**27.7100**		215.7544
3	Cost Per Diem Inflated	48.5311	85.9065	60.0117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5311**	**85.9065**	**60.0117**	**27.7100**		222.1593
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.3840		62.1765			
7	Provider Target Rate	**58.6020**		**63.4963**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5311**	**85.9065**	**60.0117**	**13.6500**		208.0993
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.5311**	**85.9065**	**60.0117**	**13.6500**		**208.0993**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203327-00 - 2013/07

229.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Palace at Kendall Nursing and Rehab Center

FRVS

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

Began FRVS:	**3/18/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**8,342,938**
FRVS Base Asset:	**5,463,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**8,488,615.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**733,538**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,674,350**	**12.4055**
20% ROE(2):	**1,668,588**	**0.4732**
Insurance Cost(3):	**171,857**	**2.7294**
Taxes Cost(3):	**112,486**	**1.7865**
Home Office(3):	**106,450**	**1.6906**
Replacement(3&4):	**23,024**	**0.0000**
Total FRVS PD:		**19.0852**

(1) 80% Capital ($6,674,350) amortized at 9.2500% for 20 years Principal & Interest of $733,538 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4055
(2) 20% ROE ($1,668,588) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4732
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,463,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5311**	**48.5311**	**2.1098**	**46.4213**	
Patient Care					
Direct Care	**85.9065**	**85.9065**	**3.7346**	**82.1719**	
Indirect Care	**60.0117**	**60.0117**	**2.6089**	**57.4028**	
Property	**13.6500**	**19.0852**	**0.8297**	**18.2555**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8774**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.0993**	**213.5345**	**9.2830**	**229.9653**	

***Medicaid Trend Adjustment :**

0 203335-00 - 2013/07

226.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34481		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**59,214**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**25,090**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,725**		
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 #							

Medicaid Utilization	**46.82170%**
Occupancy:	**89.88160%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.26692%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,242,461	2,782,467	1,861,780	407,558	0	6,294,266
1a	Audit Adjustments						
2	Cost Per Diem	44.8137	100.3595	67.1517	**14.7000**		227.0249
3	Cost Per Diem Inflated	46.1328	102.4877	69.1283			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1328**	**102.4877**	**69.1283**	**14.7000**		232.4488
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1625		62.0646			
7	Provider Target Rate	**50.2060**		**63.3820**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1328**	**96.4205**	**58.1101**	**13.6500**		214.3134
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.1328**	**96.4205**	**58.1101**	**13.6500**		**214.3134**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203335-00 - 2013/07

226.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

TimberRidge Nursing & Rehab Center

FRVS

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

Began FRVS:	**3/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**7,987,416**
FRVS Base Asset:	**1,699,712**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information

Amount:	**4,695,614.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2100**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**6.2100**	**%**
Interest Only:	**False**	
Yearly Payment:	**558,684**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**6,389,933**	**9.4484**
20% ROE(2):	**1,597,483**	**0.3939**
Insurance Cost(3):	**60,994**	**1.0301**
Taxes Cost(3):	**76,360**	**1.2896**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**137,863**	**0.0000**
Total FRVS PD:		**12.1620**

(1) 80% Capital ($6,389,933) amortized at 6.2100% for 20 years Principal & Interest of $558,684 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.4484
(2) 20% ROE ($1,597,483) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3939
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**56**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,699,712**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1328**	**46.1328**	**2.0055**	**44.1273**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**12.1620**	**0.5287**	**11.6333**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7040**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.3134**	**212.8254**	**9.2521**	**226.1137**	

***Medicaid Trend Adjustment :**

0 203475-00 - 2013/07

209.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**180**	Superior:	**0**
Marianna FL 32446		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Jackson[32]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**58,877**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**3,917**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**46,695**	FY Index:	**1.27684492**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**79.30941%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.37007%**	Cost:	**1.03483699**
Open Date:	**2/1/1971**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/1/1971**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**2/1/1971**	Low Occupancy Adjustment Factor:			**112.62228%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/1971**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,915,669	4,115,819	1,629,087	220,400	0	7,880,975
1a	Audit Adjustments						
2	Cost Per Diem	41.0251	88.1426	34.8878	**4.7200**		168.7755
3	Cost Per Diem Inflated	42.4543	90.1993	36.1032			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4543**	**90.1993**	**36.1032**	**4.7200**		173.4768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7012		48.7710			
7	Provider Target Rate	**46.6713**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4543**	**90.1993**	**36.1032**	**4.7200**		173.4768
12/13	Medicaid Adjustment Rate		2.9741	1.1904			
14	Prospective Per Diem 11	**42.4543**	**93.1734**	**37.2936**	**4.7200**		**177.6413**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203475-00 - 2013/07

209.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Marianna Health & Rehabilitation

FRVS

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

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,572,055**
FRVS Base Asset:	**4,379,259**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**753,131**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,057,644**	**12.7369**
20% ROE(2):	**1,514,411**	**0.3949**
Insurance Cost(3):	**21,829**	**0.3708**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**121,016**	**0.0000**
Total FRVS PD:		**13.5026**

(1) 80% Capital ($6,057,644) amortized at 12.5000% for 20 years Interest of $753,131 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.7369
(2) 20% ROE ($1,514,411) times the ROE factor (0.015420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3949
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4543**	**42.4543**	**1.8456**	**40.6087**	
Patient Care					
Direct Care	**93.1734**	**93.1734**	**4.0505**	**89.1229**	
Indirect Care	**37.2936**	**37.2936**	**1.6213**	**35.6723**	
Property	**4.7200**	**13.5026**	**0.5870**	**12.9156**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.1980**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.6413**	**186.4239**	**8.1044**	**209.3539**	

***Medicaid Trend Adjustment :**

0 203599-00 - 2013/07

217.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**72**	Superior:	**0**
Lakeland FL 33809		Days In CR	**365**	Maximum:	**26,280**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2012/07**	Max Annualized:	**26,280**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**25,413**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**3,201**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,541**		
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 #							

Medicaid Utilization	**13.93381%**
Occupancy:	**96.70091%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.86047%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	169,154	316,137	205,515	64,729	0	755,535
1a	Audit Adjustments						
2	Cost Per Diem	47.7701	89.2790	58.0387	**18.2799**		213.3677
3	Cost Per Diem Inflated	50.3500	92.1687	61.1732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.3500**	**92.1687**	**61.1732**	**18.2799**		221.9718
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8552		62.4521			
7	Provider Target Rate	**62.1469**		**63.7777**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3500**	**92.1687**	**61.1732**	**13.6500**		217.3419
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.3500**	**92.1687**	**61.1732**	**13.6500**		**217.3419**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203599-00 - 2013/07

217.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor at Carpenter's

FRVS

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

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**3,247,659**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,566,809.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**11.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**290,616**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,598,127**	**12.2872**
20% ROE(2):	**649,532**	**0.6638**
Insurance Cost(3):	**35,875**	**1.4117**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**101,303**	**0.0000**
Total FRVS PD:		**14.3627**

(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 (0.024170) divided by annual available days (26,280) 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			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3500**	**50.3500**	**2.1889**	**48.1611**	
Patient Care					
Direct Care	**92.1687**	**92.1687**	**4.0069**	**88.1618**	
Indirect Care	**61.1732**	**61.1732**	**2.6594**	**58.5138**	
Property	**13.6500**	**14.3627**	**0.6244**	**13.7383**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.3419**	**218.0546**	**9.4796**	**217.4114**	

***Medicaid Trend Adjustment :**

0 203670-00 - 2013/07

231.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**163**	Superior:	**0**
Miami FL 33157		Days In CR	**366**	Maximum:	**59,658**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**59,495**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**49,679**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**3,046**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,055**		
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 #							

Medicaid Utilization	**64.52425%**
Occupancy:	**83.27299%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.93888%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,066,052	3,529,127	2,423,555	239,771	0	8,258,505
1a	Audit Adjustments						
2	Cost Per Diem	64.4533	110.0960	75.6061	**7.4800**		257.6354
3	Cost Per Diem Inflated	66.6987	112.6649	78.2400			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.6987**	**112.6649**	**78.2400**	**7.4800**		265.0836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.6440		96.6268			
7	Provider Target Rate	**77.2496**		**98.6778**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**7.4800**		223.2475
12/13	Medicaid Adjustment Rate		1.6330	1.0099			
14	Prospective Per Diem 11	**54.0219**	**101.5715**	**62.8170**	**7.4800**		**225.8904**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203670-00 - 2013/07

231.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**754,075**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,065,234**	**14.0829**
20% ROE(2):	**1,516,308**	**0.4367**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**16,767**	**0.0000**
Total FRVS PD:		**14.5196**

(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 (0.015420) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.4367
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**163**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,645,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.5715**	**101.5715**	**4.4156**	**97.1559**	
Indirect Care	**62.8170**	**62.8170**	**2.7309**	**60.0861**	
Property	**7.4800**	**14.5196**	**0.6312**	**13.8884**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.8904**	**232.9300**	**10.1262**	**231.6402**	

***Medicaid Trend Adjustment :**

0 203769-00 - 2013/07

218.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**177**	Superior:	**0**
Pompano Beach FL 33060		Days In CR	**365**	Maximum:	**64,605**	Standard:	**184**
County: **Broward[6]**		First Used:	**2012/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**50,491**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**7,570**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**7,002**	FY Index:	**1.25362148**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**13.86782%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**78.15340%**	Cost:	**1.05400743**
Open Date:	**10/1/1976**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1976**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**4/1/1972**	Low Occupancy Adjustment Factor:			**98.48728%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/1/1972**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	374,037	607,530	490,034	122,885	0	1,594,486
1a	Audit Adjustments						
2	Cost Per Diem	53.4186	86.7652	69.9849	**17.5500**		227.7187
3	Cost Per Diem Inflated	56.3036	89.5735	73.7646			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.3036**	**89.5735**	**73.7646**	**17.5500**		237.1917
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.1836		65.7986			
7	Provider Target Rate	**70.6521**		**67.1953**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**89.5735**	**61.8071**	**13.6500**		219.0525
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**89.5735**	**61.8071**	**13.6500**		**219.0525**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203769-00 - 2013/07

218.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

John Knox Village Of Florida

FRVS

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

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**4,481,006**
FRVS Base Asset:	**2,435,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,475,191.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6350**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.6350**	**%**
Interest Only:	**False**	
Yearly Payment:	**404,781**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,584,805**	**6.9616**
20% ROE(2):	**896,201**	**0.3725**
Insurance Cost(3):	**148,513**	**2.9414**
Taxes Cost(3):	**182,329**	**3.6111**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**78,826**	**0.0000**
Total FRVS PD:		**13.8866**

(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 (0.024170) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.3725
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**89.5735**	**89.5735**	**3.8940**	**85.6795**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**13.8866**	**0.6037**	**13.2829**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.0525**	**219.2891**	**9.5332**	**218.5923**	

***Medicaid Trend Adjustment :**

0 203815-00 - 2013/07

202.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34205		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**42,777**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,767**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,751**		
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 #							

Medicaid Utilization	**46.17201%**
Occupancy:	**97.39754%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.73835%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	978,298	1,499,450	1,550,894	437,682	0	4,466,324
1a	Audit Adjustments						
2	Cost Per Diem	49.5316	75.9177	78.5223	**22.1600**		226.1316
3	Cost Per Diem Inflated	52.0146	78.2762	82.4586			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0146**	**78.2762**	**82.4586**	**22.1600**		234.9094
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.3601		74.0532			
7	Provider Target Rate	**59.5989**		**75.6251**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**78.2762**	**59.9006**	**13.6500**		203.4074
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**78.2762**	**59.9006**	**13.6500**		**203.4074**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203815-00 - 2013/07

202.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Westminster Asbury Towers

FRVS

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

Began FRVS:	**8/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,975,709**
FRVS Base Asset:	**348,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**7,832,462.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.8000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**4.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**372,286**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,780,567**	**9.4441**
20% ROE(2):	**1,195,142**	**0.6285**
Insurance Cost(3):	**81,943**	**1.9156**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**13,922**	**0.3255**
Replacement(3&4):	**69,904**	**0.0000**
Total FRVS PD:		**12.3137**

(1) 80% Capital ($4,780,567) amortized at 4.8000% for 20 years Principal & Interest of $372,286 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4441
(2) 20% ROE ($1,195,142) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6285
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**34**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**348,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**78.2762**	**78.2762**	**3.4029**	**74.8733**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**12.3137**	**0.5353**	**11.7784**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.4074**	**202.0711**	**8.7847**	**202.1228**	

***Medicaid Trend Adjustment :**

0 203823-00 - 2013/07

200.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Clearwater FL 34616		Days In CR	**366**	Maximum:	**21,960**	Standard:	**154**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**30**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**19,248**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,494**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**12,883**		
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 #							

Medicaid Utilization	**66.93163%**
Occupancy:	**87.65028%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.45505%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	665,077	746,797	688,810	59,262	0	2,159,946
1a	Audit Adjustments						
2	Cost Per Diem	51.6244	57.9676	53.4666	**4.6000**		167.6586
3	Cost Per Diem Inflated	53.1440	59.1969	55.0404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1440**	**59.1969**	**55.0404**	**4.6000**		171.9813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0073		59.1031			
7	Provider Target Rate	**55.1537**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.1440**	**59.1969**	**55.0404**	**4.6000**		171.9813
12/13	Medicaid Adjustment Rate		0.9437	0.8775			
14	Prospective Per Diem 11	**53.1440**	**60.1406**	**55.9179**	**4.6000**		**173.8025**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203823-00 - 2013/07

200.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,655,974**
FRVS Base Asset:	**1,258,595**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,420,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**164,091**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,324,779**	**8.3253**
20% ROE(2):	**331,195**	**0.2450**
Insurance Cost(3):	**7,524**	**0.3909**
Taxes Cost(3):	**6,463**	**0.3358**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,066**	**0.0000**
Total FRVS PD:		**9.2970**

(1) 80% Capital ($1,324,779) amortized at 11.0000% for 20 years Principal & Interest of $164,091 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.3253
(2) 20% ROE ($331,195) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2450
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.1440**	**53.1440**	**2.3103**	**50.8337**	
Patient Care					
Direct Care	**60.1406**	**60.1406**	**2.6145**	**57.5261**	
Indirect Care	**55.9179**	**55.9179**	**2.4309**	**53.4870**	
Property	**4.6000**	**9.2970**	**0.4042**	**8.8928**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6988**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.8025**	**178.4995**	**7.7599**	**200.2748**	

***Medicaid Trend Adjustment :**

0 203980-00 - 2013/07

170.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**22**	Superior:	**0**
Panama City FL 32401		Days In CR	**365**	Maximum:	**8,030**	Standard:	**184**
County: **Bay[3]**		First Used:	**2013/01**	Max Annualized:	**8,030**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**7,864**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**0**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,555**		
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 #							

Medicaid Utilization	**70.63835%**
Occupancy:	**97.93275%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**123.41281%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	194,425	436,546	173,178	28,219	0	832,368
1a	Audit Adjustments						
2	Cost Per Diem	35.0000	78.5861	31.1752	**5.0799**		149.8412
3	Cost Per Diem Inflated	36.8903	81.1297	32.8589			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8903**	**81.1297**	**32.8589**	**5.0799**		155.9588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0143		53.6785			
7	Provider Target Rate	**57.2033**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.8903**	**81.1297**	**32.8589**	**5.0799**		155.9588
12/13	Medicaid Adjustment Rate		1.8837	0.7629			
14	Prospective Per Diem 11	**36.8903**	**83.0134**	**33.6218**	**5.0799**		**158.6054**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203980-00 - 2013/07

170.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,082,164**
FRVS Base Asset:	**290,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**463,295.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6000**	**%**
Chase Rate:	**10.2000**	**%**
Amortization Rate:	**9.6000**	**%**
Interest Only:	**False**	
Yearly Payment:	**97,516**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**865,731**	**13.4933**
20% ROE(2):	**216,433**	**0.7238**
Insurance Cost(3):	**5,913**	**0.7519**
Taxes Cost(3):	**55**	**0.0070**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.9760**

(1) 80% Capital ($865,731) amortized at 9.6000% for 20 years Principal & Interest of $97,516 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $13.4933
(2) 20% ROE ($216,433) times the ROE factor (0.024170) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $0.7238
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1984**	Used Per Bed Standard:	**27,939**
Comparison Bed	**22**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**614,658**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.8903**	**36.8903**	**1.6037**	**35.2866**	
Patient Care					
Direct Care	**83.0134**	**83.0134**	**3.6089**	**79.4045**	
Indirect Care	**33.6218**	**33.6218**	**1.4616**	**32.1602**	
Property	**5.0799**	**14.9760**	**0.6511**	**14.3249**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**158.6054**	**168.5015**	**7.3253**	**170.0126**	

***Medicaid Trend Adjustment :**

0 204072-00 - 2013/07

214.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**100**	Superior:	**184**
Dunedin FL 34698		Days In CR	**366**	Maximum:	**36,600**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**30,951**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,897**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,910**		
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 #							

Medicaid Utilization	**38.48018%**
Occupancy:	**84.56557%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.56776%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	676,347	943,607	803,721	127,080	0	2,550,755
1a	Audit Adjustments						
2	Cost Per Diem	56.7882	79.2281	67.4829	**10.6700**		214.1692
3	Cost Per Diem Inflated	59.0813	81.3028	70.2079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.0813**	**81.3028**	**70.2079**	**10.6700**		221.2620
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5164		69.0036			
7	Provider Target Rate	**53.6311**		**70.4683**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6311**	**81.3028**	**70.0665**	**10.6700**		215.6704
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6311**	**81.3028**	**70.0665**	**10.6700**		**215.6704**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204072-00 - 2013/07

214.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,849,141**
FRVS Base Asset:	**3,035,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**264,734**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,079,313**	**8.0589**
20% ROE(2):	**769,828**	**0.3930**
Insurance Cost(3):	**45,067**	**1.4561**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**80,194**	**0.0000**
Total FRVS PD:		**9.9080**

(1) 80% Capital ($3,079,313) amortized at 6.0000% for 20 years Principal & Interest of $264,734 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $8.0589
(2) 20% ROE ($769,828) times the ROE factor (0.016770) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.3930
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,035,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6311**	**53.6311**	**2.3315**	**51.2996**	
Patient Care					
Direct Care	**81.3028**	**81.3028**	**3.5345**	**77.7683**	
Indirect Care	**70.0665**	**70.0665**	**3.0460**	**67.0205**	
Property	**10.6700**	**9.9080**	**0.4307**	**9.4773**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.6704**	**214.9084**	**9.3427**	**214.4021**	

***Medicaid Trend Adjustment :**

0 204161-00 - 2013/07

228.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33142		Days In CR	**366**	Maximum:	**65,880**	Standard:	**153**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**31**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**64,348**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**341**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**38,373**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.03483699**
Open Date:	**8/1/1973**					Target:	**1.01485834**
Acquired Date:	**8/1/1973**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**8/1/1973**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**8/1/1973**					**DC Inflation:**	**1.02333333**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**59.63356%**	Statewide Low Occupancy Threshold:	**79.35380%**	
Occupancy:	**97.67456%**	Medicaid Low Occupancy Threshold:	**41.45590%**	
Low Occupancy Adjustment Factor:	**123.08744%**	Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,005,690	4,572,523	2,967,585	147,736	0	9,693,534
1a	Audit Adjustments						
2	Cost Per Diem	52.2683	119.1599	77.3352	**3.8500**		252.6134
3	Cost Per Diem Inflated	54.0892	121.9403	80.0293			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.0892**	**121.9403**	**80.0293**	**3.8500**		259.9088
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.5522		87.9063			
7	Provider Target Rate	**73.0710**		**89.7722**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**3.8500**		219.6175
12/13	Medicaid Adjustment Rate		0.9006	0.5570			
14	Prospective Per Diem 11	**54.0219**	**100.8391**	**62.3641**	**3.8500**		**221.0751**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204161-00 - 2013/07

228.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**7,270,796**
FRVS Base Asset:	**3,093,801**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**723,167**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,816,637**	**12.2301**
20% ROE(2):	**1,454,159**	**0.3792**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**18,936**	**0.0000**
Total FRVS PD:		**12.6093**

(1) 80% Capital ($5,816,637) amortized at 12.5000% for 20 years Interest of $723,167 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.2301
(2) 20% ROE ($1,454,159) times the ROE factor (0.015420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3792
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**100.8391**	**100.8391**	**4.3838**	**96.4553**	
Indirect Care	**62.3641**	**62.3641**	**2.7112**	**59.6529**	
Property	**3.8500**	**12.6093**	**0.5482**	**12.0611**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.0751**	**229.8344**	**9.9917**	**228.6791**	

***Medicaid Trend Adjustment :**

0 204170-00 - 2013/07

249.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2012-02/28/2013**		Number of Beds:	**180**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**58,921**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,099**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,961**		
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**						

Medicaid Utilization	**47.45507%**
Occupancy:	**89.68189%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.01525%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28775230**
Semester Index:	**1.32132636**
Cost:	**1.02607183**
Target:	**1.01485834**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.01951087**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,430,102	2,868,329	1,838,059	500,502	0	6,636,992
1a	Audit Adjustments						
2	Cost Per Diem	51.1463	102.5832	65.7365	**17.9000**		237.3660
3	Cost Per Diem Inflated	52.4798	104.5847	67.4504			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4798**	**104.5847**	**67.4504**	**17.9000**		242.4149
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.6702		73.9768			
7	Provider Target Rate	**56.8519**		**75.5470**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.4798**	**99.9385**	**61.8071**	**13.6500**		227.8754
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.4798**	**99.9385**	**61.8071**	**13.6500**		**227.8754**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204170-00 - 2013/07

249.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Regents Park Of Boca Raton

FRVS

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

Began FRVS:	**8/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**8,027,129**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

Mortgage Information		
Amount:	**10,389,951.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9400**	**%**
Chase Rate:	**7.8900**	**%**
Amortization Rate:	**8.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**690,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,421,703**	**11.6753**
20% ROE(2):	**1,605,426**	**0.3988**
Insurance Cost(3):	**279,052**	**4.7360**
Taxes Cost(3):	**168,672**	**2.8627**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**71,638**	**0.0000**
Total FRVS PD:		**19.6728**

(1) 80% Capital ($6,421,703) amortized at 8.9400% for 20 years Principal & Interest of $690,362 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.6753
(2) 20% ROE ($1,605,426) times the ROE factor (0.014690) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3988
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.4798**	**52.4798**	**2.2815**	**50.1983**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**19.6728**	**0.8552**	**18.8176**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4754**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.8754**	**233.8982**	**10.1683**	**249.0417**	

***Medicaid Trend Adjustment :**

0 204391-00 - 2013/07

230.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,937**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**2,630**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**31,105**		
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 #							

Medicaid Utilization	**79.88546%**
Occupancy:	**88.89726%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.02646%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,321,207	3,013,365	1,567,820	281,811	0	6,184,203
1a	Audit Adjustments						
2	Cost Per Diem	42.4757	96.8772	50.4041	**9.0600**		198.8170
3	Cost Per Diem Inflated	44.7697	100.0128	53.1263			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7697**	**100.0128**	**53.1263**	**9.0600**		206.9688
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9757		48.7710			
7	Provider Target Rate	**42.8667**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8667**	**96.4205**	**49.8062**	**9.0600**		198.1534
12/13	Medicaid Adjustment Rate		3.2418	1.6745			
14	Prospective Per Diem 11	**42.8667**	**99.6623**	**51.4807**	**9.0600**		**203.0697**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204391-00 - 2013/07

230.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,035,305**
FRVS Base Asset:	**2,103,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,340,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**502,808**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,828,244**	**12.7552**
20% ROE(2):	**1,207,061**	**0.7401**
Insurance Cost(3):	**34,112**	**0.8761**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**24,734**	**0.6352**
Replacement(3&4):	**61,742**	**0.0000**
Total FRVS PD:		**15.0066**

(1) 80% Capital ($4,828,244) amortized at 8.5000% for 20 years Principal & Interest of $502,808 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7552
(2) 20% ROE ($1,207,061) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7401
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8667**	**42.8667**	**1.8636**	**41.0031**	
Patient Care					
Direct Care	**99.6623**	**99.6623**	**4.3326**	**95.3297**	
Indirect Care	**51.4807**	**51.4807**	**2.2380**	**49.2427**	
Property	**9.0600**	**15.0066**	**0.6524**	**14.3542**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.1738**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.0697**	**209.0163**	**9.0866**	**230.9399**	

***Medicaid Trend Adjustment :**

0 204536-00 - 2013/07

189.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**24**	Superior:	**184**
Jacksonville FL 32207		Days In CR	**366**	Maximum:	**8,784**	Standard:	**0**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**8,760**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**8,297**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**68**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,238**	FY Index:	**1.27343864**
Class at 1/94: **North Small [1]**						Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**						Cost:	**1.03760505**
Open Date:	**1/1/1972**					Target:	**1.01485834**
Acquired Date:	**1/1/1972**					**DC FY Index:**	**1.19833101**
Entered Medicaid	**2/1/1976**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/1976**					**DC Inflation:**	**1.02475859**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**63.13125%**
Occupancy:	**94.45583%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.03126%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	219,577	513,127	176,754	23,100	0	932,558
1a	Audit Adjustments						
2	Cost Per Diem	41.9200	97.9624	33.7446	**4.4101**		178.0371
3	Cost Per Diem Inflated	43.4964	100.3878	35.0136			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4964**	**100.3878**	**35.0136**	**4.4101**		183.3079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3443		60.1232			
7	Provider Target Rate	**53.4554**		**61.3994**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4964**	**93.8851**	**35.0136**	**4.4101**		176.8052
12/13	Medicaid Adjustment Rate		1.3869	0.5172			
14	Prospective Per Diem 11	**43.4964**	**95.2720**	**35.5308**	**4.4101**		**178.7093**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204536-00 - 2013/07

189.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

TAYLOR HOME FOR THE AGED, 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:	**1972/01**
Indexed Asset Value	**1,206,096**
FRVS Base Asset:	**555,185**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**2,857,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**100,481**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**964,877**	**12.7449**
20% ROE(2):	**241,219**	**0.4877**
Insurance Cost(3):	**11,639**	**1.4028**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**1,301**	**0.1568**
Replacement(3&4):	**150,835**	**0.0000**
Total FRVS PD:		**14.7922**

(1) 80% Capital ($964,877) amortized at 8.5000% for 20 years Principal & Interest of $100,481 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $12.7449
(2) 20% ROE ($241,219) times the ROE factor (0.015940) divided by annual available days (8,760) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**24**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**684,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4964**	**43.4964**	**1.8909**	**41.6055**	
Patient Care					
Direct Care	**95.2720**	**95.2720**	**4.1418**	**91.1302**	
Indirect Care	**35.5308**	**35.5308**	**1.5446**	**33.9862**	
Property	**4.4101**	**14.7922**	**0.6431**	**14.1491**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.7093**	**189.0914**	**8.2204**	**189.7074**	

***Medicaid Trend Adjustment :**

0 204625-00 - 2013/07

199.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**81**	Superior:	**0**
Trenton FL 32693		Days In CR	**366**	Maximum:	**29,646**	Standard:	**184**
County: **Gilchrist[21]**		First Used:	**2013/07**	Max Annualized:	**29,565**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**26,524**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,897**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**16,882**		
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 #							

Medicaid Utilization	**63.64802%**
Occupancy:	**89.46907%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.74705%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	647,619	1,270,333	673,151	500,045	0	3,091,148
1a	Audit Adjustments						
2	Cost Per Diem	38.3615	75.2478	39.8739	**29.6200**		183.1032
3	Cost Per Diem Inflated	40.0173	77.3258	41.5950			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0173**	**77.3258**	**41.5950**	**29.6200**		188.5581
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0173**	**77.3258**	**41.5950**	**13.6500**		172.5881
12/13	Medicaid Adjustment Rate		1.1873	0.6387			
14	Prospective Per Diem 11	**40.0173**	**78.5131**	**42.2337**	**13.6500**		**174.4141**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204625-00 - 2013/07

199.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,115,853**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**2,984,646.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**381,301**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,292,682**	**14.3300**
20% ROE(2):	**823,171**	**0.5510**
Insurance Cost(3):	**54,437**	**2.0524**
Taxes Cost(3):	**1,800**	**0.0679**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**99,084**	**0.0000**
Total FRVS PD:		**17.0013**

(1) 80% Capital ($3,292,682) amortized at 10.0000% for 20 years Principal & Interest of $381,301 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $14.3300
(2) 20% ROE ($823,171) times the ROE factor (0.017810) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.5510
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0173**	**40.0173**	**1.7397**	**38.2776**	
Patient Care					
Direct Care	**78.5131**	**78.5131**	**3.4132**	**75.0999**	
Indirect Care	**42.2337**	**42.2337**	**1.8360**	**40.3977**	
Property	**13.6500**	**17.0013**	**0.7391**	**16.2622**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2862**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.4141**	**177.7654**	**7.7280**	**199.1600**	

***Medicaid Trend Adjustment :**

0 205150-00 - 2013/07

221.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**240**	Superior:	**184**
Jacksonville FL 32204		Days In CR	**366**	Maximum:	**87,840**	Standard:	**0**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**84,120**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**21,551**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**45,151**	FY Index:	**1.26665332**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.04316338**
Open Date:	**2/1/1979**					Target:	**1.01485834**
Acquired Date:	**2/1/1979**					**DC FY Index:**	**1.19500000**
Entered Medicaid	**2/1/1979**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/1979**					**DC Inflation:**	**1.02761506**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**53.67451%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**95.76502%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.68108%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,043,251	3,872,389	2,653,621	778,855	0	9,348,116
1a	Audit Adjustments						
2	Cost Per Diem	45.2537	85.7653	58.7721	**17.2500**		207.0411
3	Cost Per Diem Inflated	47.2070	88.1337	61.3089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2070**	**88.1337**	**61.3089**	**17.2500**		213.8996
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0888		57.4075			
7	Provider Target Rate	**54.2157**		**58.6260**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2070**	**88.1337**	**58.1101**	**13.6500**		207.1008
12/13	Medicaid Adjustment Rate		0.3643	0.2402			
14	Prospective Per Diem 11	**47.2070**	**88.4980**	**58.3503**	**13.6500**		**207.7053**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205150-00 - 2013/07

221.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St. Catherine Laboure Manor

FRVS

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

Began FRVS:	**7/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**11,464,978**
FRVS Base Asset:	**4,097,511**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**9,999,999.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**3.9000**	**%**
Interest Only:	**False**	
Yearly Payment:	**661,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,171,982**	**8.3864**
20% ROE(2):	**2,292,996**	**0.5180**
Insurance Cost(3):	**17,402**	**0.2069**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**60,427**	**0.7183**
Replacement(3&4):	**193,027**	**0.0000**
Total FRVS PD:		**9.8296**

(1) 80% Capital ($9,171,982) amortized at 3.9000% for 20 years Principal & Interest of $661,180 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $8.3864
(2) 20% ROE ($2,292,996) times the ROE factor (0.017810) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.5180
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**232**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,612,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2070**	**47.2070**	**2.0522**	**45.1548**	
Patient Care					
Direct Care	**88.4980**	**88.4980**	**3.8473**	**84.6507**	
Indirect Care	**58.3503**	**58.3503**	**2.5367**	**55.8136**	
Property	**13.6500**	**9.8296**	**0.4273**	**9.4023**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6877**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.7053**	**203.8849**	**8.8635**	**221.5455**	

***Medicaid Trend Adjustment :**

0 205303-00 - 2013/07

209.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**170**	Superior:	**0**
Kissimmee FL 34746		Days In CR	**366**	Maximum:	**62,220**	Standard:	**184**
County: **Osceola[49]**		First Used:	**2013/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region: **Central[3]**	Area: **7**	Last Used:	**2013/07**	Total Patient:	**60,255**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**7,568**	**Inflation**	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**36,563**	FY Index:	**1.27004145**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**60.68044%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**96.84185%**	Cost:	**1.04038050**
Open Date:	**8/1/1979**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/1/1979**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**8/1/1979**	Low Occupancy Adjustment Factor:			**122.03808%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**8/1/1979**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,472,364	2,926,612	1,837,348	389,762	0	6,626,086
1a	Audit Adjustments						
2	Cost Per Diem	40.2692	80.0430	50.2516	**10.6600**		181.2238
3	Cost Per Diem Inflated	41.8953	82.1390	52.2808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.8953**	**82.1390**	**52.2808**	**10.6600**		186.9751
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.5316		50.8005			
7	Provider Target Rate	**43.4344**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8953**	**82.1390**	**51.8788**	**10.6600**		186.5731
12/13	Medicaid Adjustment Rate		0.9869	0.6233			
14	Prospective Per Diem 11	**41.8953**	**83.1259**	**52.5021**	**10.6600**		**188.1833**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205303-00 - 2013/07

209.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

KISSIMMEE 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:	**1979/07**
Indexed Asset Value	**7,668,083**
FRVS Base Asset:	**3,137,716**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,316,177.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.1400**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**5.1400**	**%**
Interest Only:	**False**	
Yearly Payment:	**491,528**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,134,466**	**8.8016**
20% ROE(2):	**1,533,617**	**0.4605**
Insurance Cost(3):	**36,665**	**0.6085**
Taxes Cost(3):	**565**	**0.0094**
Home Office(3):	**38,276**	**0.6352**
Replacement(3&4):	**215,438**	**0.0000**
Total FRVS PD:		**10.5152**

(1) 80% Capital ($6,134,466) amortized at 5.1400% for 20 years Principal & Interest of $491,528 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $8.8016
(2) 20% ROE ($1,533,617) times the ROE factor (0.016770) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.4605
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**170**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8953**	**41.8953**	**1.8213**	**40.0740**	
Patient Care					
Direct Care	**83.1259**	**83.1259**	**3.6137**	**79.5122**	
Indirect Care	**52.5021**	**52.5021**	**2.2824**	**50.2197**	
Property	**10.6600**	**10.5152**	**0.4571**	**10.0581**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7932**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.1833**	**188.0385**	**8.1745**	**209.4936**	

***Medicaid Trend Adjustment :**

0 205460-00 - 2013/07

238.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**0**
Lake Worth FL 33461		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**19,284**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,696**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,798**	FY Index:	**1.26665332**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**50.80896%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.81421%**	Cost:	**1.04316338**
Open Date:	**12/1/1979**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/1/1979**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**12/1/1979**	Low Occupancy Adjustment Factor:			**110.66163%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/14/1979**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	446,737	877,675	630,132	89,260	0	2,043,804
1a	Audit Adjustments						
2	Cost Per Diem	45.5947	89.5770	64.3123	**9.1100**		208.5940
3	Cost Per Diem Inflated	47.5627	92.0507	67.0882			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5627**	**92.0507**	**67.0882**	**9.1100**		215.8116
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.6191		64.5276			
7	Provider Target Rate	**65.9907**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5627**	**92.0507**	**65.8973**	**9.1100**		214.6207
12/13	Medicaid Adjustment Rate		0.0838	0.0600			
14	Prospective Per Diem 11	**47.5627**	**92.1345**	**65.9573**	**9.1100**		**214.7645**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205460-00 - 2013/07

238.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,038,190**
FRVS Base Asset:	**1,081,568**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**202,722**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,630,552**	**10.2852**
20% ROE(2):	**407,638**	**0.3683**
Insurance Cost(3):	**55,525**	**2.8793**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**3,047**	**0.0000**
Total FRVS PD:		**13.5328**

(1) 80% Capital ($1,630,552) amortized at 12.5000% for 20 years Interest of $202,722 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.2852
(2) 20% ROE ($407,638) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3683
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5627**	**47.5627**	**2.0677**	**45.4950**	
Patient Care					
Direct Care	**92.1345**	**92.1345**	**4.0054**	**88.1291**	
Indirect Care	**65.9573**	**65.9573**	**2.8674**	**63.0899**	
Property	**9.1100**	**13.5328**	**0.5883**	**12.9445**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4554**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.7645**	**219.1873**	**9.5288**	**238.9503**	

***Medicaid Trend Adjustment :**

0 205745-00 - 2013/07

240.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Health Center at Abbey Delray

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.	**01/01/2011-12/31/2011**	Number of Beds: **100**	Superior: **0**
Delray Beach FL 33445	Days In CR **365**	Maximum: **36,500**	Standard: **184**
County: **Palm Beach[50]**	First Used: **2013/01**	Max Annualized: **36,500**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2013/07**	Total Patient: **35,334**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,213**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **9,196**	
Class at 1/94: **South Small [3]**			
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 #			

Medicaid Utilization	**26.02592%**
Occupancy:	**96.80548%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.99224%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	452,412	921,055	746,046	154,953	0	2,274,466
1a	Audit Adjustments						
2	Cost Per Diem	49.1966	100.1582	81.1272	**16.8500**		247.3320
3	Cost Per Diem Inflated	51.8536	103.4000	85.5087			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8536**	**103.4000**	**85.5087**	**16.8500**		257.6123
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9330		68.2299			
7	Provider Target Rate	**65.2901**		**69.6782**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.8536**	**103.4000**	**69.6782**	**13.6500**		238.5818
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.8536**	**103.4000**	**69.6782**	**13.6500**		**238.5818**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205745-00 - 2013/07

240.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Health Center at Abbey Delray

FRVS

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

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**4,308,120**
FRVS Base Asset:	**1,041,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**428,494**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,446,496**	**13.0440**
20% ROE(2):	**861,624**	**0.6340**
Insurance Cost(3):	**114,653**	**3.2448**
Taxes Cost(3):	**17,977**	**0.5088**
Home Office(3):	**8,259**	**0.2337**
Replacement(3&4):	**4,294,762**	**0.0000**
Total FRVS PD:		**17.6653**

(1) 80% Capital ($3,446,496) amortized at 12.5000% for 20 years Interest of $428,494 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $13.0440
(2) 20% ROE ($861,624) times the ROE factor (0.024170) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.6340
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.8536**	**51.8536**	**2.2542**	**49.5994**	
Patient Care					
Direct Care	**103.4000**	**103.4000**	**4.4951**	**98.9049**	
Indirect Care	**69.6782**	**69.6782**	**3.0291**	**66.6491**	
Property	**13.6500**	**17.6653**	**0.7680**	**16.8973**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**238.5818**	**242.5971**	**10.5464**	**240.8871**	

***Medicaid Trend Adjustment :**

0 205796-00 - 2013/07

200.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**135**	Superior:	**0**
Orlando FL 32801		Days In CR	**366**	Maximum:	**49,410**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**49,275**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**46,296**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**13,436**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,461**		
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 #							

Medicaid Utilization	**52.83610%**
Occupancy:	**93.69763%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.07580%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,063,728	1,838,782	1,461,688	510,012	0	4,874,210
1a	Audit Adjustments						
2	Cost Per Diem	43.4867	75.1720	59.7559	**20.8500**		199.2646
3	Cost Per Diem Inflated	45.1220	77.0332	62.0030			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1220**	**77.0332**	**62.0030**	**20.8500**		205.0082
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2913		59.7247			
7	Provider Target Rate	**52.3800**		**60.9924**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1220**	**77.0332**	**59.9006**	**13.6500**		195.7058
12/13	Medicaid Adjustment Rate		0.2458	0.1911			
14	Prospective Per Diem 11	**45.1220**	**77.2790**	**60.0917**	**13.6500**		**196.1427**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205796-00 - 2013/07

200.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Commons at Orlando Lutheran Towers

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	**6,825,704**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,105,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**679,484**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,460,563**	**15.3218**
20% ROE(2):	**1,365,141**	**0.4907**
Insurance Cost(3):	**44,349**	**0.9579**
Taxes Cost(3):	**32,032**	**0.6919**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**25,992**	**0.0000**
Total FRVS PD:		**17.4623**

(1) 80% Capital ($5,460,563) amortized at 11.0700% for 20 years Principal & Interest of $679,484 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $15.3218
(2) 20% ROE ($1,365,141) times the ROE factor (0.015940) divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $0.4907
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1220**	**45.1220**	**1.9616**	**43.1604**	
Patient Care					
Direct Care	**77.2790**	**77.2790**	**3.3596**	**73.9194**	
Indirect Care	**60.0917**	**60.0917**	**2.6124**	**57.4793**	
Property	**13.6500**	**17.4623**	**0.7591**	**16.7032**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.1427**	**199.9550**	**8.6927**	**200.0987**	

***Medicaid Trend Adjustment :**

0 205800-00 - 2013/07

243.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**181**	Superior:	**0**
Lauderdale Lakes FL 33311		Days In CR	**366**	Maximum:	**66,246**	Standard:	**154**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**66,065**	Conditional:	**30**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**63,854**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**6,430**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**48,900**		
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 #							

Medicaid Utilization	**76.58095%**
Occupancy:	**96.38922%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.46767%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,694,373	4,307,728	3,334,692	1,070,421	11,133	11,418,347
1a	Audit Adjustments						
2	Cost Per Diem	55.0997	88.0926	68.1941	**21.8900**	**0.2277**	233.5041
3	Cost Per Diem Inflated	57.0192	90.1481	70.5698			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.0192**	**90.1481**	**70.5698**	**21.8900**	**0.2277**	239.8548
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7515		71.2275			
7	Provider Target Rate	**54.8924**		**72.7394**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**90.1481**	**61.8071**	**13.6500**	**0.2277**	219.8548
12/13	Medicaid Adjustment Rate		2.2562	1.5469			
14	Prospective Per Diem 11	**54.0219**	**92.4043**	**63.3540**	**13.6500**	**0.2277**	**223.6579**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205800-00 - 2013/07

243.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St John's Nursing Home

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**8,301,931**
FRVS Base Asset:	**4,560,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**6,150,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**589,528**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,641,545**	**9.9149**
20% ROE(2):	**1,660,386**	**0.4306**
Insurance Cost(3):	**114,776**	**1.7975**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**59,250**	**0.9279**
Replacement(3&4):	**154,883**	**0.0000**
Total FRVS PD:		**13.0709**

(1) 80% Capital ($6,641,545) amortized at 6.4000% for 20 years Principal & Interest of $589,528 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $9.9149
(2) 20% ROE ($1,660,386) times the ROE factor (0.015420) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $0.4306
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**160**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**92.4043**	**92.4043**	**4.0171**	**88.3872**	
Indirect Care	**63.3540**	**63.3540**	**2.7542**	**60.5998**	
Property	**13.6500**	**13.0709**	**0.5934**	**13.0566**	
ROE	**0.2277**	**0.2099**	**0.0099**	**0.2178**	
ROE Adjustment	**-0.2099**	**-0.2099**	**-0.0091**	**-0.2008**	
Quality Assess-Medicaid Share				**$21.3854**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.4480**	**222.8511**	**9.7140**	**243.9558**	

***Medicaid Trend Adjustment :**

0 205923-00 - 2013/07

255.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**132**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**366**	Maximum:	**48,312**	Standard:	**184**
County: **Palm Beach[50]**		First Used:	**2013/07**	Max Annualized:	**48,180**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**47,182**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**5,007**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**29,708**	FY Index:	**1.28354541**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**62.96469%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**97.66104%**	Cost:	**1.02943484**
Open Date:	**12/1/1980**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/1/1980**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**12/1/1980**	Low Occupancy Adjustment Factor:			**123.07039%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/1/1980**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,639,994	2,958,944	1,719,551	657,141	0	6,975,630
1a	Audit Adjustments						
2	Cost Per Diem	55.2038	99.6009	57.8817	**22.1200**		234.8064
3	Cost Per Diem Inflated	56.8287	101.7130	59.5854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.8287**	**101.7130**	**59.5854**	**22.1200**		240.2471
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.7874		58.4783			
7	Provider Target Rate	**70.2475**		**59.7196**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**59.5854**	**13.6500**		227.1958
12/13	Medicaid Adjustment Rate		1.4576	0.8691			
14	Prospective Per Diem 11	**54.0219**	**101.3961**	**60.4545**	**13.6500**		**229.5225**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205923-00 - 2013/07

255.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lourdes-Noreen McKeen Residence

FRVS

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

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**5,883,052**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**526,443**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,706,442**	**12.1407**
20% ROE(2):	**1,176,610**	**0.3956**
Insurance Cost(3):	**319,263**	**6.7666**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**228,677**	**0.0000**
Total FRVS PD:		**19.3029**

(1) 80% Capital ($4,706,442) amortized at 9.5000% for 20 years Principal & Interest of $526,443 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $12.1407
(2) 20% ROE ($1,176,610) times the ROE factor (0.014580) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $0.3956
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.3961**	**101.3961**	**4.4080**	**96.9881**	
Indirect Care	**60.4545**	**60.4545**	**2.6282**	**57.8263**	
Property	**13.6500**	**19.3029**	**0.8392**	**18.4637**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2564**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.5225**	**235.1754**	**10.2239**	**255.0443**	

***Medicaid Trend Adjustment :**

0 206300-00 - 2013/07

232.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 NW 15th Ave.	**09/01/2011-08/31/2012**	Number of Beds: **60**	Superior: **0**
Jasper FL 32052	Days In CR **366**	Maximum: **21,960**	Standard: **184**
County: **Hamilton[24]**	First Used: **2013/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **20,886**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,079**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **17,668**	
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 #			

Medicaid Utilization	**84.59255%**
Occupancy:	**95.10929%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.85474%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	860,785	1,532,634	1,043,898	92,050	11,297	3,540,664
1a	Audit Adjustments						
2	Cost Per Diem	48.7200	86.7463	59.0841	**5.2100**	**0.6394**	200.3998
3	Cost Per Diem Inflated	50.5521	88.8940	61.3060			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5521**	**88.8940**	**61.3060**	**5.2100**	**0.6394**	206.6015
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.4571		54.4930			
7	Provider Target Rate	**61.7404**		**55.6497**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5521**	**88.8940**	**55.6497**	**5.2100**	**0.6394**	200.9452
12/13	Medicaid Adjustment Rate		3.4595	2.1657			
14	Prospective Per Diem 11	**50.5521**	**92.3535**	**57.8154**	**5.2100**	**0.6394**	**206.5704**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206300-00 - 2013/07

232.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015940**

Mortgage Information		
Amount:	**237,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**186,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,503,794**	**9.4857**
20% ROE(2):	**375,949**	**0.3040**
Insurance Cost(3):	**19,851**	**0.9504**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**150,546**	**0.0000**
Total FRVS PD:		**10.7401**

(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 (0.015940) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3040
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5521**	**50.5521**	**2.1977**	**48.3544**	
Patient Care					
Direct Care	**92.3535**	**92.3535**	**4.0149**	**88.3386**	
Indirect Care	**57.8154**	**57.8154**	**2.5134**	**55.3020**	
Property	**5.2100**	**10.7401**	**0.4669**	**10.2732**	
ROE	**0.6394**	**0.5639**	**0.0245**	**0.5394**	
ROE Adjustment	**-0.5639**	**-0.5639**	**-0.0245**	**-0.5394**	
Quality Assess-Medicaid Share				**$21.4129**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.0065**	**211.4611**	**9.1929**	**232.5175**	

***Medicaid Trend Adjustment :**

0 206431-00 - 2013/07

233.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2009-12/31/2009**		Number of Beds:	**126**	Superior:	**184**
Clearwater FL 33756		Days In CR	**365**	Maximum:	**45,990**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2011/01**	Max Annualized:	**45,990**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,853**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**18,574**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**7,944**		
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 #							

Medicaid Utilization	**19.44533%**
Occupancy:	**88.83018%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.94193%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.32132636**
Cost:	**1.10675156**
Target:	**1.01485834**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.05907719**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	702,885	821,425	843,655	112,964	0	2,480,929
1a	Audit Adjustments						
2	Cost Per Diem	88.4800	103.4019	106.2003	**14.2200**		312.3022
3	Cost Per Diem Inflated	97.9254	109.5106	117.5373			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**97.9254**	**109.5106**	**117.5373**	**14.2200**		339.1933
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	89.0941		82.6262			
7	Provider Target Rate	**90.9852**		**84.3800**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**98.1795**	**59.9006**	**13.6500**		223.3107
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**98.1795**	**59.9006**	**13.6500**		**223.3107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206431-00 - 2013/07

233.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,437,597**
FRVS Base Asset:	**1,906,865**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**570,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.3400**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**242,448**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,950,078**	**5.8575**
20% ROE(2):	**487,519**	**0.3436**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**214,273**	**5.2450**
Replacement(3&4):	**595,768**	**0.0000**
Total FRVS PD:		**11.4461**

(1) 80% Capital ($1,950,078) amortized at 12.5000% for 20 years Interest of $242,448 divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = $5.8575
(2) 20% ROE ($487,519) times the ROE factor (0.029170) divided by annual available days (45,990) divided by Occup. Adj. (0.9000) = $0.3436
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**124**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,534,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**11.4461**	**0.4976**	**10.9485**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9683**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.3107**	**221.1068**	**9.6123**	**233.2992**	

***Medicaid Trend Adjustment :**

0 206521-00 - 2013/07

231.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**119**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**43,435**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**33,337**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,528**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**6,693**		
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 #							

Medicaid Utilization	**20.07679%**
Occupancy:	**76.75147%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**96.72060%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	320,320	660,217	496,545	135,868	0	1,612,950
1a	Audit Adjustments						
2	Cost Per Diem	47.8590	98.6429	74.1887	**20.3000**		240.9906
3	Cost Per Diem Inflated	50.4437	101.8356	78.1954			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4437**	**101.8356**	**78.1954**	**20.3000**		250.7747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4548		81.2206			
7	Provider Target Rate	**60.7168**		**82.9446**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.4437**	**99.9385**	**61.8071**	**13.6500**		225.8393
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.4437**	**99.9385**	**61.8071**	**13.6500**		**225.8393**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206521-00 - 2013/07

231.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Saint Andrews Estates North

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	**5,183,383**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,324,046.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**488,470**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,146,706**	**12.4956**
20% ROE(2):	**1,036,677**	**0.6410**
Insurance Cost(3):	**36,717**	**1.1014**
Taxes Cost(3):	**65,230**	**1.9567**
Home Office(3):	**160,592**	**4.8172**
Replacement(3&4):	**999,631**	**0.0000**
Total FRVS PD:		**21.0119**

(1) 80% Capital ($4,146,706) amortized at 10.2500% for 20 years Principal & Interest of $488,470 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $12.4956
(2) 20% ROE ($1,036,677) times the ROE factor (0.024170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.6410
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.4437**	**50.4437**	**2.1929**	**48.2508**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**21.0119**	**0.9135**	**20.0984**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.8393**	**233.2012**	**10.1380**	**231.8996**	

***Medicaid Trend Adjustment :**

0 206610-00 - 2013/07

251.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Juno Beach FL 33408		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**20,235**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,818**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,892**		
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 #							

Medicaid Utilization	**14.29207%**
Occupancy:	**92.39726%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.43710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	189,971	276,200	261,839	75,134	0	803,144
1a	Audit Adjustments						
2	Cost Per Diem	65.6885	95.5048	90.5391	**25.9799**		277.7123
3	Cost Per Diem Inflated	69.2362	98.5960	95.4289			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.2362**	**98.5960**	**95.4289**	**25.9799**		289.2410
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.6092		95.8827			
7	Provider Target Rate	**70.0655**		**97.9179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**98.5960**	**77.6541**	**13.6500**		253.7205
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**98.5960**	**77.6541**	**13.6500**		**253.7205**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206610-00 - 2013/07

251.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**1,116,720.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0700**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**172,538**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,482,796**	**8.7538**
20% ROE(2):	**370,699**	**0.4546**
Insurance Cost(3):	**66,147**	**3.2689**
Taxes Cost(3):	**15,744**	**0.7781**
Home Office(3):	**5,467**	**0.2702**
Replacement(3&4):	**2,694,191**	**0.0000**
Total FRVS PD:		**13.5256**

(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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4546
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**98.5960**	**98.5960**	**4.2863**	**94.3097**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**13.5256**	**0.5880**	**12.9376**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**253.7205**	**253.5961**	**11.0247**	**251.4078**	

***Medicaid Trend Adjustment :**

0 206865-00 - 2013/07

257.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Abbey Delray 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.		**01/01/2011-12/31/2011**		Number of Beds:	**90**	Superior:	**0**
Delray Beach FL 33445		Days In CR	**365**	Maximum:	**32,850**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**27,774**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,634**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,883**		
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 #							

Medicaid Utilization	**24.78217%**
Occupancy:	**84.54794%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.54556%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	422,777	742,895	636,019	58,230	0	1,859,921
1a	Audit Adjustments						
2	Cost Per Diem	61.4234	107.9319	92.4043	**8.4600**		270.2196
3	Cost Per Diem Inflated	64.7407	111.4253	97.3948			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.7407**	**111.4253**	**97.3948**	**8.4600**		282.0208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.3801		82.2108			
7	Provider Target Rate	**67.7891**		**83.9558**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**105.3251**	**77.6541**	**8.4600**		255.2596
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**105.3251**	**77.6541**	**8.4600**		**255.2596**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206865-00 - 2013/07

257.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Abbey Delray 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	**0.024170**

Mortgage Information		
Amount:	**1,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,020**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,311,842**	**10.9934**
20% ROE(2):	**577,961**	**0.4725**
Insurance Cost(3):	**33,641**	**1.2112**
Taxes Cost(3):	**17,985**	**0.6475**
Home Office(3):	**3,576**	**0.1288**
Replacement(3&4):	**4,148,713**	**0.0000**
Total FRVS PD:		**13.4534**

(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 (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4725
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**8.4600**	**13.4534**	**0.5849**	**12.8685**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**255.2596**	**260.2530**	**11.3141**	**257.7753**	

***Medicaid Trend Adjustment :**

0 207381-00 - 2013/07

232.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**280**	Superior:	**0**
West Palm Beach FL 33417		Days In CR	**366**	Maximum:	**102,480**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**102,200**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**97,744**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**22,755**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**58,938**		
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 #							

Medicaid Utilization	**60.29833%**
Occupancy:	**95.37861%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.19413%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,715,170	6,387,005	3,901,081	917,075	11,450	14,931,781
1a	Audit Adjustments						
2	Cost Per Diem	63.0352	108.3682	66.1896	**15.5600**	**0.1943**	253.3473
3	Cost Per Diem Inflated	65.9021	111.4853	69.1999			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.9021**	**111.4853**	**69.1999**	**15.5600**	**0.1943**	262.3416
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.8540		70.1296			
7	Provider Target Rate	**73.3792**		**71.6182**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**	**0.1943**	229.6118
12/13	Medicaid Adjustment Rate		1.1578	0.7161			
14	Prospective Per Diem 11	**54.0219**	**101.0963**	**62.5232**	**13.6500**	**0.1943**	**231.4857**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207381-00 - 2013/07

232.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Joseph L. Morse Geriatric Center, Inc

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**14,187,533**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,590,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7490**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.7490**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,291,793**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**11,350,026**	**14.0443**
20% ROE(2):	**2,837,507**	**0.5784**
Insurance Cost(3):	**127,655**	**1.3060**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**436,743**	**0.0000**
Total FRVS PD:		**15.9287**

(1) 80% Capital ($11,350,026) amortized at 9.7490% for 20 years Principal & Interest of $1,291,793 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $14.0443
(2) 20% ROE ($2,837,507) times the ROE factor (0.018750) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $0.5784
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.0963**	**101.0963**	**4.3950**	**96.7013**	
Indirect Care	**62.5232**	**62.5232**	**2.7181**	**59.8051**	
Property	**13.6500**	**15.9287**	**0.5934**	**13.0566**	
ROE	**0.1943**	**0.1116**	**0.0084**	**0.1859**	
ROE Adjustment	**-0.1116**	**-0.1116**	**-0.0049**	**-0.1067**	
Quality Assess-Medicaid Share				**$2.7005**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.3741**	**233.5701**	**10.0585**	**232.8525**	

***Medicaid Trend Adjustment :**

0 207446-00 - 2013/07

228.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.	**09/01/2011-08/31/2012**	Number of Beds: **120**	Superior: **0**
Jacksonville FL 32217	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Duval[16]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **39,955**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,273**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,741**	
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 #			

Medicaid Utilization	**51.91090%**
Occupancy:	**90.97222%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.64130%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,112,870	1,871,359	1,107,668	332,271	0	4,424,168
1a	Audit Adjustments						
2	Cost Per Diem	53.6556	90.2251	53.4048	**16.0200**		213.3055
3	Cost Per Diem Inflated	55.6733	92.4589	55.4131			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.6733**	**92.4589**	**55.4131**	**16.0200**		219.5653
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4683		54.2715			
7	Provider Target Rate	**52.5608**		**55.4235**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**92.4589**	**55.4131**	**13.6500**		210.6612
12/13	Medicaid Adjustment Rate		0.1988	0.1191			
14	Prospective Per Diem 11	**49.1392**	**92.6577**	**55.5322**	**13.6500**		**210.9791**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207446-00 - 2013/07

228.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

TAYLOR CARE CENTER, INC.

FRVS

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

Began FRVS:	**1/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**6,072,305**
FRVS Base Asset:	**2,825,639**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information

Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4080**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.4080**	**%**
Interest Only:	**False**	
Yearly Payment:	**397,975**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,857,844**	**10.0958**
20% ROE(2):	**1,214,461**	**0.4911**
Insurance Cost(3):	**19,835**	**0.4964**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**9,017**	**0.2257**
Replacement(3&4):	**284,481**	**0.0000**
Total FRVS PD:		**11.3090**

(1) 80% Capital ($4,857,844) amortized at 5.4080% for 20 years Principal & Interest of $397,975 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0958
(2) 20% ROE ($1,214,461) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4911
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**92.6577**	**92.6577**	**4.0281**	**88.6296**	
Indirect Care	**55.5322**	**55.5322**	**2.4142**	**53.1180**	
Property	**13.6500**	**11.3090**	**0.4916**	**10.8174**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0465**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.9791**	**208.6381**	**9.0701**	**228.4509**	

***Medicaid Trend Adjustment :**

0 207497-00 - 2013/07

240.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**325**	Superior:	**0**
Sunrise FL 33351		Days In CR	**366**	Maximum:	**118,950**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**118,625**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**66,587**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,060**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**44,486**		
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 #							

Medicaid Utilization	**66.80884%**
Occupancy:	**55.97898%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**70.54355%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,337,199	3,450,806	2,460,027	1,441,346	0	9,689,378
1a	Audit Adjustments						
2	Cost Per Diem	52.5379	77.5706	55.2989	**32.4000**		217.8074
3	Cost Per Diem Inflated	54.0843	79.2155	56.9266			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.0843**	**79.2155**	**56.9266**	**32.4000**		222.6264
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2394		63.1266			
7	Provider Target Rate	**55.3907**		**64.4665**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**79.2155**	**56.9266**	**13.6500**		203.8140
12/13	Medicaid Adjustment Rate		1.4980	1.0765			
14	Prospective Per Diem 11	**54.0219**	**80.7135**	**58.0031**	**13.6500**		**206.3885**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207497-00 - 2013/07

240.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**15,239,716**
FRVS Base Asset:	**6,689,269**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**16.3270**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**15.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,926,480**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**12,191,773**	**18.0445**
20% ROE(2):	**3,047,943**	**0.4162**
Insurance Cost(3):	**243,663**	**3.6593**
Taxes Cost(3):	**381,807**	**5.7340**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**110,821**	**0.0000**
Total FRVS PD:		**27.8540**

(1) 80% Capital ($12,191,773) amortized at 15.0000% for 20 years Principal & Interest of $1,926,480 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $18.0445
(2) 20% ROE ($3,047,943) times the ROE factor (0.014580) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $0.4162
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**80.7135**	**80.7135**	**3.5089**	**77.2046**	
Indirect Care	**58.0031**	**58.0031**	**2.5216**	**55.4815**	
Property	**13.6500**	**27.8540**	**1.2109**	**26.6431**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1873**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.3885**	**220.5925**	**9.5899**	**240.0263**	

***Medicaid Trend Adjustment :**

0 207527-00 - 2013/07

203.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Auburndale FL 33823		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**34,742**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,759**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,793**		
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 #							

Medicaid Utilization	**68.48483%**
Occupancy:	**79.10292%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.68384%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,104,464	1,549,019	1,108,918	661,921	0	4,424,322
1a	Audit Adjustments						
2	Cost Per Diem	46.4197	65.1040	46.6069	**27.8200**		185.9506
3	Cost Per Diem Inflated	48.1653	66.7159	48.3596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.1653**	**66.7159**	**48.3596**	**27.8200**		191.0608
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**66.7159**	**48.3596**	**13.6500**		171.6412
12/13	Medicaid Adjustment Rate		1.3874	1.0057			
14	Prospective Per Diem 11	**42.9157**	**68.1033**	**49.3653**	**13.6500**		**174.0343**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207527-00 - 2013/07

203.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

AUBURNDALE OAKS HEALTHCARE 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	**6,097,425**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.5950**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.5950**	**%**
Interest Only:	**False**	
Yearly Payment:	**753,328**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,877,940**	**19.1103**
20% ROE(2):	**1,219,485**	**0.4931**
Insurance Cost(3):	**29,768**	**0.8568**
Taxes Cost(3):	**38,827**	**1.1176**
Home Office(3):	**25,144**	**0.7237**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**22.3015**

(1) 80% Capital ($4,877,940) amortized at 14.5950% for 20 years Principal & Interest of $753,328 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $19.1103
(2) 20% ROE ($1,219,485) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4931
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**68.1033**	**68.1033**	**2.9607**	**65.1426**	
Indirect Care	**49.3653**	**49.3653**	**2.1461**	**47.2192**	
Property	**13.6500**	**22.3015**	**0.9695**	**21.3320**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8381**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.0343**	**182.6858**	**7.9420**	**203.4183**	

***Medicaid Trend Adjustment :**

0 207683-00 - 2013/07

224.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**107**	Superior:	**0**
West Palm Beach FL 33407		Days In CR	**366**	Maximum:	**39,162**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**37,644**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,734**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,047**	FY Index:	**1.27004145**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**77.16236%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.12379%**	Cost:	**1.04038050**
Open Date:	**1/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**1/1/1984**	Low Occupancy Adjustment Factor:			**121.13320%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/1984**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**205281**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,245,199	2,434,624	1,435,342	309,351	0	5,424,516
1a	Audit Adjustments						
2	Cost Per Diem	42.8684	83.8167	49.4145	**10.6500**		186.7496
3	Cost Per Diem Inflated	44.5994	86.0115	51.4099			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5994**	**86.0115**	**51.4099**	**10.6500**		192.6708
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3764		52.8299			
7	Provider Target Rate	**54.5094**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.5994**	**86.0115**	**51.4099**	**10.6500**		192.6708
12/13	Medicaid Adjustment Rate		2.6283	1.5710			
14	Prospective Per Diem 11	**44.5994**	**88.6398**	**52.9809**	**10.6500**		**196.8701**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207683-00 - 2013/07

224.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,336,840**
FRVS Base Asset:	**2,760,297**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,062,500.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1250**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.1250**	**%**
Interest Only:	**False**	
Yearly Payment:	**498,667**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,269,472**	**14.1870**
20% ROE(2):	**1,067,368**	**0.5092**
Insurance Cost(3):	**14,290**	**0.3796**
Taxes Cost(3):	**87,511**	**2.3247**
Home Office(3):	**29,618**	**0.7868**
Replacement(3&4):	**260,703**	**0.0000**
Total FRVS PD:		**18.1873**

(1) 80% Capital ($4,269,472) amortized at 10.1250% for 20 years Principal & Interest of $498,667 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $14.1870
(2) 20% ROE ($1,067,368) times the ROE factor (0.016770) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.5092
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**97**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5994**	**44.5994**	**1.9389**	**42.6605**	
Patient Care					
Direct Care	**88.6398**	**88.6398**	**3.8535**	**84.7863**	
Indirect Care	**52.9809**	**52.9809**	**2.3032**	**50.6777**	
Property	**10.6500**	**18.1873**	**0.7907**	**17.3966**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1578**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.8701**	**204.4074**	**8.8863**	**224.5153**	

***Medicaid Trend Adjustment :**

0 207799-00 - 2013/07

234.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32806		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **St Johns[55]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**34,737**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,028**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,971**		
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 #							

Medicaid Utilization	**66.12834%**
Occupancy:	**79.09153%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.66950%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,047,697	1,997,604	1,354,231	436,219	0	4,835,751
1a	Audit Adjustments						
2	Cost Per Diem	45.6096	86.9620	58.9539	**18.9900**		210.5155
3	Cost Per Diem Inflated	47.4513	89.2392	61.3345			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4513**	**89.2392**	**61.3345**	**18.9900**		217.0150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3084		53.8711			
7	Provider Target Rate	**50.3550**		**55.0146**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4513**	**89.2392**	**55.0146**	**13.6500**		205.3551
12/13	Medicaid Adjustment Rate		1.6192	0.9982			
14	Prospective Per Diem 11	**47.4513**	**90.8584**	**56.0128**	**13.6500**		**207.9725**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207799-00 - 2013/07

234.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Ponce Therapy Care Center

FRVS

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

Began FRVS:	**3/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,898,504**
FRVS Base Asset:	**3,007,294**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.6180**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.6180**	**%**
Interest Only:	**False**	
Yearly Payment:	**648,063**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,718,803**	**16.4400**
20% ROE(2):	**1,179,701**	**0.5019**
Insurance Cost(3):	**95,824**	**2.7586**
Taxes Cost(3):	**36,263**	**1.0439**
Home Office(3):	**65,075**	**1.8734**
Replacement(3&4):	**985,392**	**0.0000**
Total FRVS PD:		**22.6178**

(1) 80% Capital ($4,718,803) amortized at 12.6180% for 20 years Principal & Interest of $648,063 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.4400
(2) 20% ROE ($1,179,701) times the ROE factor (0.016770) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4513**	**47.4513**	**2.0629**	**45.3884**	
Patient Care					
Direct Care	**90.8584**	**90.8584**	**3.9499**	**86.9085**	
Indirect Care	**56.0128**	**56.0128**	**2.4351**	**53.5777**	
Property	**13.6500**	**22.6178**	**0.9833**	**21.6345**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2843**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.9725**	**216.9403**	**9.4312**	**234.6298**	

***Medicaid Trend Adjustment :**

0 208442-00 - 2013/07

243.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**57,113**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,946**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**41,901**		
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 #							

Medicaid Utilization	**73.36508%**
Occupancy:	**86.69247%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.24804%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,016,276	3,887,960	2,759,702	1,199,207	0	9,863,145
1a	Audit Adjustments						
2	Cost Per Diem	48.1200	92.7892	65.8624	**28.6200**		235.3916
3	Cost Per Diem Inflated	50.1970	95.3516	68.7052			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1970**	**95.3516**	**68.7052**	**28.6200**		242.8738
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6002		73.1651			
7	Provider Target Rate	**54.7379**		**74.7181**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.1970**	**95.3516**	**59.9006**	**13.6500**		219.0992
12/13	Medicaid Adjustment Rate		2.5064	1.5745			
14	Prospective Per Diem 11	**50.1970**	**97.8580**	**61.4751**	**13.6500**		**223.1801**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208442-00 - 2013/07

243.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

BERNARD L. SAMSON NURSING CENTER

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**9,057,263**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**10,329,070.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.7227**	**%**
Chase Rate:	**6.5086**	**%**
Amortization Rate:	**3.7227**	**%**
Interest Only:	**False**	
Yearly Payment:	**514,280**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,245,810**	**8.6974**
20% ROE(2):	**1,811,453**	**0.5456**
Insurance Cost(3):	**81,223**	**1.4221**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**47,577**	**0.0000**
Total FRVS PD:		**10.6651**

(1) 80% Capital ($7,245,810) amortized at 3.7227% for 20 years Principal & Interest of $514,280 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.6974
(2) 20% ROE ($1,811,453) times the ROE factor (0.017810) divided by annual available days (65,700) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1970**	**50.1970**	**2.1822**	**48.0148**	
Patient Care					
Direct Care	**97.8580**	**97.8580**	**4.2542**	**93.6038**	
Indirect Care	**61.4751**	**61.4751**	**2.6725**	**58.8026**	
Property	**13.6500**	**10.6651**	**0.5934**	**13.0566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3043**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.1801**	**220.1952**	**9.7023**	**243.6185**	

***Medicaid Trend Adjustment :**

0 208485-00 - 2013/07

230.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2010-09/30/2011**		Number of Beds:	**120**	Superior:	**184**
Jupiter FL 33458		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **Palm Beach[50]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**34,854**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**14,014**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**15,108**	FY Index:	**1.24527319**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**43.34653%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**79.57534%**	Cost:	**1.06107348**
Open Date:	**1/1/1974**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/1/1976**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18500000**
Entered Medicaid	**1/1/1974**	Low Occupancy Adjustment Factor:			**100.27919%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/5/1984**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03628692**
Previous Med #	**204323**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	621,307	1,792,516	1,049,934	169,814	0	3,633,571
1a	Audit Adjustments						
2	Cost Per Diem	41.1244	118.6468	69.4952	**11.2400**		240.5064
3	Cost Per Diem Inflated	43.6360	122.9521	73.7395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.6360**	**122.9521**	**73.7395**	**11.2400**		251.5676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6423		66.4678			
7	Provider Target Rate	**64.9932**		**67.8787**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6360**	**99.9385**	**61.8071**	**11.2400**		216.6216
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.6360**	**99.9385**	**61.8071**	**11.2400**		**216.6216**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208485-00 - 2013/07

230.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,555,255**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025420**

Mortgage Information		
Amount:	**2,566,518.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**5.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,424**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,444,204**	**9.4983**
20% ROE(2):	**1,111,051**	**0.7165**
Insurance Cost(3):	**31,384**	**0.9004**
Taxes Cost(3):	**594**	**0.0170**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**30,653**	**0.0000**
Total FRVS PD:		**11.1322**

(1) 80% Capital ($4,444,204) amortized at 5.7500% for 20 years Principal & Interest of $374,424 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4983
(2) 20% ROE ($1,111,051) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7165
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6360**	**43.6360**	**1.8970**	**41.7390**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**11.2400**	**11.1322**	**0.4840**	**10.6482**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2186**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.6216**	**216.5138**	**9.4126**	**230.1562**	

***Medicaid Trend Adjustment :**

0 208507-00 - 2013/07

205.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Claridge House 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	
13900 NE 3rd Court		**09/01/2011-08/31/2012**		Number of Beds:	**240**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**87,840**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**79,632**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,988**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**62,177**		
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 #							

Medicaid Utilization	**78.08042%**
Occupancy:	**90.65574%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.24247%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,152,543	5,317,818	3,381,211	1,220,535	0	12,072,107
1a	Audit Adjustments						
2	Cost Per Diem	34.6196	85.5271	54.3804	**19.6300**		194.1571
3	Cost Per Diem Inflated	35.9215	87.6446	56.4254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.9215**	**87.6446**	**56.4254**	**19.6300**		199.6215
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		59.2116			
7	Provider Target Rate	**45.1484**		**60.4684**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.9215**	**87.6446**	**56.4254**	**13.6500**		193.6415
12/13	Medicaid Adjustment Rate		2.7687	1.7825			
14	Prospective Per Diem 11	**35.9215**	**90.4133**	**58.2079**	**13.6500**		**198.1927**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208507-00 - 2013/07

205.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Claridge House Nursing & Rehabilitation Center

FRVS

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

Began FRVS:	**8/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**9,278,517**
FRVS Base Asset:	**5,041,736**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,735,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,012,003**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,422,814**	**12.8362**
20% ROE(2):	**1,855,703**	**0.3752**
Insurance Cost(3):	**200,482**	**2.5176**
Taxes Cost(3):	**123,877**	**1.5556**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**2,526**	**0.0000**
Total FRVS PD:		**17.2846**

(1) 80% Capital ($7,422,814) amortized at 12.5000% for 20 years Principal & Interest of $1,012,003 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $12.8362
(2) 20% ROE ($1,855,703) times the ROE factor (0.015940) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3752
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.9215**	**35.9215**	**1.5616**	**34.3599**	
Patient Care					
Direct Care	**90.4133**	**90.4133**	**3.9306**	**86.4827**	
Indirect Care	**58.2079**	**58.2079**	**2.5305**	**55.6774**	
Property	**13.6500**	**17.2846**	**0.7514**	**16.5332**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2995**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.1927**	**201.8273**	**8.7741**	**205.1891**	

***Medicaid Trend Adjustment :**

0 208540-00 - 2013/07

196.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32801		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,016**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,649**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,720**		
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 #							

Medicaid Utilization	**50.54337%**
Occupancy:	**88.83424%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.94706%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,598	1,377,988	1,208,299	398,738	0	3,941,623
1a	Audit Adjustments						
2	Cost Per Diem	48.5090	69.8777	61.2728	**20.2200**		199.8795
3	Cost Per Diem Inflated	50.9408	72.0485	64.3444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9408**	**72.0485**	**64.3444**	**20.2200**		207.5537
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1522		75.1889			
7	Provider Target Rate	**49.1743**		**76.7849**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1743**	**72.0485**	**59.9006**	**13.6500**		194.7734
12/13	Medicaid Adjustment Rate		0.0440	0.0366			
14	Prospective Per Diem 11	**49.1743**	**72.0925**	**59.9372**	**13.6500**		**194.8540**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208540-00 - 2013/07

196.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,708,284**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**5,075,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**497,686**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,766,627**	**12.6252**
20% ROE(2):	**941,657**	**0.4952**
Insurance Cost(3):	**56,883**	**1.4579**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**10,654**	**0.2731**
Replacement(3&4):	**253,916**	**0.0000**
Total FRVS PD:		**14.8514**

(1) 80% Capital ($3,766,627) amortized at 12.0000% for 20 years Principal & Interest of $497,686 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6252
(2) 20% ROE ($941,657) times the ROE factor (0.020730) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1743**	**49.1743**	**2.1378**	**47.0365**	
Patient Care					
Direct Care	**72.0925**	**72.0925**	**3.1341**	**68.9584**	
Indirect Care	**59.9372**	**59.9372**	**2.6057**	**57.3315**	
Property	**13.6500**	**14.8514**	**0.6456**	**14.2058**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.8540**	**196.0554**	**8.5232**	**196.3686**	

***Medicaid Trend Adjustment :**

0 208809-00 - 2013/07

212.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**170**	Superior:	**0**
Pensacola FL 32514		Days In CR	**366**	Maximum:	**62,220**	Standard:	**184**
County: **Escambia[17]**		First Used:	**2013/07**	Max Annualized:	**62,050**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2013/07**	Total Patient:	**54,435**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**11,575**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**33,431**		
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 #							

Medicaid Utilization	**61.41453%**
Occupancy:	**87.48795%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.25048%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,376,993	2,773,673	1,731,370	181,530	0	6,063,566
1a	Audit Adjustments						
2	Cost Per Diem	41.1891	82.9671	51.7894	**5.4300**		181.3756
3	Cost Per Diem Inflated	42.6240	84.9030	53.5936			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6240**	**84.9030**	**53.5936**	**5.4300**		186.5506
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6830**	**84.9030**	**49.8062**	**5.4300**		180.8222
12/13	Medicaid Adjustment Rate		1.0903	0.6396			
14	Prospective Per Diem 11	**40.6830**	**85.9933**	**50.4458**	**5.4300**		**182.5521**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208809-00 - 2013/07

212.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Baptist Manor

FRVS

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

Began FRVS:	**2/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**8,560,442**
FRVS Base Asset:	**2,972,345**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**5,619,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3600**	**%**
Chase Rate:	**9.7100**	**%**
Amortization Rate:	**10.3600**	**%**
Interest Only:	**False**	
Yearly Payment:	**812,757**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,848,354**	**14.5538**
20% ROE(2):	**1,712,088**	**0.4727**
Insurance Cost(3):	**35,137**	**0.6455**
Taxes Cost(3):	**213**	**0.0039**
Home Office(3):	**7,557**	**0.1388**
Replacement(3&4):	**166,107**	**0.0000**
Total FRVS PD:		**15.8147**

(1) 80% Capital ($6,848,354) amortized at 10.3600% for 20 years Principal & Interest of $812,757 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $14.5538
(2) 20% ROE ($1,712,088) times the ROE factor (0.015420) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.4727
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**170**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6830**	**40.6830**	**1.7686**	**38.9144**	
Patient Care					
Direct Care	**85.9933**	**85.9933**	**3.7384**	**82.2549**	
Indirect Care	**50.4458**	**50.4458**	**2.1930**	**48.2528**	
Property	**5.4300**	**15.8147**	**0.6875**	**15.1272**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7234**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.5521**	**192.9368**	**8.3875**	**212.1091**	

***Medicaid Trend Adjustment :**

0 209325-00 - 2013/07

215.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Courtenay 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. Courtenay Parkway	**10/01/2011-09/30/2012**	Number of Beds: **96**	Superior: **0**
Merritt Island FL 32952	Days In CR **366**	Maximum: **35,136**	Standard: **153**
County: **Brevard[5]**	First Used: **2013/07**	Max Annualized: **35,040**	Conditional: **31**
Region: **Central[3]** Area: **7**	Last Used: **2013/07**	Total Patient: **23,442**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,042**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **14,247**	
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**			

Medicaid Utilization	**60.77553%**
Occupancy:	**66.71790%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**84.07650%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	660,344	875,421	814,952	138,481	0	2,489,198
1a	Audit Adjustments						
2	Cost Per Diem	46.3497	61.4460	57.2017	**9.7200**		174.7174
3	Cost Per Diem Inflated	47.9644	62.8797	59.1944			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9644**	**62.8797**	**59.1944**	**9.7200**		179.7585
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2251		59.1031			
7	Provider Target Rate	**58.4398**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.9644**	**62.8797**	**59.1944**	**9.7200**		179.7585
12/13	Medicaid Adjustment Rate		0.6338	0.5967			
14	Prospective Per Diem 11	**47.9644**	**63.5135**	**59.7911**	**9.7200**		**180.9890**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209325-00 - 2013/07

215.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Courtenay Springs Village

FRVS

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

Began FRVS:	**12/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**4,676,608**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**6,625,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.3480**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.3480**	**%**
Interest Only:	**False**	
Yearly Payment:	**569,667**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,741,286**	**18.0640**
20% ROE(2):	**935,322**	**0.4573**
Insurance Cost(3):	**68,734**	**2.9321**
Taxes Cost(3):	**44,028**	**1.8782**
Home Office(3):	**24,685**	**1.0530**
Replacement(3&4):	**142,055**	**0.0000**
Total FRVS PD:		**24.3846**

(1) 80% Capital ($3,741,286) amortized at 14.3480% for 20 years Principal & Interest of $569,667 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $18.0640
(2) 20% ROE ($935,322) times the ROE factor (0.015420) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.4573
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9644**	**47.9644**	**2.0852**	**45.8792**	
Patient Care					
Direct Care	**63.5135**	**63.5135**	**2.7611**	**60.7524**	
Indirect Care	**59.7911**	**59.7911**	**2.5993**	**57.1918**	
Property	**9.7200**	**24.3846**	**1.0601**	**23.3245**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6797**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.9890**	**195.6536**	**8.5057**	**215.6640**	

***Medicaid Trend Adjustment :**

0 209422-00 - 2013/07

208.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**59**	Superior:	**0**
Bradenton FL 34205		Days In CR	**366**	Maximum:	**21,594**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**20,190**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,290**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,023**		
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 #							

Medicaid Utilization	**44.69044%**
Occupancy:	**93.49819%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.82447%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	455,440	703,811	609,603	138,142	0	1,906,996
1a	Audit Adjustments						
2	Cost Per Diem	50.4755	78.0019	67.5610	**15.3100**		211.3484
3	Cost Per Diem Inflated	53.0058	80.4251	70.9478			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.0058**	**80.4251**	**70.9478**	**15.3100**		219.6887
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		65.9922			
7	Provider Target Rate	**51.2096**		**67.3930**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.2096**	**80.4251**	**67.3930**	**13.6500**		212.6777
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.2096**	**80.4251**	**67.3930**	**13.6500**		**212.6777**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209422-00 - 2013/07

208.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,864,210**
FRVS Base Asset:	**1,412,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**2,160,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.4100**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.4100**	**%**
Interest Only:	**False**	
Yearly Payment:	**132,484**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,491,368**	**6.8356**
20% ROE(2):	**372,842**	**0.3988**
Insurance Cost(3):	**41,529**	**2.0569**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,516**	**0.3227**
Replacement(3&4):	**426,333**	**0.0000**
Total FRVS PD:		**9.6140**

(1) 80% Capital ($1,491,368) amortized at 6.4100% for 20 years Principal & Interest of $132,484 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $6.8356
(2) 20% ROE ($372,842) times the ROE factor (0.020730) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.3988
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**17**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**181,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2096**	**51.2096**	**2.2262**	**48.9834**	
Patient Care					
Direct Care	**80.4251**	**80.4251**	**3.4963**	**76.9288**	
Indirect Care	**67.3930**	**67.3930**	**2.9298**	**64.4632**	
Property	**13.6500**	**9.6140**	**0.4180**	**9.1960**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.6777**	**208.6417**	**9.0703**	**208.4078**	

***Medicaid Trend Adjustment :**

0 209473-00 - 2013/07

237.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**220**	Superior:	**0**
Miami FL 33177		Days In CR	**366**	Maximum:	**80,520**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**80,300**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**77,018**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**8,439**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**48,664**	FY Index:	**1.27684492**
Class at 1/94: **South Large [4]**						Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**						Cost:	**1.03483699**
Open Date:	**5/22/1987**					Target:	**1.01485834**
Acquired Date:	**5/22/1987**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**5/22/1987**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/22/1987**					**DC Inflation:**	**1.02333333**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**63.18523%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**95.65077%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.53710%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,539,764	4,239,890	3,025,459	623,386	0	10,428,499
1a	Audit Adjustments						
2	Cost Per Diem	52.1898	87.1258	62.1704	**12.8100**		214.2960
3	Cost Per Diem Inflated	54.0079	89.1587	64.3362			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.0079**	**89.1587**	**64.3362**	**12.8100**		220.3128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5571		58.1600			
7	Provider Target Rate	**53.6727**		**59.3945**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6727**	**89.1587**	**59.3945**	**12.8100**		215.0359
12/13	Medicaid Adjustment Rate		1.3225	0.8810			
14	Prospective Per Diem 11	**53.6727**	**90.4812**	**60.2755**	**12.8100**		**217.2394**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209473-00 - 2013/07

237.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St Anne's Nursing Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**11,178,860**
FRVS Base Asset:	**5,162,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**9,972,200.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2532**	**%**
Chase Rate:	**8.7763**	**%**
Amortization Rate:	**7.2532**	**%**
Interest Only:	**False**	
Yearly Payment:	**848,415**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,943,088**	**11.7395**
20% ROE(2):	**2,235,772**	**0.4770**
Insurance Cost(3):	**171,453**	**2.2261**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**54,455**	**0.7070**
Replacement(3&4):	**482,108**	**0.0000**
Total FRVS PD:		**15.1496**

(1) 80% Capital ($8,943,088) amortized at 7.2532% for 20 years Principal & Interest of $848,415 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $11.7395
(2) 20% ROE ($2,235,772) times the ROE factor (0.015420) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $0.4770
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6727**	**53.6727**	**2.3333**	**51.3394**	
Patient Care					
Direct Care	**90.4812**	**90.4812**	**3.9335**	**86.5477**	
Indirect Care	**60.2755**	**60.2755**	**2.6204**	**57.6551**	
Property	**12.8100**	**15.1496**	**0.5569**	**12.2531**	
ROE	**0.0000**	**0.0926**			
ROE Adjustment	**0.0000**	**-0.0926**			
Quality Assess-Medicaid Share				**$21.1744**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.2394**	**219.5790**	**9.4441**	**237.8061**	

***Medicaid Trend Adjustment :**

0 209511-00 - 2013/07

236.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**60**	Superior:	**0**
Holly Hill FL 32117		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**19,644**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,545**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**11,345**		
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**						

Medicaid Utilization	**57.75300%**
Occupancy:	**89.45355%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.72750%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	590,590	992,297	644,612	79,755	0	2,307,254
1a	Audit Adjustments						
2	Cost Per Diem	52.0573	87.4656	56.8190	**7.0300**		203.3719
3	Cost Per Diem Inflated	53.8708	89.5065	58.7984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.8708**	**89.5065**	**58.7984**	**7.0300**		209.2057
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.7329		69.6579			
7	Provider Target Rate	**79.3829**		**71.1365**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6018**	**89.5065**	**58.7984**	**7.0300**		207.9367
12/13	Medicaid Adjustment Rate		0.7807	0.5128			
14	Prospective Per Diem 11	**52.6018**	**90.2872**	**59.3112**	**7.0300**		**209.2302**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209511-00 - 2013/07

236.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bishop's Glen Health Care Center

FRVS

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

Began FRVS:	**12/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**2,858,439**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**2,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**184,910**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,286,751**	**9.3815**
20% ROE(2):	**571,688**	**0.4473**
Insurance Cost(3):	**48,686**	**2.4784**
Taxes Cost(3):	**33,624**	**1.7117**
Home Office(3):	**21,619**	**1.1005**
Replacement(3&4):	**6,626**	**0.0000**
Total FRVS PD:		**15.1194**

(1) 80% Capital ($2,286,751) amortized at 5.2500% for 20 years Principal & Interest of $184,910 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.3815
(2) 20% ROE ($571,688) times the ROE factor (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4473
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**90.2872**	**90.2872**	**3.9251**	**86.3621**	
Indirect Care	**59.3112**	**59.3112**	**2.5784**	**56.7328**	
Property	**7.0300**	**15.1194**	**0.6573**	**14.4621**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4886**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.2302**	**217.3196**	**9.4476**	**236.1970**	

***Medicaid Trend Adjustment :**

0 209848-00 - 2013/07

192.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Avenu		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Park FL 32792		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**38,404**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,690**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**16,745**		
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 #							

Medicaid Utilization	**43.60223%**
Occupancy:	**87.44080%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.19107%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	775,140	1,183,163	1,254,939	254,189	0	3,467,431
1a	Audit Adjustments						
2	Cost Per Diem	46.2908	70.6577	74.9441	**15.1800**		207.0726
3	Cost Per Diem Inflated	48.6114	72.8528	78.7011			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.6114**	**72.8528**	**78.7011**	**15.1800**		215.3453
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7586		77.9359			
7	Provider Target Rate	**51.8360**		**79.5902**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.6114**	**72.8528**	**59.9006**	**13.6500**		195.0148
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.6114**	**72.8528**	**59.9006**	**13.6500**		**195.0148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209848-00 - 2013/07

192.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.020730**

Mortgage Information		
Amount:	**3,157,800.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,477**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,486,652**	**6.8107**
20% ROE(2):	**621,663**	**0.3269**
Insurance Cost(3):	**108,283**	**2.8196**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**11,954**	**0.3113**
Replacement(3&4):	**1,515,731**	**0.0000**
Total FRVS PD:		**10.2685**

(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 (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3269
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**121**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,290,949**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6114**	**48.6114**	**2.1133**	**46.4981**	
Patient Care					
Direct Care	**72.8528**	**72.8528**	**3.1671**	**69.6857**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**10.2685**	**0.4464**	**9.8221**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.0148**	**191.6333**	**8.3309**	**192.1388**	

***Medicaid Trend Adjustment :**

0 209856-00 - 2013/07

223.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Sun Terrace 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	
105 Trinity Lake Drive		**09/01/2010-08/31/2011**		Number of Beds:	**109**	Superior:	**0**
Sun City Center FL 33570		Days In CR	**365**	Maximum:	**39,785**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/07**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**37,361**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,956**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,630**		
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 #							

Medicaid Utilization	**33.80530%**
Occupancy:	**93.90725%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.33996%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24155496**
Semester Index:	**1.32132636**
Cost:	**1.06425120**
Target:	**1.01485834**
DC FY Index:	**1.18316382**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03789516**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	627,210	1,169,640	799,809	208,395	0	2,805,054
1a	Audit Adjustments						
2	Cost Per Diem	49.6603	92.6081	63.3261	**16.5000**		222.0945
3	Cost Per Diem Inflated	52.8510	96.1175	67.3949			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8510**	**96.1175**	**67.3949**	**16.5000**		232.8634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7884		50.8005			
7	Provider Target Rate	**45.7391**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7391**	**96.1175**	**51.8788**	**13.6500**		207.3854
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.7391**	**96.1175**	**51.8788**	**13.6500**		**207.3854**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209856-00 - 2013/07

223.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sun Terrace Health Care 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	**4,838,317**
FRVS Base Asset:	**1,239,028**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025630**

Mortgage Information		
Amount:	**1,061,208.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**395,766**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,870,654**	**11.0529**
20% ROE(2):	**967,663**	**0.6926**
Insurance Cost(3):	**53,593**	**1.4345**
Taxes Cost(3):	**86,926**	**2.3267**
Home Office(3):	**17,565**	**0.4701**
Replacement(3&4):	**303,677**	**0.0000**
Total FRVS PD:		**15.9768**

(1) 80% Capital ($3,870,654) amortized at 8.2500% for 20 years Principal & Interest of $395,766 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $11.0529
(2) 20% ROE ($967,663) times the ROE factor (0.025630) divided by annual available days (39,785) 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			
Comparison Date:	**1/1/1982**	Used Per Bed Standard:	**24,796**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,975,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7391**	**45.7391**	**1.9884**	**43.7507**	
Patient Care					
Direct Care	**96.1175**	**96.1175**	**4.1785**	**91.9390**	
Indirect Care	**51.8788**	**51.8788**	**2.2553**	**49.6235**	
Property	**13.6500**	**15.9768**	**0.6946**	**15.2822**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2606**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.3854**	**209.7122**	**9.1168**	**223.6924**	

***Medicaid Trend Adjustment :**

0 210137-00 - 2013/07

210.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2011-07/31/2012**	Number of Beds: **240**	Superior: **0**
Altamonte Springs FL 32701	Days In CR **366**	Maximum: **87,840**	Standard: **184**
County: **Seminole[59]**	First Used: **2013/07**	Max Annualized: **87,600**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2013/07**	Total Patient: **73,891**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **18,187**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **46,289**	
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**			

Medicaid Utilization	**62.64498%**
Occupancy:	**84.11999%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.00626%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,818,309	3,934,352	2,126,112	369,849	0	8,248,622
1a	Audit Adjustments						
2	Cost Per Diem	39.2817	84.9954	45.9313	**7.9900**		178.1984
3	Cost Per Diem Inflated	40.8679	87.2211	47.7860			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8679**	**87.2211**	**47.7860**	**7.9900**		183.8650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8427		50.8005			
7	Provider Target Rate	**51.9219**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8679**	**87.2211**	**47.7860**	**7.9900**		183.8650
12/13	Medicaid Adjustment Rate		1.2408	0.6798			
14	Prospective Per Diem 11	**40.8679**	**88.4619**	**48.4658**	**7.9900**		**185.7856**
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 Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,878,747**
FRVS Base Asset:	**4,075,311**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,004,398.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**10.6250**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**883,097**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,102,998**	**11.2011**
20% ROE(2):	**1,775,749**	**0.3777**
Insurance Cost(3):	**24,990**	**0.3382**
Taxes Cost(3):	**90,652**	**1.2268**
Home Office(3):	**57,865**	**0.7831**
Replacement(3&4):	**424,788**	**0.0000**
Total FRVS PD:		**13.9269**

(1) 80% Capital ($7,102,998) amortized at 12.5000% for 20 years Interest of $883,097 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $11.2011
(2) 20% ROE ($1,775,749) times the ROE factor (0.016770) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3777
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8679**	**40.8679**	**1.7767**	**39.0912**	
Patient Care					
Direct Care	**88.4619**	**88.4619**	**3.8457**	**84.6162**	
Indirect Care	**48.4658**	**48.4658**	**2.1070**	**46.3588**	
Property	**7.9900**	**13.9269**	**0.6054**	**13.3215**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9270**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.7856**	**191.7225**	**8.3348**	**210.1511**	

***Medicaid Trend Adjustment :**

0 210188-00 - 2013/07

239.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**02/01/2011-01/31/2012**		Number of Beds:	**60**	Superior:	**0**
Plantation FL 33324		Days In CR	**365**	Maximum:	**21,900**	Standard:	**153**
County: **Broward[6]**		First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**31**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**19,515**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**3,829**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**5,978**		
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 #							

Medicaid Utilization	**30.63285%**
Occupancy:	**89.10959%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.29404%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	369,432	556,243	427,824	63,725	0	1,417,224
1a	Audit Adjustments						
2	Cost Per Diem	61.7986	93.0483	71.5664	**10.6599**		237.0732
3	Cost Per Diem Inflated	65.0562	96.0196	75.3389			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.0562**	**96.0196**	**75.3389**	**10.6599**		247.0746
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	90.5958		64.5276			
7	Provider Target Rate	**92.5188**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**96.0196**	**65.8973**	**10.6599**		236.3972
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**96.0196**	**65.8973**	**10.6599**		**236.3972**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210188-00 - 2013/07

239.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Covenant Village Center Center

FRVS

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

Began FRVS:	**3/15/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,246,574**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**2,364,442.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9600**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.9600**	**%**
Interest Only:	**False**	
Yearly Payment:	**193,490**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,797,259**	**9.8168**
20% ROE(2):	**449,315**	**0.5248**
Insurance Cost(3):	**10,757**	**0.5512**
Taxes Cost(3):	**21,343**	**1.0937**
Home Office(3):	**64,087**	**3.2840**
Replacement(3&4):	**93,813**	**0.0000**
Total FRVS PD:		**15.2705**

(1) 80% Capital ($1,797,259) amortized at 8.9600% for 20 years Principal & Interest of $193,490 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.8168
(2) 20% ROE ($449,315) times the ROE factor (0.023020) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5248
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**96.0196**	**96.0196**	**4.1743**	**91.8453**	
Indirect Care	**65.8973**	**65.8973**	**2.8648**	**63.0325**	
Property	**10.6599**	**15.2705**	**0.6639**	**14.6066**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**236.3972**	**241.0078**	**10.4775**	**239.3667**	

***Medicaid Trend Adjustment :**

0 210285-00 - 2013/07

217.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2009-12/31/2009**		Number of Beds:	**163**	Superior:	**0**
Tampa FL 33613		Days In CR	**365**	Maximum:	**59,495**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**59,495**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**55,726**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,365**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,930**		
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 #							

Medicaid Utilization	**26.79180%**
Occupancy:	**93.66502%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.03470%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.32132636**
Cost:	**1.10675156**
Target:	**1.01485834**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.05907719**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	975,682	1,522,306	696,255	252,765	0	3,447,008
1a	Audit Adjustments						
2	Cost Per Diem	65.3504	101.9629	46.6346	**16.9300**		230.8779
3	Cost Per Diem Inflated	72.3267	107.9866	51.6129			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.3267**	**107.9866**	**51.6129**	**16.9300**		248.8562
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	84.8594		77.3456			
7	Provider Target Rate	**86.6606**		**78.9874**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**98.1795**	**51.6129**	**13.6500**		215.0230
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**98.1795**	**51.6129**	**13.6500**		**215.0230**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210285-00 - 2013/07

217.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

John Knox Village Medical Center

FRVS

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

Began FRVS:	**12/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**8,050,065**
FRVS Base Asset:	**2,676,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.029170**

Mortgage Information		
Amount:	**5,023,570.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0131**	**%**
Chase Rate:	**7.9765**	**%**
Amortization Rate:	**6.0131**	**%**
Interest Only:	**False**	
Yearly Payment:	**554,248**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,440,052**	**10.3510**
20% ROE(2):	**1,610,013**	**0.8771**
Insurance Cost(3):	**50,016**	**0.8975**
Taxes Cost(3):	**28,013**	**0.5027**
Home Office(3):	**243,644**	**4.3722**
Replacement(3&4):	**4,005,676**	**0.0000**
Total FRVS PD:		**17.0005**

(1) 80% Capital ($6,440,052) amortized at 6.0131% for 20 years Principal & Interest of $554,248 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $10.3510
(2) 20% ROE ($1,610,013) times the ROE factor (0.029170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.8771
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1978**	Used Per Bed Standard:	**17,795**
Comparison Bed	**50**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**889,750**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**51.6129**	**51.6129**	**2.2438**	**49.3691**	
Property	**13.6500**	**17.0005**	**0.7391**	**16.2614**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.0230**	**218.3735**	**9.4935**	**217.7164**	

***Medicaid Trend Adjustment :**

0 210374-00 - 2013/07

215.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**82**	Superior:	**0**
Pensacola FL 32504		Days In CR	**365**	Maximum:	**29,930**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/01**	Max Annualized:	**29,930**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**26,022**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,637**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**5,894**		
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 #							

Medicaid Utilization	**22.65007%**
Occupancy:	**86.94287%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.56359%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	274,485	553,853	445,520	68,076	0	1,341,934
1a	Audit Adjustments						
2	Cost Per Diem	46.5702	93.9690	75.5887	**11.5501**		227.6780
3	Cost Per Diem Inflated	49.0853	97.0105	79.6711			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0853**	**97.0105**	**79.6711**	**11.5501**		237.3170
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	80.4282		108.0302			
7	Provider Target Rate	**82.1354**		**110.3233**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.0853**	**93.8851**	**63.9360**	**11.5501**		218.4565
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.0853**	**93.8851**	**63.9360**	**11.5501**		**218.4565**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210374-00 - 2013/07

215.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Azalea Trace

FRVS

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

Began FRVS:	**9/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**3,096,767**
FRVS Base Asset:	**2,040,570**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,225,224.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.2900**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.2900**	**%**
Interest Only:	**False**	
Yearly Payment:	**169,225**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,477,414**	**6.2823**
20% ROE(2):	**619,353**	**0.5557**
Insurance Cost(3):	**10,284**	**0.3952**
Taxes Cost(3):	**9,945**	**0.3822**
Home Office(3):	**50,054**	**1.9235**
Replacement(3&4):	**4,410,921**	**0.0000**
Total FRVS PD:		**9.5389**

(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 (0.024170) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = $0.5557
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1980**	Used Per Bed Standard:	**22,673**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,040,570**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0853**	**49.0853**	**2.1339**	**46.9514**	
Patient Care					
Direct Care	**93.8851**	**93.8851**	**4.0815**	**89.8036**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**11.5501**	**9.5389**	**0.4147**	**9.1242**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.4565**	**216.4453**	**9.4096**	**215.8721**	

***Medicaid Trend Adjustment :**

0 210463-00 - 2013/07

251.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Venice FL 34285		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**20,634**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**2,563**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,990**	FY Index:	**1.28354541**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**48.41524%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.96175%**	Cost:	**1.02943484**
Open Date:	**10/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**10/1/1984**	Low Occupancy Adjustment Factor:			**118.40863%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/12/1988**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**208051**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	617,875	990,999	809,276	154,745	0	2,572,895
1a	Audit Adjustments						
2	Cost Per Diem	61.8493	99.1991	81.0086	**15.4900**		257.5470
3	Cost Per Diem Inflated	63.6698	101.3027	83.3931			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.6698**	**101.3027**	**83.3931**	**15.4900**		263.8556
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7736		81.3046			
7	Provider Target Rate	**60.0211**		**83.0304**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**60.0211**	**101.3027**	**77.6541**	**13.6500**		252.6279
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**60.0211**	**101.3027**	**77.6541**	**13.6500**		**252.6279**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210463-00 - 2013/07

251.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Village on the Isle

FRVS

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

Began FRVS:	**3/1/2009**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**2,683,464**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,036,512.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7050**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.7050**	**%**
Interest Only:	**False**	
Yearly Payment:	**278,373**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,146,771**	**14.1234**
20% ROE(2):	**536,693**	**0.3970**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**83,327**	**0.0000**
Total FRVS PD:		**14.5204**

(1) 80% Capital ($2,146,771) amortized at 11.7050% for 20 years Principal & Interest of $278,373 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.1234
(2) 20% ROE ($536,693) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3970
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.0211**	**60.0211**	**2.6093**	**57.4118**	
Patient Care					
Direct Care	**101.3027**	**101.3027**	**4.4040**	**96.8987**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**14.5204**	**0.6312**	**13.8892**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**252.6279**	**253.4983**	**11.0204**	**251.3143**	

***Medicaid Trend Adjustment :**

0 210587-00 - 2013/07

238.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**112**	Superior:	**0**
Ft. Myers FL 33908		Days In CR	**366**	Maximum:	**40,992**	Standard:	**184**
County: **Lee[36]**		First Used:	**2013/07**	Max Annualized:	**40,880**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**38,129**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**17,217**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**10,596**	FY Index:	**1.27684492**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**27.78987%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**93.01571%**	Cost:	**1.03483699**
Open Date:	**10/28/1992**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/28/1992**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**12/18/1992**	Low Occupancy Adjustment Factor:			**117.21646%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/18/1992**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	650,319	1,190,323	683,756	111,258	0	2,635,656
1a	Audit Adjustments						
2	Cost Per Diem	61.3740	112.3370	64.5296	**10.5000**		248.7406
3	Cost Per Diem Inflated	63.5121	114.9582	66.7776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.5121**	**114.9582**	**66.7776**	**10.5000**		255.7479
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	142.5899		77.0030			
7	Provider Target Rate	**145.6165**		**78.6375**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**10.5000**		226.2675
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**99.9385**	**61.8071**	**10.5000**		**226.2675**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210587-00 - 2013/07

238.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

HealthPark Care Center

FRVS

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

Began FRVS:	**12/18/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**4,750,525**
FRVS Base Asset:	**2,844,810**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**6,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3900**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**4.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**285,819**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,800,420**	**7.7685**
20% ROE(2):	**950,105**	**0.3982**
Insurance Cost(3):	**21,656**	**0.5680**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**63,348**	**1.6614**
Replacement(3&4):	**157,998**	**0.0000**
Total FRVS PD:		**10.3961**

(1) 80% Capital ($3,800,420) amortized at 4.3900% for 20 years Principal & Interest of $285,819 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $7.7685
(2) 20% ROE ($950,105) times the ROE factor (0.015420) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $0.3982
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,844,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**10.5000**	**10.3961**	**0.4520**	**9.9441**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0422**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.2675**	**226.1636**	**9.8321**	**238.2101**	

***Medicaid Trend Adjustment :**

0 210617-00 - 2013/07

260.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Miami Gardens Care Centre, 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 :01/22/2012
Type of 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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
North Miami FL 33170		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**27,455**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,424**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**22,844**	FY Index:	**1.27004145**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**83.20524%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**62.51138%**	Cost:	**1.04038050**
Open Date: **2/4/1992**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **2/4/1992**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid **3/11/1992**		Low Occupancy Adjustment Factor:			**78.77554%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **5/17/1992**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med # **204226**		Interim Component Effective date:			**1/22/2012**	**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,377,900	2,473,850	1,781,053	642,602	0	6,275,405
1a	Audit Adjustments						
2	Cost Per Diem	60.3178	108.2932	77.9659	**28.1300**		274.7069
3	Cost Per Diem Inflated	62.7535	111.1289	81.1142			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.7535**	**111.1289**	**81.1142**	**28.1300**		283.1266
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1492		66.7560			
7	Provider Target Rate	**48.1500**		**68.1730**			
7a	Interim Adjustment	13.8789					
7b	Interim Adjusted Provider Target Rate	**62.0289**					
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**		229.4175
12/13	Medicaid Adjustment Rate		3.7333	2.3089			
14	Prospective Per Diem 11	**54.0219**	**103.6718**	**64.1160**	**13.6500**		**235.4597**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210617-00 - 2013/07

260.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,208,734**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1250**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**516,134**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,166,987**	**13.0932**
20% ROE(2):	**1,041,747**	**0.4432**
Insurance Cost(3):	**91,919**	**3.3480**
Taxes Cost(3):	**65,231**	**2.3759**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**19.2603**

(1) 80% Capital ($4,166,987) amortized at 11.0000% for 20 years Principal & Interest of $516,134 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0932
(2) 20% ROE ($1,041,747) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4432
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**103.6718**	**103.6718**	**4.5069**	**99.1649**	
Indirect Care	**64.1160**	**64.1160**	**2.7873**	**61.3287**	
Property	**13.6500**	**19.2603**	**0.8373**	**18.4230**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8143**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**235.4597**	**241.0700**	**10.4800**	**260.2407**	

***Medicaid Trend Adjustment :**

0 210676-00 - 2013/07

246.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at 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	
1130 NORTHWEST 15TH ST		**06/01/2011-05/31/2012**		Number of Beds:	**144**	Superior:	**0**
Boca Raton FL 33486		Days In CR	**366**	Maximum:	**52,704**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**52,560**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**42,436**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,936**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,417**		
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**						

Medicaid Utilization	**52.82543%**
Occupancy:	**80.51761%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**101.46661%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,085,891	2,024,943	1,646,516	263,176	0	5,020,526
1a	Audit Adjustments						
2	Cost Per Diem	48.4405	90.3307	73.4494	**11.7400**		223.9606
3	Cost Per Diem Inflated	50.6436	92.9290	76.7899			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6436**	**92.9290**	**76.7899**	**11.7400**		232.1025
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1173		64.1409			
7	Provider Target Rate	**55.2660**		**65.5024**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.6436**	**92.9290**	**61.8071**	**11.7400**		217.1197
12/13	Medicaid Adjustment Rate		0.2954	0.1965			
14	Prospective Per Diem 11	**50.6436**	**93.2244**	**62.0036**	**11.7400**		**217.6116**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210676-00 - 2013/07

246.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Boca Raton

FRVS

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

Began FRVS:	**4/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**6,955,327**
FRVS Base Asset:	**3,136,303**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**689,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,564,262**	**14.5697**
20% ROE(2):	**1,391,065**	**0.5514**
Insurance Cost(3):	**51,985**	**1.2250**
Taxes Cost(3):	**113,060**	**2.6642**
Home Office(3):	**34,529**	**0.8137**
Replacement(3&4):	**19,001**	**0.0000**
Total FRVS PD:		**19.8240**

(1) 80% Capital ($5,564,262) amortized at 11.0000% for 20 years Principal & Interest of $689,204 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $14.5697
(2) 20% ROE ($1,391,065) times the ROE factor (0.018750) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.5514
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.6436**	**50.6436**	**2.2016**	**48.4420**	
Patient Care					
Direct Care	**93.2244**	**93.2244**	**4.0528**	**89.1716**	
Indirect Care	**62.0036**	**62.0036**	**2.6955**	**59.3081**	
Property	**11.7400**	**19.8240**	**0.8618**	**18.9622**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5744**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.6116**	**225.6956**	**9.8117**	**246.2947**	

***Medicaid Trend Adjustment :**

0 210684-00 - 2013/07

226.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Mount Dora FL 32757		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,655**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**16,169**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,936**		
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 #							

Medicaid Utilization	**40.65778%**
Occupancy:	**94.84290%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.51904%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	830,048	1,549,634	1,405,708	319,074	0	4,104,464
1a	Audit Adjustments						
2	Cost Per Diem	49.0109	91.4994	83.0012	**18.8400**		242.3515
3	Cost Per Diem Inflated	50.7183	93.6344	85.8927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7183**	**93.6344**	**85.8927**	**18.8400**		249.0854
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.4162		81.2385			
7	Provider Target Rate	**75.9958**		**82.9629**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**93.6344**	**58.1101**	**13.6500**		214.5337
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**93.6344**	**58.1101**	**13.6500**		**214.5337**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210684-00 - 2013/07

226.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Edgewater at Waterman Village

FRVS

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

Began FRVS:	**5/3/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,603,401**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**8,858,400.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,973**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,482,721**	**8.2692**
20% ROE(2):	**1,120,680**	**0.4384**
Insurance Cost(3):	**71,209**	**1.7095**
Taxes Cost(3):	**24,785**	**0.5950**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**33,564**	**0.0000**
Total FRVS PD:		**11.0121**

(1) 80% Capital ($4,482,721) amortized at 4.0000% for 20 years Principal & Interest of $325,973 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2692
(2) 20% ROE ($1,120,680) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4384
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**93.6344**	**93.6344**	**4.0706**	**89.5638**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**11.0121**	**0.4787**	**10.5334**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5494**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.5337**	**211.8958**	**9.2117**	**226.0699**	

***Medicaid Trend Adjustment :**

0 210889-00 - 2013/07

232.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Emory L. Bennett 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	
1920 Mason Avenue		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**366**	Maximum:	**43,920**	Standard:	**172**
County: **Volusia[64]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**12**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,427**	Total:	**184**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**3,480**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**14,251**		
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 #							

Medicaid Utilization	**34.40027%**
Occupancy:	**94.32377%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.86485%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	682,287	1,328,964	882,081	143,650	0	3,036,982
1a	Audit Adjustments						
2	Cost Per Diem	47.8764	93.2541	61.8961	**10.0800**		213.1066
3	Cost Per Diem Inflated	49.9429	95.8293	64.5677			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.9429**	**95.8293**	**64.5677**	**10.0800**		220.4199
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.9781		61.8924			
7	Provider Target Rate	**79.6333**		**63.2061**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**95.8293**	**58.1101**	**10.0800**		213.1586
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**95.8293**	**58.1101**	**10.0800**		**213.1586**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210889-00 - 2013/07

232.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Emory L. Bennett State Veterans' Nursing Home

FRVS

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

Began FRVS:	**1/19/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/07**
Indexed Asset Value	**5,012,725**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**237,698**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,010,180**	**6.0299**
20% ROE(2):	**1,002,545**	**0.4530**
Insurance Cost(3):	**5,168**	**0.1247**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**44,437**	**1.0727**
Replacement(3&4):	**52,619**	**0.0000**
Total FRVS PD:		**7.6803**

(1) 80% Capital ($4,010,180) amortized at 6.0000% for 20 years Interest of $237,698 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.0299
(2) 20% ROE ($1,002,545) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4530
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**95.8293**	**95.8293**	**4.1660**	**91.6633**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**10.0800**	**7.6803**	**0.3339**	**7.3464**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7824**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**213.1586**	**210.7589**	**9.1623**	**232.2154**	

***Medicaid Trend Adjustment :**

0 210951-00 - 2013/07

197.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**244**	Superior:	**0**
Largo FL 33771-1652		Days In CR	**366**	Maximum:	**89,304**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**89,060**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**85,207**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,530**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**59,474**		
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**						

Medicaid Utilization	**69.79943%**
Occupancy:	**95.41230%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.23659%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,412,095	4,374,015	3,078,050	2,600,203	0	12,464,363
1a	Audit Adjustments						
2	Cost Per Diem	40.5571	73.5450	51.7545	**43.7200**		209.5766
3	Cost Per Diem Inflated	42.3077	75.5759	53.9884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3077**	**75.5759**	**53.9884**	**43.7200**		215.5920
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0495		53.1898			
7	Provider Target Rate	**44.9845**		**54.3188**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.3077**	**75.5759**	**53.9884**	**13.6500**		185.5220
12/13	Medicaid Adjustment Rate		1.6834	1.2026			
14	Prospective Per Diem 11	**42.3077**	**77.2593**	**55.1910**	**13.6500**		**188.4080**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210951-00 - 2013/07

197.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**11,590,605**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**7.9800**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,103,431**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,272,484**	**13.7664**
20% ROE(2):	**2,318,121**	**0.5151**
Insurance Cost(3):	**128,978**	**1.5137**
Taxes Cost(3):	**243,720**	**2.8603**
Home Office(3):	**51,655**	**0.6062**
Replacement(3&4):	**1,904,304**	**0.0000**
Total FRVS PD:		**19.2617**

(1) 80% Capital ($9,272,484) amortized at 10.4000% for 20 years Principal & Interest of $1,103,431 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = $13.7664
(2) 20% ROE ($2,318,121) times the ROE factor (0.017810) divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = $0.5151
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3077**	**42.3077**	**1.8393**	**40.4684**	
Patient Care					
Direct Care	**77.2593**	**77.2593**	**3.3587**	**73.9006**	
Indirect Care	**55.1910**	**55.1910**	**2.3993**	**52.7917**	
Property	**13.6500**	**19.2617**	**0.8374**	**18.4243**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.0850**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.4080**	**194.0197**	**8.4347**	**197.5064**	

***Medicaid Trend Adjustment :**

0 211010-00 - 2013/07

238.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**19,572**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,205**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,241**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.25362148**
Open Date:	**3/17/1994**					Semester Index:	**1.32132636**
Acquired Date:	**3/17/1994**					Cost:	**1.05400743**
Entered Medicaid	**3/17/1994**					Target:	**1.01485834**
Med # Active Date:	**3/17/1994**					**DC FY Index:**	**1.18950000**
Previous Med #						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03236654**
						PS Target:	**1.02122620**

Medicaid Utilization		**36.99673%**
Occupancy:		**89.36986%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**112.62203%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	380,960	627,562	422,533	125,849	0	1,556,904
1a	Audit Adjustments						
2	Cost Per Diem	52.6115	86.6679	58.3529	**17.3801**		215.0124
3	Cost Per Diem Inflated	55.4529	89.4730	61.5044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4529**	**89.4730**	**61.5044**	**17.3801**		223.8104
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.2931		78.3623			
7	Provider Target Rate	**78.9337**		**80.0256**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.4529**	**89.4730**	**61.5044**	**13.6500**		220.0803
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.4529**	**89.4730**	**61.5044**	**13.6500**		**220.0803**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211010-00 - 2013/07

238.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,763,799**
FRVS Base Asset:	**1,995,300**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,217,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**247,317**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,211,039**	**12.5478**
20% ROE(2):	**552,760**	**0.6778**
Insurance Cost(3):	**20,423**	**1.0435**
Taxes Cost(3):	**34,660**	**1.7709**
Home Office(3):	**38,366**	**1.9602**
Replacement(3&4):	**234,997**	**0.0000**
Total FRVS PD:		**18.0002**

(1) 80% Capital ($2,211,039) amortized at 9.5000% for 20 years Principal & Interest of $247,317 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.5478
(2) 20% ROE ($552,760) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6778
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.4529**	**55.4529**	**2.4107**	**53.0422**	
Patient Care					
Direct Care	**89.4730**	**89.4730**	**3.8897**	**85.5833**	
Indirect Care	**61.5044**	**61.5044**	**2.6738**	**58.8306**	
Property	**13.6500**	**18.0002**	**0.7825**	**17.2177**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0259**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**220.0803**	**224.4305**	**9.7567**	**238.5361**	

***Medicaid Trend Adjustment :**

0 211052-00 - 2013/07

244.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 3RD STREET		**10/01/2011-09/30/2012**		Number of Beds:	**68**	Superior:	**184**
Macclenny FL 32063		Days In CR	**366**	Maximum:	**24,888**	Standard:	**0**
County: **Baker[2]**		First Used:	**2013/07**	Max Annualized:	**24,820**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**17,735**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,512**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**14,488**	FY Index:	**1.27684492**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**81.69157%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**71.25924%**	Cost:	**1.03483699**
Open Date: **1/1/1970**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **1/1/1970**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid **1/1/1970**		Low Occupancy Adjustment Factor:			**89.79941%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **10/1/1993**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med # **200042**						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,451,842	1,694,580	1,137,028	323,082	0	4,606,532
1a	Audit Adjustments						
2	Cost Per Diem	100.2100	116.9644	78.4807	**22.3000**		317.9551
3	Cost Per Diem Inflated	103.7010	119.6936	81.2147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**103.7010**	**119.6936**	**81.2147**	**22.3000**		326.9093
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.0719		77.2124			
7	Provider Target Rate	**77.6866**		**78.8513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6018**	**93.8851**	**63.9360**	**13.6500**		224.0729
12/13	Medicaid Adjustment Rate		3.3473	2.2795			
14	Prospective Per Diem 11	**52.6018**	**97.2324**	**66.2155**	**13.6500**		**229.6997**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211052-00 - 2013/07

244.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**193,589**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,557,086**	**8.6664**
20% ROE(2):	**389,272**	**0.2687**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.9351**

(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 (0.015420) divided by annual available days (24,820) divided by Occup. Adj. (0.9000) = $0.2687
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**68**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**97.2324**	**97.2324**	**4.2270**	**93.0054**	
Indirect Care	**66.2155**	**66.2155**	**2.8786**	**63.3369**	
Property	**13.6500**	**8.9351**	**0.3884**	**8.5467**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4118**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.6997**	**224.9848**	**9.7808**	**244.4522**	

***Medicaid Trend Adjustment :**

0 211281-00 - 2013/07

184.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**100**	Superior:	**0**
Rockledge FL 32955		Days In CR	**366**	Maximum:	**36,600**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**35,087**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,155**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**21,634**		
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**						

Medicaid Utilization	**61.65816%**
Occupancy:	**95.86612%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.80848%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	767,028	1,578,555	877,538	545,393	0	3,768,514
1a	Audit Adjustments						
2	Cost Per Diem	35.4547	72.9664	40.5629	**25.2100**		174.1940
3	Cost Per Diem Inflated	36.8864	74.8771	42.2009			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8864**	**74.8771**	**42.2009**	**25.2100**		179.1744
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.4952			
7	Provider Target Rate	**51.2096**		**60.7581**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.8864**	**74.8771**	**42.2009**	**13.6500**		167.6144
12/13	Medicaid Adjustment Rate		0.9820	0.5535			
14	Prospective Per Diem 11	**36.8864**	**75.8591**	**42.7544**	**13.6500**		**169.1499**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211281-00 - 2013/07

184.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Huntington Place 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:	**1972/01**
Indexed Asset Value	**2,253,535**
FRVS Base Asset:	**1,346,503**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4400**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.4400**	**%**
Interest Only:	**False**	
Yearly Payment:	**215,118**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,802,828**	**6.5485**
20% ROE(2):	**450,707**	**0.2301**
Insurance Cost(3):	**7,354**	**0.2096**
Taxes Cost(3):	**35,873**	**1.0224**
Home Office(3):	**23,565**	**0.6716**
Replacement(3&4):	**95,188**	**0.0000**
Total FRVS PD:		**8.6822**

(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 (0.016770) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.2301
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.8864**	**36.8864**	**1.6036**	**35.2828**	
Patient Care					
Direct Care	**75.8591**	**75.8591**	**3.2978**	**72.5613**	
Indirect Care	**42.7544**	**42.7544**	**1.8587**	**40.8957**	
Property	**13.6500**	**8.6822**	**0.3774**	**8.3048**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9307**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.1499**	**164.1821**	**7.1375**	**184.8117**	

***Medicaid Trend Adjustment :**

0 211435-00 - 2013/07

199.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2010-12/31/2010**		Number of Beds:	**79**	Superior:	**0**
Wauchula FL 33873		Days In CR	**365**	Maximum:	**28,835**	Standard:	**184**
County:	**Hardee[25]**	First Used:	**2011/07**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**26,281**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,555**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**19,403**		
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:	**5/10/1994**						
Previous Med #	**206636**						

Medicaid Utilization	**73.82900%**
Occupancy:	**91.14271%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.85614%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.22078676**
Semester Index:	**1.32132636**
Cost:	**1.08235640**
Target:	**1.01485834**
DC FY Index:	**1.17400000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.04599659**
PS Target:	**1.02122620**

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	55.4887	70.4090	40.9454			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4887**	**70.4090**	**40.9454**	**21.8600**		188.7031
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.2096**	**70.4090**	**40.9454**	**13.6500**		176.2140
12/13	Medicaid Adjustment Rate		1.8875	1.0976			
14	Prospective Per Diem 11	**51.2096**	**72.2965**	**42.0430**	**13.6500**		**179.1991**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211435-00 - 2013/07

199.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,426,220**
FRVS Base Asset:	**893,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.027600**

Mortgage Information		
Amount:	**926,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**232,540**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,940,976**	**8.9606**
20% ROE(2):	**485,244**	**0.5161**
Insurance Cost(3):	**21,582**	**0.8212**
Taxes Cost(3):	**35,038**	**1.3332**
Home Office(3):	**21,378**	**0.8134**
Replacement(3&4):	**44,606**	**0.0000**
Total FRVS PD:		**12.4445**

(1) 80% Capital ($1,940,976) amortized at 10.5000% for 20 years Principal & Interest of $232,540 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $8.9606
(2) 20% ROE ($485,244) times the ROE factor (0.027600) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.5161
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2096**	**51.2096**	**2.2262**	**48.9834**	
Patient Care					
Direct Care	**72.2965**	**72.2965**	**3.1430**	**69.1535**	
Indirect Care	**42.0430**	**42.0430**	**1.8277**	**40.2153**	
Property	**13.6500**	**12.4445**	**0.5410**	**11.9035**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5633**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.1991**	**177.9936**	**7.7379**	**199.6554**	

***Medicaid Trend Adjustment :**

0 211516-00 - 2013/07

202.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**107**	Superior:	**0**
Ft. Pierce FL 34947		Days In CR	**366**	Maximum:	**39,162**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**33,331**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,271**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,104**	FY Index:	**1.27343864**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**63.31643%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.11057%**	Cost:	**1.03760505**
Open Date:	**12/1/1980**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/1/1980**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**12/1/1980**	Low Occupancy Adjustment Factor:			**107.25456%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/1993**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #	**209121**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	905,571	1,454,834	1,125,147	431,366	0	3,916,918
1a	Audit Adjustments						
2	Cost Per Diem	42.9099	68.9364	53.3144	**20.4400**		185.6007
3	Cost Per Diem Inflated	44.5235	70.6432	55.3193			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5235**	**70.6432**	**55.3193**	**20.4400**		190.9260
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.5235**	**70.6432**	**53.9513**	**13.6500**		182.7680
12/13	Medicaid Adjustment Rate		1.0583	0.8082			
14	Prospective Per Diem 11	**44.5235**	**71.7015**	**54.7595**	**13.6500**		**184.6345**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211516-00 - 2013/07

202.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

LAUREL POINTE HEALTH AND REHABILITA

FRVS

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

Began FRVS:	**5/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**3,078,071**
FRVS Base Asset:	**1,564,975**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information

Amount:	**3,382,588.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**248,895**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,462,457**	**7.0810**
20% ROE(2):	**615,614**	**0.2792**
Insurance Cost(3):	**21,012**	**0.6304**
Taxes Cost(3):	**46,267**	**1.3881**
Home Office(3):	**21,877**	**0.6564**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.0351**

(1) 80% Capital ($2,462,457) amortized at 8.0940% for 20 years Principal & Interest of $248,895 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $7.0810
(2) 20% ROE ($615,614) times the ROE factor (0.015940) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.2792
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5235**	**44.5235**	**1.9356**	**42.5879**	
Patient Care					
Direct Care	**71.7015**	**71.7015**	**3.1171**	**68.5844**	
Indirect Care	**54.7595**	**54.7595**	**2.3806**	**52.3789**	
Property	**13.6500**	**10.0351**	**0.4363**	**9.5988**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0194**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.6345**	**181.0196**	**7.8696**	**202.0058**	

***Medicaid Trend Adjustment :**

0 211532-00 - 2013/07

208.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Citrus[9]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**34,340**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,323**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**12,478**		
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 #							

Medicaid Utilization	**36.33663%**
Occupancy:	**78.18761%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**98.53040%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	539,226	1,038,549	780,680	287,618	0	2,646,073
1a	Audit Adjustments						
2	Cost Per Diem	43.2141	83.2304	62.5645	**23.0500**		212.0590
3	Cost Per Diem Inflated	44.9591	85.4099	65.0909			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9591**	**85.4099**	**65.0909**	**23.0500**		218.5099
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9578		50.1126			
7	Provider Target Rate	**52.0394**		**51.1763**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9591**	**85.4099**	**51.1763**	**13.6500**		195.1953
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.9591**	**85.4099**	**51.1763**	**13.6500**		**195.1953**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211532-00 - 2013/07

208.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Citrus County

FRVS

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

Began FRVS:	**11/15/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,709,619**
FRVS Base Asset:	**3,754,020**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**4,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1315**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**369,350**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,567,695**	**9.3696**
20% ROE(2):	**1,141,924**	**0.4858**
Insurance Cost(3):	**15,726**	**0.4579**
Taxes Cost(3):	**84,647**	**2.4650**
Home Office(3):	**36,510**	**1.0632**
Replacement(3&4):	**82,477**	**0.0000**
Total FRVS PD:		**13.8415**

(1) 80% Capital ($4,567,695) amortized at 5.2500% for 20 years Principal & Interest of $369,350 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3696
(2) 20% ROE ($1,141,924) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4858
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**111**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9591**	**44.9591**	**1.9545**	**43.0046**	
Patient Care					
Direct Care	**85.4099**	**85.4099**	**3.7130**	**81.6969**	
Indirect Care	**51.1763**	**51.1763**	**2.2248**	**48.9515**	
Property	**13.6500**	**13.8415**	**0.6017**	**13.2398**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.1690**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.1953**	**195.3868**	**8.4940**	**208.8982**	

***Medicaid Trend Adjustment :**

0 211885-00 - 2013/07

215.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**113**	Superior:	**0**
Sun City Center FL 33573		Days In CR	**365**	Maximum:	**41,245**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**37,574**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,494**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**9,907**		
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 #							

Medicaid Utilization	**26.36664%**
Occupancy:	**91.09952%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.80172%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	524,845	840,656	647,939	576,885	0	2,590,325
1a	Audit Adjustments						
2	Cost Per Diem	52.9772	84.8547	65.4021	**58.2300**		261.4640
3	Cost Per Diem Inflated	55.8384	87.6012	68.9343			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.8384**	**87.6012**	**68.9343**	**58.2300**		270.6039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5711		58.1430			
7	Provider Target Rate	**51.6445**		**59.3772**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**87.6012**	**59.3772**	**13.6500**		212.2090
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**87.6012**	**59.3772**	**13.6500**		**212.2090**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211885-00 - 2013/07

215.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,501,932**
FRVS Base Asset:	**1,396,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,755,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5654**	**%**
Chase Rate:	**8.8462**	**%**
Amortization Rate:	**8.5654**	**%**
Interest Only:	**False**	
Yearly Payment:	**376,850**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,601,546**	**10.1521**
20% ROE(2):	**900,386**	**0.5863**
Insurance Cost(3):	**43,597**	**1.1603**
Taxes Cost(3):	**80,303**	**2.1372**
Home Office(3):	**130,536**	**3.4741**
Replacement(3&4):	**1,003,275**	**0.0000**
Total FRVS PD:		**17.5100**

(1) 80% Capital ($3,601,546) amortized at 8.5654% for 20 years Principal & Interest of $376,850 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $10.1521
(2) 20% ROE ($900,386) times the ROE factor (0.024170) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.5863
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**42**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,396,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**87.6012**	**87.6012**	**3.8083**	**83.7929**	
Indirect Care	**59.3772**	**59.3772**	**2.5813**	**56.7959**	
Property	**13.6500**	**17.5100**	**0.7612**	**16.7488**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.2090**	**216.0690**	**9.3932**	**215.5122**	

***Medicaid Trend Adjustment :**

0 211923-00 - 2013/07

187.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	
259 SW Captain Brown Road		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Madison FL 32340		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Madison[40]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**38,261**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,956**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**32,781**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.27343864**
Open Date:	**8/25/1995**					Semester Index:	**1.32132636**
Acquired Date:	**8/25/1995**					Cost:	**1.03760505**
Entered Medicaid	**8/25/1995**					Target:	**1.01485834**
Med # Active Date:	**8/25/1995**					**DC FY Index:**	**1.19833101**
Previous Med #						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02475859**
						PS Target:	**1.02122620**

Medicaid Utilization	**85.67732%**						
Occupancy:	**87.11521%**						
Statewide Low Occupancy Threshold:	**79.35380%**						
Medicaid Low Occupancy Threshold:	**41.45590%**						
Low Occupancy Adjustment Factor:	**109.78076%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,282,627	2,114,778	1,245,130	900,494	0	5,543,029
1a	Audit Adjustments						
2	Cost Per Diem	39.1271	64.5123	37.9833	**27.4700**		169.0927
3	Cost Per Diem Inflated	40.5985	66.1095	39.4117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5985**	**66.1095**	**39.4117**	**27.4700**		173.5897
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0300		48.7710			
7	Provider Target Rate	**41.9009**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.5985**	**66.1095**	**39.4117**	**13.6500**		159.7697
12/13	Medicaid Adjustment Rate		2.6534	1.5819			
14	Prospective Per Diem 11	**40.5985**	**68.7629**	**40.9936**	**13.6500**		**164.0050**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211923-00 - 2013/07

187.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lake Park of Madison

FRVS

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

Began FRVS:	**8/25/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,042,580**
FRVS Base Asset:	**2,757,416**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,760,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0532**	**%**
Chase Rate:	**7.6489**	**%**
Amortization Rate:	**9.0532**	**%**
Interest Only:	**False**	
Yearly Payment:	**437,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,034,064**	**11.0909**
20% ROE(2):	**1,008,516**	**0.4078**
Insurance Cost(3):	**35,016**	**0.9152**
Taxes Cost(3):	**47,579**	**1.2435**
Home Office(3):	**14,407**	**0.3765**
Replacement(3&4):	**11,475**	**0.0000**
Total FRVS PD:		**14.0339**

(1) 80% Capital ($4,034,064) amortized at 9.0532% for 20 years Principal & Interest of $437,204 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0909
(2) 20% ROE ($1,008,516) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4078
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**79**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,757,416**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5985**	**40.5985**	**1.7649**	**38.8336**	
Patient Care					
Direct Care	**68.7629**	**68.7629**	**2.9893**	**65.7736**	
Indirect Care	**40.9936**	**40.9936**	**1.7821**	**39.2115**	
Property	**13.6500**	**14.0339**	**0.6101**	**13.4238**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3213**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**164.0050**	**164.3889**	**7.1464**	**187.4002**	

***Medicaid Trend Adjustment :**

0 212032-00 - 2013/07

235.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Edward J Healey Rehabilitation and Nursing Cen

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		**10/01/2011-09/30/2012**		Number of Beds:	**198**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**366**	Maximum:	**72,468**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**72,270**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**37,391**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**337**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,641**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**76.59865%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**51.59656%**	Cost:	**1.03483699**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**65.02091%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/1995**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**201812**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,419,019	4,493,538	3,805,175	248,604	0	10,966,336
1a	Audit Adjustments						
2	Cost Per Diem	84.4600	156.8918	132.8576	**8.6800**		382.8894
3	Cost Per Diem Inflated	87.4023	160.5526	137.4860			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**87.4023**	**160.5526**	**137.4860**	**8.6800**		394.1209
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	102.1891		105.1283			
7	Provider Target Rate	**104.3582**		**107.3598**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**8.6800**		224.4475
12/13	Medicaid Adjustment Rate		2.9905	1.8495			
14	Prospective Per Diem 11	**54.0219**	**102.9290**	**63.6566**	**8.6800**		**229.2875**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212032-00 - 2013/07

235.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Edward J Healey Rehabilitation and Nursing Cen

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	**9,912,019**
FRVS Base Asset:	**5,586,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**985,868**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,929,615**	**15.1572**
20% ROE(2):	**1,982,404**	**0.4700**
Insurance Cost(3):	**24,683**	**0.6601**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**82,316**	**0.0000**
Total FRVS PD:		**16.2873**

(1) 80% Capital ($7,929,615) amortized at 12.5000% for 20 years Interest of $985,868 divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $15.1572
(2) 20% ROE ($1,982,404) times the ROE factor (0.015420) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $0.4700
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**196**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**102.9290**	**102.9290**	**4.4747**	**98.4543**	
Indirect Care	**63.6566**	**63.6566**	**2.7674**	**60.8892**	
Property	**8.6800**	**16.2873**	**0.7081**	**15.5792**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.2875**	**236.8948**	**10.2987**	**235.4325**	

***Medicaid Trend Adjustment :**

0 212083-00 - 2013/07

197.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32259		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**20,576**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,821**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**4,447**	FY Index:	**1.25825006**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**21.61256%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.69763%**	Cost:	**1.05013018**
Open Date:	**12/12/1970**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1996**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19100000**
Entered Medicaid	**1/1/1996**	Low Occupancy Adjustment Factor:			**118.07580%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/1996**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03106633**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	221,285	328,648	317,059	88,406	0	955,398
1a	Audit Adjustments						
2	Cost Per Diem	49.7605	73.9033	71.2973	**19.8799**		214.8410
3	Cost Per Diem Inflated	52.2550	76.1992	74.8714			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2550**	**76.1992**	**74.8714**	**19.8799**		223.2055
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.1079		84.3986			
7	Provider Target Rate	**60.3625**		**86.1901**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.2550**	**76.1992**	**63.9360**	**13.6500**		206.0402
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.2550**	**76.1992**	**63.9360**	**13.6500**		**206.0402**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212083-00 - 2013/07

197.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Westminster Woods on Julington Creek

FRVS

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

Began FRVS:	**1/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**764,016**
FRVS Base Asset:	**584,877**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**51,486**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**611,213**	**2.6122**
20% ROE(2):	**152,803**	**0.1607**
Insurance Cost(3):	**46,399**	**2.2550**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,432**	**0.3126**
Replacement(3&4):	**422,322**	**0.0000**
Total FRVS PD:		**5.3405**

(1) 80% Capital ($611,213) amortized at 8.5000% for 20 years Interest of $51,486 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $2.6122
(2) 20% ROE ($152,803) times the ROE factor (0.020730) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1607
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**57**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**584,877**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.2550**	**52.2550**	**2.2717**	**49.9833**	
Patient Care					
Direct Care	**76.1992**	**76.1992**	**3.3126**	**72.8866**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**13.6500**	**5.3405**	**0.2322**	**5.1083**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.0402**	**197.7307**	**8.5960**	**197.9711**	

***Medicaid Trend Adjustment :**

0 212164-00 - 2013/07

217.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**08/01/2010-07/31/2011**		Number of Beds:	**80**	Superior:	**0**
Tampa FL 33602		Days In CR	**365**	Maximum:	**29,200**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**29,200**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**27,028**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,372**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**21,305**		
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**						

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Medicaid Utilization		**78.82566%**
Occupancy:		**92.56164%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**116.64425%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	43.5842	84.7563	50.9682			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5842**	**84.7563**	**50.9682**	**9.8700**		189.1787
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5842**	**84.7563**	**50.9682**	**9.8700**		189.1787
12/13	Medicaid Adjustment Rate		2.7486	1.6528			
14	Prospective Per Diem 11	**43.5842**	**87.5049**	**52.6210**	**9.8700**		**193.5801**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212164-00 - 2013/07

217.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ybor City Healthcare 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	**2,532,928**
FRVS Base Asset:	**924,242**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**235,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.0000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**251,930**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,026,342**	**9.5864**
20% ROE(2):	**506,586**	**0.4979**
Insurance Cost(3):	**30,703**	**1.1360**
Taxes Cost(3):	**10,383**	**0.3842**
Home Office(3):	**4,931**	**0.1824**
Replacement(3&4):	**5,898**	**0.0000**
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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**80**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5842**	**43.5842**	**1.8947**	**41.6895**	
Patient Care					
Direct Care	**87.5049**	**87.5049**	**3.8041**	**83.7008**	
Indirect Care	**52.6210**	**52.6210**	**2.2876**	**50.3334**	
Property	**9.8700**	**11.7869**	**0.5124**	**11.2745**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6930**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.5801**	**195.4970**	**8.4988**	**217.5276**	

***Medicaid Trend Adjustment :**

0 212393-00 - 2013/07

216.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2012-12/31/2012**		Number of Beds:	**51**	Superior:	**0**
Boca Raton FL 33431		Days In CR	**366**	Maximum:	**18,666**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**18,615**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**13,404**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**696**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,099**		
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**						

Medicaid Utilization	**52.96180%**
Occupancy:	**71.80971%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**90.49309%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	367,104	428,642	459,424	75,746	0	1,330,916
1a	Audit Adjustments						
2	Cost Per Diem	51.7121	60.3806	64.7167	**10.6700**		187.4794
3	Cost Per Diem Inflated	53.2342	61.6610	66.6216			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2342**	**61.6610**	**66.6216**	**10.6700**		192.1868
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.2987		64.5276			
7	Provider Target Rate	**61.5786**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.2342**	**61.6610**	**65.8973**	**10.6700**		191.4625
12/13	Medicaid Adjustment Rate		0.2055	0.2196			
14	Prospective Per Diem 11	**53.2342**	**61.8665**	**66.1169**	**10.6700**		**191.8876**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212393-00 - 2013/07

216.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Fountains Nursing Home

FRVS

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

Began FRVS:	**3/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,207,305**
FRVS Base Asset:	**728,314**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**450,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**102,423**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**965,844**	**6.1135**
20% ROE(2):	**241,461**	**0.2101**
Insurance Cost(3):	**19,065**	**1.4223**
Taxes Cost(3):	**55,841**	**4.1660**
Home Office(3):	**5,354**	**0.3994**
Replacement(3&4):	**3,918**	**0.0000**
Total FRVS PD:		**12.3113**

(1) 80% Capital ($965,844) amortized at 8.7500% for 20 years Principal & Interest of $102,423 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $6.1135
(2) 20% ROE ($241,461) times the ROE factor (0.014580) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $0.2101
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**51**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.2342**	**53.2342**	**2.3143**	**50.9199**	
Patient Care					
Direct Care	**61.8665**	**61.8665**	**2.6895**	**59.1770**	
Indirect Care	**66.1169**	**66.1169**	**2.8743**	**63.2426**	
Property	**10.6700**	**12.3113**	**0.5352**	**11.7761**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5452**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.8876**	**193.5289**	**8.4133**	**216.4972**	

***Medicaid Trend Adjustment :**

0 212636-00 - 2013/07

173.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Deland FL 32720		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**43,243**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,203**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,459**		
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**						

Medicaid Utilization	**61.18678%**
Occupancy:	**98.72831%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**124.41535%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,858	1,616,756	781,403	774,190	0	4,470,207
1a	Audit Adjustments						
2	Cost Per Diem	49.0517	61.1042	29.5326	**29.2600**		168.9485
3	Cost Per Diem Inflated	51.7009	63.0819	31.1276			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.7009**	**63.0819**	**31.1276**	**29.2600**		175.1704
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2789		48.7710			
7	Provider Target Rate	**43.1763**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1763**	**63.0819**	**31.1276**	**13.6500**		151.0358
12/13	Medicaid Adjustment Rate		0.7939	0.3917			
14	Prospective Per Diem 11	**43.1763**	**63.8758**	**31.5193**	**13.6500**		**152.2214**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212636-00 - 2013/07

173.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Woodland Terrace

FRVS

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

Began FRVS:	**9/27/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,407,436**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,750,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6300**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6300**	**%**
Interest Only:	**False**	
Yearly Payment:	**304,544**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,325,949**	**7.7256**
20% ROE(2):	**1,081,487**	**0.6631**
Insurance Cost(3):	**48,812**	**1.1288**
Taxes Cost(3):	**73,830**	**1.7073**
Home Office(3):	**11,102**	**0.2567**
Replacement(3&4):	**63,019**	**0.0000**
Total FRVS PD:		**11.4815**

(1) 80% Capital ($4,325,949) amortized at 3.6300% for 20 years Principal & Interest of $304,544 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7256
(2) 20% ROE ($1,081,487) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6631
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1763**	**43.1763**	**1.8770**	**41.2993**	
Patient Care					
Direct Care	**63.8758**	**63.8758**	**2.7769**	**61.0989**	
Indirect Care	**31.5193**	**31.5193**	**1.3702**	**30.1491**	
Property	**13.6500**	**11.4815**	**0.4991**	**10.9824**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4687**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**152.2214**	**150.0529**	**6.5232**	**173.8348**	

***Medicaid Trend Adjustment :**

0 212709-00 - 2013/07

182.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**184**
St. Petersburg FL 33705-6272		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**38,222**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,759**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,156**		
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 #							

Medicaid Utilization	**47.50144%**
Occupancy:	**87.02641%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.66886%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	788,409	1,276,300	1,147,772	315,007	0	3,527,488
1a	Audit Adjustments						
2	Cost Per Diem	43.4242	70.2963	63.2172	**17.3500**		194.2877
3	Cost Per Diem Inflated	45.6011	72.4801	66.3863			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.6011**	**72.4801**	**66.3863**	**17.3500**		201.8175
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5518		58.3697			
7	Provider Target Rate	**49.5824**		**59.6087**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.6011**	**72.4801**	**59.6087**	**13.6500**		191.3399
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.6011**	**72.4801**	**59.6087**	**13.6500**		**191.3399**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212709-00 - 2013/07

182.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Suncoast Manor

FRVS

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

Began FRVS:	**8/23/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**1,751,904**
FRVS Base Asset:	**1,652,021**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**114,555**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,401,523**	**2.9060**
20% ROE(2):	**350,381**	**0.1843**
Insurance Cost(3):	**37,559**	**0.9827**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**11,272**	**0.2949**
Replacement(3&4):	**786,889**	**0.0000**
Total FRVS PD:		**4.3679**

(1) 80% Capital ($1,401,523) amortized at 8.2500% for 20 years Interest of $114,555 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.9060
(2) 20% ROE ($350,381) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1843
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**161**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,652,021**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.6011**	**45.6011**	**1.9824**	**43.6187**	
Patient Care					
Direct Care	**72.4801**	**72.4801**	**3.1509**	**69.3292**	
Indirect Care	**59.6087**	**59.6087**	**2.5914**	**57.0173**	
Property	**13.6500**	**4.3679**	**0.1899**	**4.1780**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.3399**	**182.0578**	**7.9146**	**182.9796**	

***Medicaid Trend Adjustment :**

0 212733-00 - 2013/07

151.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**196**	Superior:	**0**
Miami Beach FL 33139		Days In CR	**365**	Maximum:	**71,540**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**71,540**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**71,399**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,330**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**53,000**		
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**						

Medicaid Utilization	**74.23073%**
Occupancy:	**99.80291%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**125.76953%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,471,341	3,460,582	1,938,318	1,100,280	0	7,970,521
1a	Audit Adjustments						
2	Cost Per Diem	27.7612	65.2940	36.5720	**20.7600**		150.3872
3	Cost Per Diem Inflated	29.2605	67.4073	38.5472			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**29.2605**	**67.4073**	**38.5472**	**20.7600**		155.9750
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**29.2605**	**67.4073**	**38.5472**	**13.6500**		148.8650
12/13	Medicaid Adjustment Rate		1.8375	1.0508			
14	Prospective Per Diem 11	**29.2605**	**69.2448**	**39.5980**	**13.6500**		**151.7533**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212733-00 - 2013/07

151.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,133,652**
FRVS Base Asset:	**3,339,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,150,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6300**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6300**	**%**
Interest Only:	**False**	
Yearly Payment:	**345,445**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,906,922**	**5.3652**
20% ROE(2):	**1,226,730**	**0.4605**
Insurance Cost(3):	**113,453**	**1.5890**
Taxes Cost(3):	**71,944**	**1.0076**
Home Office(3):	**8,669**	**0.1214**
Replacement(3&4):	**215,371**	**0.0000**
Total FRVS PD:		**8.5437**

(1) 80% Capital ($4,906,922) amortized at 3.6300% for 20 years Principal & Interest of $345,445 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $5.3652
(2) 20% ROE ($1,226,730) times the ROE factor (0.024170) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $0.4605
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**196**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**29.2605**	**29.2605**	**1.2720**	**27.9885**	
Patient Care					
Direct Care	**69.2448**	**69.2448**	**3.0103**	**66.2345**	
Indirect Care	**39.5980**	**39.5980**	**1.7215**	**37.8765**	
Property	**13.6500**	**8.5437**	**0.3714**	**8.1723**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.6163**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**151.7533**	**146.6470**	**6.3752**	**151.7245**	

***Medicaid Trend Adjustment :**

0 212792-00 - 2013/07

197.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**184**
DeLand FL 32724		Days In CR	**366**	Maximum:	**21,960**	Standard:	**0**
County: **Volusia[64]**		First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**20,501**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**2,933**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**10,907**		
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**						

Medicaid Utilization	**53.20228%**
Occupancy:	**93.35610%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.64541%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	478,382	857,965	598,703	208,760	0	2,143,810
1a	Audit Adjustments						
2	Cost Per Diem	43.8601	78.6619	54.8916	**19.1400**		196.5536
3	Cost Per Diem Inflated	45.7533	80.8342	57.2609			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7533**	**80.8342**	**57.2609**	**19.1400**		202.9884
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		60.2832			
7	Provider Target Rate	**46.1427**		**61.5628**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7533**	**80.8342**	**57.2609**	**13.6500**		197.4984
12/13	Medicaid Adjustment Rate		0.2912	0.2063			
14	Prospective Per Diem 11	**45.7533**	**81.1254**	**57.4672**	**13.6500**		**197.9959**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212792-00 - 2013/07

197.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Florida Lutheran Retirement Center

FRVS

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

Began FRVS:	**1/17/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**3,039,113**
FRVS Base Asset:	**2,191,560**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5100**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**6.5100**	**%**
Interest Only:	**False**	
Yearly Payment:	**217,696**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,431,290**	**11.0450**
20% ROE(2):	**607,823**	**0.5492**
Insurance Cost(3):	**23,732**	**1.1576**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**13,023**	**0.6352**
Replacement(3&4):	**78,235**	**0.0000**
Total FRVS PD:		**13.3870**

(1) 80% Capital ($2,431,290) amortized at 6.5100% for 20 years Principal & Interest of $217,696 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.0450
(2) 20% ROE ($607,823) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5492
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7533**	**45.7533**	**1.9890**	**43.7643**	
Patient Care					
Direct Care	**81.1254**	**81.1254**	**3.5268**	**77.5986**	
Indirect Care	**57.4672**	**57.4672**	**2.4983**	**54.9689**	
Property	**13.6500**	**13.3870**	**0.5820**	**12.8050**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.9959**	**197.7329**	**8.5961**	**197.9732**	

***Medicaid Trend Adjustment :**

0 212806-00 - 2013/07

260.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palmetto Subacute 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		**08/01/2011-07/31/2012**		Number of Beds:	**95**	Superior:	**0**
Miami FL 33144		Days In CR	**366**	Maximum:	**34,770**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**32,739**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,465**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,829**		
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**						

Medicaid Utilization	**30.02230%**
Occupancy:	**94.15876%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.65690%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	559,074	999,598	699,253	232,063	0	2,489,988
1a	Audit Adjustments						
2	Cost Per Diem	56.8800	101.6989	71.1418	**23.6100**		253.3307
3	Cost Per Diem Inflated	59.1768	104.3620	74.0145			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.1768**	**104.3620**	**74.0145**	**23.6100**		261.1633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.3127		73.4375			
7	Provider Target Rate	**66.6990**		**74.9963**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.1768**	**104.3620**	**74.0145**	**13.6500**		251.2033
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.1768**	**104.3620**	**74.0145**	**13.6500**		**251.2033**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212806-00 - 2013/07

260.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palmetto Subacute Care Center

FRVS

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

Began FRVS:	**1/24/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**4,307,869**
FRVS Base Asset:	**3,104,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,450,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.4022**	**%**
Chase Rate:	**7.6957**	**%**
Amortization Rate:	**9.4022**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,850**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,446,295**	**12.2679**
20% ROE(2):	**861,574**	**0.4630**
Insurance Cost(3):	**86,979**	**2.6567**
Taxes Cost(3):	**75,991**	**2.3211**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**82,595**	**0.0000**
Total FRVS PD:		**17.7087**

(1) 80% Capital ($3,446,295) amortized at 9.4022% for 20 years Principal & Interest of $382,850 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $12.2679
(2) 20% ROE ($861,574) times the ROE factor (0.016770) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.4630
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**85**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,104,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.1768**	**59.1768**	**2.5726**	**56.6042**	
Patient Care					
Direct Care	**104.3620**	**104.3620**	**4.5370**	**99.8250**	
Indirect Care	**74.0145**	**74.0145**	**3.2176**	**70.7969**	
Property	**13.6500**	**17.7087**	**0.7699**	**16.9388**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.4625**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**251.2033**	**255.2620**	**11.0971**	**260.4638**	

***Medicaid Trend Adjustment :**

0 212849-00 - 2013/07

199.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Tarpon Bayou 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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tarpon Springs FL 34689		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**36,583**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,623**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,448**		
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**						

Medicaid Utilization	**80.49641%**
Occupancy:	**83.29462%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.96614%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,068,399	2,273,680	1,217,237	554,211	0	5,113,527
1a	Audit Adjustments						
2	Cost Per Diem	36.2809	77.2100	41.3351	**18.8200**		173.6460
3	Cost Per Diem Inflated	37.6452	79.1216	42.8895			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6452**	**79.1216**	**42.8895**	**18.8200**		178.4763
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6452**	**79.1216**	**42.8895**	**13.6500**		173.3063
12/13	Medicaid Adjustment Rate		2.7145	1.4715			
14	Prospective Per Diem 11	**37.6452**	**81.8361**	**44.3610**	**13.6500**		**177.4923**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212849-00 - 2013/07

199.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,749,044**
FRVS Base Asset:	**1,883,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,166,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**383,817**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,999,235**	**9.7366**
20% ROE(2):	**749,809**	**0.3032**
Insurance Cost(3):	**87,855**	**2.4015**
Taxes Cost(3):	**37,255**	**1.0184**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**28,974**	**0.0000**
Total FRVS PD:		**13.4597**

(1) 80% Capital ($2,999,235) amortized at 11.5000% for 20 years Principal & Interest of $383,817 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7366
(2) 20% ROE ($749,809) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3032
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6452**	**37.6452**	**1.6366**	**36.0086**	
Patient Care					
Direct Care	**81.8361**	**81.8361**	**3.5577**	**78.2784**	
Indirect Care	**44.3610**	**44.3610**	**1.9285**	**42.4325**	
Property	**13.6500**	**13.4597**	**0.5851**	**12.8746**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4249**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.4923**	**177.3020**	**7.7079**	**199.8554**	

***Medicaid Trend Adjustment :**

0 212865-00 - 2013/07

187.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33805		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**38,300**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,329**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,151**		
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**						

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Medicaid Utilization		**81.33420%**
Occupancy:		**87.20401%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**109.89267%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,042,436	2,218,397	1,343,060	523,025	0	5,126,918
1a	Audit Adjustments						
2	Cost Per Diem	33.4640	71.2143	43.1145	**16.7900**		164.5828
3	Cost Per Diem Inflated	34.7224	72.9775	44.7358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.7224**	**72.9775**	**44.7358**	**16.7900**		169.2257
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.7224**	**72.9775**	**44.7358**	**13.6500**		166.0857
12/13	Medicaid Adjustment Rate		2.5725	1.5770			
14	Prospective Per Diem 11	**34.7224**	**75.5500**	**46.3128**	**13.6500**		**170.2352**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212865-00 - 2013/07

187.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,719,644**
FRVS Base Asset:	**1,403,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,583,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**198,520**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,175,715**	**5.0360**
20% ROE(2):	**543,929**	**0.2199**
Insurance Cost(3):	**69,803**	**1.8225**
Taxes Cost(3):	**31,567**	**0.8242**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**204,562**	**0.0000**
Total FRVS PD:		**7.9026**

(1) 80% Capital ($2,175,715) amortized at 6.7500% for 20 years Principal & Interest of $198,520 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.0360
(2) 20% ROE ($543,929) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2199
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.7224**	**34.7224**	**1.5095**	**33.2129**	
Patient Care					
Direct Care	**75.5500**	**75.5500**	**3.2844**	**72.2656**	
Indirect Care	**46.3128**	**46.3128**	**2.0134**	**44.2994**	
Property	**13.6500**	**7.9026**	**0.3436**	**7.5590**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0922**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**170.2352**	**164.4878**	**7.1509**	**187.2655**	

***Medicaid Trend Adjustment :**

0 212881-00 - 2013/07

180.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lake Wales FL 33853		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,259**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,850**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,952**		
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**						

Medicaid Utilization	**71.91435%**
Occupancy:	**91.66439%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.51355%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	939,625	2,022,176	1,154,708	480,893	0	4,597,402
1a	Audit Adjustments						
2	Cost Per Diem	32.4546	69.8458	39.8835	**16.6100**		158.7939
3	Cost Per Diem Inflated	33.6751	71.5751	41.3833			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.6751**	**71.5751**	**41.3833**	**16.6100**		163.2435
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.6751**	**71.5751**	**41.3833**	**13.6500**		160.2835
12/13	Medicaid Adjustment Rate		1.7646	1.0202			
14	Prospective Per Diem 11	**33.6751**	**73.3397**	**42.4035**	**13.6500**		**163.0683**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212881-00 - 2013/07

180.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,424,941**
FRVS Base Asset:	**1,240,145**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
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:	**248,259**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,939,953**	**6.2978**
20% ROE(2):	**484,988**	**0.1961**
Insurance Cost(3):	**72,639**	**1.8043**
Taxes Cost(3):	**26,444**	**0.6568**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**526,721**	**0.0000**
Total FRVS PD:		**8.9550**

(1) 80% Capital ($1,939,953) amortized at 11.5000% for 20 years Principal & Interest of $248,259 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.2978
(2) 20% ROE ($484,988) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1961
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.6751**	**33.6751**	**1.4640**	**32.2111**	
Patient Care					
Direct Care	**73.3397**	**73.3397**	**3.1883**	**70.1514**	
Indirect Care	**42.4035**	**42.4035**	**1.8434**	**40.5601**	
Property	**13.6500**	**8.9550**	**0.3893**	**8.5657**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7339**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**163.0683**	**158.3733**	**6.8850**	**180.0586**	

***Medicaid Trend Adjustment :**

0 212890-00 - 2013/07

199.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33707		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,765**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,913**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,980**		
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**						

Medicaid Utilization	**80.42248%**
Occupancy:	**90.53962%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.09613%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,127,109	2,479,093	1,498,391	570,203	0	5,674,796
1a	Audit Adjustments						
2	Cost Per Diem	35.2442	77.5201	46.8540	**17.8300**		177.4483
3	Cost Per Diem Inflated	36.6674	79.5500	48.7460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.6674**	**79.5500**	**48.7460**	**17.8300**		182.7934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.6674**	**79.5500**	**48.7460**	**13.6500**		178.6134
12/13	Medicaid Adjustment Rate		2.7226	1.6683			
14	Prospective Per Diem 11	**36.6674**	**82.2726**	**50.4143**	**13.6500**		**183.0043**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212890-00 - 2013/07

199.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,237,895**
FRVS Base Asset:	**1,389,485**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**5,166,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**207,323**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,790,316**	**5.2593**
20% ROE(2):	**447,579**	**0.1904**
Insurance Cost(3):	**70,360**	**1.7694**
Taxes Cost(3):	**32,074**	**0.8066**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**515,208**	**0.0000**
Total FRVS PD:		**8.0257**

(1) 80% Capital ($1,790,316) amortized at 10.0000% for 20 years Principal & Interest of $207,323 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.2593
(2) 20% ROE ($447,579) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1904
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.6674**	**36.6674**	**1.5940**	**35.0734**	
Patient Care					
Direct Care	**82.2726**	**82.2726**	**3.5767**	**78.6959**	
Indirect Care	**50.4143**	**50.4143**	**2.1917**	**48.2226**	
Property	**13.6500**	**8.0257**	**0.3489**	**7.6768**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4400**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.0043**	**177.3800**	**7.7113**	**199.9451**	

***Medicaid Trend Adjustment :**

0 212903-00 - 2013/07

190.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ft. Walton Beach FL 32548		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Okaloosa[46]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2013/07**	Total Patient:	**35,586**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,126**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**27,435**		
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**						

Medicaid Utilization	**77.09492%**
Occupancy:	**81.02459%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**102.10550%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	994,000	1,945,762	1,194,260	515,778	0	4,649,800
1a	Audit Adjustments						
2	Cost Per Diem	36.2311	70.9226	43.5305	**18.8000**		169.4842
3	Cost Per Diem Inflated	37.6941	72.7798	45.2883			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6941**	**72.7798**	**45.2883**	**18.8000**		174.5622
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6941**	**72.7798**	**45.2883**	**13.6500**		169.4122
12/13	Medicaid Adjustment Rate		2.2185	1.3805			
14	Prospective Per Diem 11	**37.6941**	**74.9983**	**46.6688**	**13.6500**		**173.0112**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212903-00 - 2013/07

190.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,626,245**
FRVS Base Asset:	**1,330,721**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**5,708,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,868**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,100,996**	**6.8206**
20% ROE(2):	**525,249**	**0.2235**
Insurance Cost(3):	**65,803**	**1.8491**
Taxes Cost(3):	**15,835**	**0.4450**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**70,651**	**0.0000**
Total FRVS PD:		**9.3382**

(1) 80% Capital ($2,100,996) amortized at 11.5000% for 20 years Principal & Interest of $268,868 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.8206
(2) 20% ROE ($525,249) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2235
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6941**	**37.6941**	**1.6387**	**36.0554**	
Patient Care					
Direct Care	**74.9983**	**74.9983**	**3.2604**	**71.7379**	
Indirect Care	**46.6688**	**46.6688**	**2.0288**	**44.6400**	
Property	**13.6500**	**9.3382**	**0.4060**	**8.9322**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3546**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.0112**	**168.6994**	**7.3339**	**190.5565**	

***Medicaid Trend Adjustment :**

0 212911-00 - 2013/07

196.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**09/01/2011-08/31/2012**	Number of Beds: **120**	Superior: **0**
Clearwater FL 34616	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Pinellas[52]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **37,581**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **3,468**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **32,649**	
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**			

Medicaid Utilization	**86.87635%**
Occupancy:	**85.56694%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.82967%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,171,892	2,598,645	1,293,574	572,990	0	5,637,101
1a	Audit Adjustments						
2	Cost Per Diem	35.8937	79.5934	39.6206	**17.5500**		172.6577
3	Cost Per Diem Inflated	37.2435	81.5640	41.1105			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2435**	**81.5640**	**41.1105**	**17.5500**		177.4680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2435**	**81.5640**	**41.1105**	**13.6500**		173.5680
12/13	Medicaid Adjustment Rate		3.3838	1.7055			
14	Prospective Per Diem 11	**37.2435**	**84.9478**	**42.8160**	**13.6500**		**178.6573**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212911-00 - 2013/07

196.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,471,689**
FRVS Base Asset:	**1,302,829**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**5,416,667.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**228,982**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,977,351**	**5.8088**
20% ROE(2):	**494,338**	**0.1999**
Insurance Cost(3):	**77,496**	**2.0621**
Taxes Cost(3):	**31,982**	**0.8510**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**5,615**	**0.0000**
Total FRVS PD:		**8.9218**

(1) 80% Capital ($1,977,351) amortized at 10.0000% for 20 years Principal & Interest of $228,982 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8088
(2) 20% ROE ($494,338) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1999
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2435**	**37.2435**	**1.6191**	**35.6244**	
Patient Care					
Direct Care	**84.9478**	**84.9478**	**3.6930**	**81.2548**	
Indirect Care	**42.8160**	**42.8160**	**1.8613**	**40.9547**	
Property	**13.6500**	**8.9218**	**0.3879**	**8.5339**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5856**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.6573**	**173.9291**	**7.5613**	**196.7898**	

***Medicaid Trend Adjustment :**

0 212971-00 - 2013/07

205.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**48**	Superior:	**184**
Lakeland FL 33803		Days In CR	**365**	Maximum:	**17,520**	Standard:	**0**
County:	**Polk[53]**	First Used:	**2013/01**	Max Annualized:	**17,520**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**16,546**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,157**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,830**		
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**						

Medicaid Utilization	**29.19135%**
Occupancy:	**94.44064%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.01212%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	203,622	394,241	301,390	52,212	0	951,465
1a	Audit Adjustments						
2	Cost Per Diem	42.1578	81.6234	62.3996	**10.8099**		196.9907
3	Cost Per Diem Inflated	44.4346	84.2653	65.7696			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4346**	**84.2653**	**65.7696**	**10.8099**		205.2794
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.3854		68.5274			
7	Provider Target Rate	**70.8582**		**69.9820**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4346**	**84.2653**	**65.7696**	**10.8099**		205.2794
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.4346**	**84.2653**	**65.7696**	**10.8099**		**205.2794**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212971-00 - 2013/07

205.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Florida Presbyterian Homes, Inc.

FRVS

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

Began FRVS:	**3/20/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,230,095**
FRVS Base Asset:	**1,461,040**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**145,823**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,784,076**	**9.2480**
20% ROE(2):	**446,019**	**0.6837**
Insurance Cost(3):	**19,114**	**1.1552**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**125,274**	**0.0000**
Total FRVS PD:		**11.0869**

(1) 80% Capital ($1,784,076) amortized at 8.2500% for 20 years Interest of $145,823 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $9.2480
(2) 20% ROE ($446,019) times the ROE factor (0.024170) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $0.6837
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**40**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,461,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4346**	**44.4346**	**1.9317**	**42.5029**	
Patient Care					
Direct Care	**84.2653**	**84.2653**	**3.6633**	**80.6020**	
Indirect Care	**65.7696**	**65.7696**	**2.8592**	**62.9104**	
Property	**10.8099**	**11.0869**	**0.4820**	**10.6049**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.2794**	**205.5564**	**8.9362**	**205.4566**	

***Medicaid Trend Adjustment :**

0 212989-00 - 2013/07

189.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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. Andrews Blvd		**09/01/2011-08/31/2012**		Number of Beds:	**160**	Superior:	**0**
Panama City FL 32405		Days In CR	**366**	Maximum:	**58,560**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**58,400**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,901**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,147**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,438**		
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**						

Medicaid Utilization	**75.61129%**
Occupancy:	**73.25990%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**92.32060%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,151,275	2,393,720	1,277,730	656,545	0	5,479,270
1a	Audit Adjustments						
2	Cost Per Diem	35.4916	73.7937	39.3899	**20.2400**		168.9152
3	Cost Per Diem Inflated	36.8263	75.6207	40.8712			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.8263**	**75.6207**	**40.8712**	**20.2400**		173.5582
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.8263**	**75.6207**	**40.8712**	**13.6500**		166.9682
12/13	Medicaid Adjustment Rate		2.1788	1.1776			
14	Prospective Per Diem 11	**36.8263**	**77.7995**	**42.0488**	**13.6500**		**170.3246**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212989-00 - 2013/07

189.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay 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	**4,346,967**
FRVS Base Asset:	**2,287,922**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**7,375,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**445,031**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,477,574**	**8.4671**
20% ROE(2):	**869,393**	**0.2637**
Insurance Cost(3):	**93,916**	**2.1891**
Taxes Cost(3):	**11,038**	**0.2573**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**52,455**	**0.0000**
Total FRVS PD:		**11.1772**

(1) 80% Capital ($3,477,574) amortized at 11.5000% for 20 years Principal & Interest of $445,031 divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $8.4671
(2) 20% ROE ($869,393) times the ROE factor (0.015940) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $0.2637
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**160**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.8263**	**36.8263**	**1.6010**	**35.2253**	
Patient Care					
Direct Care	**77.7995**	**77.7995**	**3.3822**	**74.4173**	
Indirect Care	**42.0488**	**42.0488**	**1.8280**	**40.2208**	
Property	**13.6500**	**11.1772**	**0.4859**	**10.6913**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3727**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**170.3246**	**167.8518**	**7.2971**	**189.7638**	

***Medicaid Trend Adjustment :**

0 212997-00 - 2013/07

190.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Bartow FL 33830		Days In CR	**366**	Maximum:	**43,920**	Standard:	**154**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**30**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**37,558**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,602**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,390**		
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**						

Medicaid Utilization	**75.58975%**
Occupancy:	**85.51457%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.76367%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,851	2,065,719	1,247,480	512,723	0	4,814,773
1a	Audit Adjustments						
2	Cost Per Diem	34.8310	72.7622	43.9408	**18.0600**		169.5940
3	Cost Per Diem Inflated	36.1408	74.5637	45.5932			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.1408**	**74.5637**	**45.5932**	**18.0600**		174.3577
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2860		50.8005			
7	Provider Target Rate	**44.2048**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1408**	**74.5637**	**45.5932**	**13.6500**		169.9477
12/13	Medicaid Adjustment Rate		1.7966	1.0986			
14	Prospective Per Diem 11	**36.1408**	**76.3603**	**46.6918**	**13.6500**		**172.8429**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212997-00 - 2013/07

190.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,487,424**
FRVS Base Asset:	**1,301,763**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,833,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**254,656**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,989,939**	**6.4601**
20% ROE(2):	**497,485**	**0.2012**
Insurance Cost(3):	**71,589**	**1.9061**
Taxes Cost(3):	**19,702**	**0.5246**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**496,215**	**0.0000**
Total FRVS PD:		**9.0920**

(1) 80% Capital ($1,989,939) amortized at 11.5000% for 20 years Principal & Interest of $254,656 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.4601
(2) 20% ROE ($497,485) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2012
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1408**	**36.1408**	**1.5712**	**34.5696**	
Patient Care					
Direct Care	**76.3603**	**76.3603**	**3.3196**	**73.0407**	
Indirect Care	**46.6918**	**46.6918**	**2.0298**	**44.6620**	
Property	**13.6500**	**9.0920**	**0.3953**	**8.6967**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8662**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.8429**	**168.2849**	**7.3159**	**190.6716**	

***Medicaid Trend Adjustment :**

0 213004-00 - 2013/07

199.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Gulfport FL 33707		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**36,889**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,547**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,860**		
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**						

Medicaid Utilization	**78.23470%**
Occupancy:	**83.99135%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.84414%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,296,951	2,234,229	1,190,692	485,425	0	5,207,297
1a	Audit Adjustments						
2	Cost Per Diem	44.9394	77.4161	41.2575	**16.8200**		180.4330
3	Cost Per Diem Inflated	46.6293	79.3328	42.8090			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6293**	**79.3328**	**42.8090**	**16.8200**		185.5911
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**79.3328**	**42.8090**	**13.6500**		178.7075
12/13	Medicaid Adjustment Rate		2.5199	1.3598			
14	Prospective Per Diem 11	**42.9157**	**81.8527**	**44.1688**	**13.6500**		**182.5872**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213004-00 - 2013/07

199.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boca Ciega 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:	**1973/01**
Indexed Asset Value	**2,521,511**
FRVS Base Asset:	**1,377,951**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**2,583,333.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**233,598**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,017,209**	**5.9259**
20% ROE(2):	**504,302**	**0.2039**
Insurance Cost(3):	**67,712**	**1.8356**
Taxes Cost(3):	**26,630**	**0.7219**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**98,764**	**0.0000**
Total FRVS PD:		**8.6873**

(1) 80% Capital ($2,017,209) amortized at 10.0000% for 20 years Principal & Interest of $233,598 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.9259
(2) 20% ROE ($504,302) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2039
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**81.8527**	**81.8527**	**3.5584**	**78.2943**	
Indirect Care	**44.1688**	**44.1688**	**1.9202**	**42.2486**	
Property	**13.6500**	**8.6873**	**0.3777**	**8.3096**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8488**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.5872**	**177.6245**	**7.7220**	**199.5877**	

***Medicaid Trend Adjustment :**

0 213098-00 - 2013/07

233.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Tamarac FL 33321		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**28,026**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,662**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,130**		
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**						

Medicaid Utilization	**53.98558%**
Occupancy:	**63.81148%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**80.41389%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28564713**
Semester Index:	**1.32132636**
Cost:	**1.02775196**
Target:	**1.01485834**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02035799**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	747,646	1,226,946	967,204	243,744	0	3,185,540
1a	Audit Adjustments						
2	Cost Per Diem	49.4148	81.0936	63.9262	**16.1100**		210.5446
3	Cost Per Diem Inflated	50.7862	82.7445	65.7003			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7862**	**82.7445**	**65.7003**	**16.1100**		215.3410
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.0410		64.9210			
7	Provider Target Rate	**65.4003**		**66.2990**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7862**	**82.7445**	**61.8071**	**13.6500**		208.9878
12/13	Medicaid Adjustment Rate		0.3710	0.2771			
14	Prospective Per Diem 11	**50.7862**	**83.1155**	**62.0842**	**13.6500**		**209.6359**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213098-00 - 2013/07

233.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Tamarac Rehabilitation and Health Center

FRVS

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

Began FRVS:	**11/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,232,719**
FRVS Base Asset:	**2,529,788**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**1,920,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**9.2500**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**392,128**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,386,175**	**9.9474**
20% ROE(2):	**846,544**	**0.3131**
Insurance Cost(3):	**50,255**	**1.7932**
Taxes Cost(3):	**89,133**	**3.1804**
Home Office(3):	**9,169**	**0.3272**
Replacement(3&4):	**6,800**	**0.0000**
Total FRVS PD:		**15.5613**

(1) 80% Capital ($3,386,175) amortized at 10.0000% for 20 years Principal & Interest of $392,128 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9474
(2) 20% ROE ($846,544) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3131
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7862**	**50.7862**	**2.2078**	**48.5784**	
Patient Care					
Direct Care	**83.1155**	**83.1155**	**3.6133**	**79.5022**	
Indirect Care	**62.0842**	**62.0842**	**2.6990**	**59.3852**	
Property	**13.6500**	**15.5613**	**0.6765**	**14.8848**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3698**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.6359**	**211.5472**	**9.1966**	**233.5568**	

***Medicaid Trend Adjustment :**

0 213152-00 - 2013/07

261.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**36**	Superior:	**184**
Palm City FL 34990		Days In CR	**366**	Maximum:	**13,176**	Standard:	**0**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**13,140**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**11,932**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,204**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,071**	FY Index:	**1.28354541**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**17.35669%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.55859%**	Cost:	**1.02943484**
Open Date:	**8/30/1993**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/21/1997**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**4/21/1997**	Low Occupancy Adjustment Factor:			**114.12004%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/23/1997**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**299638**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	182,308	247,085	214,212	30,112	0	673,717
1a	Audit Adjustments						
2	Cost Per Diem	88.0290	119.3071	103.4341	**14.5398**		325.3100
3	Cost Per Diem Inflated	90.6201	121.8371	106.4787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**90.6201**	**121.8371**	**106.4787**	**14.5398**		333.4757
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	96.3465		122.8980			
7	Provider Target Rate	**98.3916**		**125.5067**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**105.3251**	**77.6541**	**13.6500**		260.4496
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**105.3251**	**77.6541**	**13.6500**		**260.4496**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213152-00 - 2013/07

261.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.014580**

Mortgage Information		
Amount:	**3,616,800.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**121,347**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,208,966**	**10.2610**
20% ROE(2):	**302,242**	**0.3726**
Insurance Cost(3):	**50,137**	**4.2019**
Taxes Cost(3):	**28,376**	**2.3781**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,797,228**	**0.0000**
Total FRVS PD:		**17.2136**

(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 (0.014580) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.3726
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**42**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,375,626**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**17.2136**	**0.7483**	**16.4653**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**260.4496**	**264.0132**	**11.4775**	**261.3721**	

***Medicaid Trend Adjustment :**

0 213161-00 - 2013/07

199.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2011-07/31/2012**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Clay[10]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **38,612**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **17,054**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **15,778**	
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**			

Medicaid Utilization	**40.86294%**
Occupancy:	**87.91439%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.78788%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	621,656	1,255,504	861,881	306,882	0	3,045,923
1a	Audit Adjustments						
2	Cost Per Diem	39.4002	79.5731	54.6255	**19.4500**		193.0488
3	Cost Per Diem Inflated	40.9912	81.6568	56.8313			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9912**	**81.6568**	**56.8313**	**19.4500**		198.9293
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3077		48.7710			
7	Provider Target Rate	**53.4180**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9912**	**81.6568**	**49.8062**	**13.6500**		186.1042
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.9912**	**81.6568**	**49.8062**	**13.6500**		**186.1042**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213161-00 - 2013/07

199.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center at Wells Crossing

FRVS

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

Began FRVS:	**7/23/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,433,981**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**7,543,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**358,845**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,347,185**	**9.1031**
20% ROE(2):	**1,086,796**	**0.4623**
Insurance Cost(3):	**20,994**	**0.5437**
Taxes Cost(3):	**71,939**	**1.8631**
Home Office(3):	**34,926**	**0.9045**
Replacement(3&4):	**27,673**	**0.0000**
Total FRVS PD:		**12.8767**

(1) 80% Capital ($4,347,185) amortized at 5.5000% for 20 years Principal & Interest of $358,845 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1031
(2) 20% ROE ($1,086,796) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4623
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**111**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,054,386**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9912**	**40.9912**	**1.7820**	**39.2092**	
Patient Care					
Direct Care	**81.6568**	**81.6568**	**3.5499**	**78.1069**	
Indirect Care	**49.8062**	**49.8062**	**2.1652**	**47.6410**	
Property	**13.6500**	**12.8767**	**0.5598**	**12.3169**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2769**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.1042**	**185.3309**	**8.0569**	**199.3873**	

***Medicaid Trend Adjustment :**

0 213322-00 - 2013/07

216.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Harborchase 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		**01/01/2011-12/31/2011**		Number of Beds:	**45**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**16,425**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2012/07**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**14,109**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,513**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,957**		
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 #							

Medicaid Utilization	**28.04593%**
Occupancy:	**85.89954%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.24881%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	216,910	331,970	225,843	134,063	0	908,786
1a	Audit Adjustments						
2	Cost Per Diem	54.8168	83.8944	57.0743	**33.8800**		229.6655
3	Cost Per Diem Inflated	57.7773	86.6098	60.1567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.7773**	**86.6098**	**60.1567**	**33.8800**		238.4238
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.2760**	**86.6098**	**60.1567**	**13.6500**		216.6925
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**56.2760**	**86.6098**	**60.1567**	**13.6500**		**216.6925**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213322-00 - 2013/07

216.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Harborchase of Venice

FRVS

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

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,027,908**
FRVS Base Asset:	**1,643,670**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,846,813.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4300**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.4300**	**%**
Interest Only:	**False**	
Yearly Payment:	**168,086**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,622,326**	**11.3706**
20% ROE(2):	**405,582**	**0.6631**
Insurance Cost(3):	**11,123**	**0.7884**
Taxes Cost(3):	**22,190**	**1.5728**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**7,913**	**0.0000**
Total FRVS PD:		**14.3949**

(1) 80% Capital ($1,622,326) amortized at 8.4300% for 20 years Principal & Interest of $168,086 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $11.3706
(2) 20% ROE ($405,582) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.6631
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**45**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,643,670**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.2760**	**56.2760**	**2.4465**	**53.8295**	
Patient Care					
Direct Care	**86.6098**	**86.6098**	**3.7652**	**82.8446**	
Indirect Care	**60.1567**	**60.1567**	**2.6152**	**57.5415**	
Property	**13.6500**	**14.3949**	**0.6258**	**13.7691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.6925**	**217.4374**	**9.4527**	**216.8211**	

***Medicaid Trend Adjustment :**

0 213403-00 - 2013/07

205.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32817		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,486**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,537**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**7,263**		
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 #							

Medicaid Utilization	**18.39386%**
Occupancy:	**89.90437%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.29561%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	350,949	554,738	426,115	156,663	0	1,488,465
1a	Audit Adjustments						
2	Cost Per Diem	48.3201	76.3786	58.6693	**21.5700**		204.9380
3	Cost Per Diem Inflated	50.2713	78.3786	61.0384			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2713**	**78.3786**	**61.0384**	**21.5700**		211.2583
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.2732		51.3972			
7	Provider Target Rate	**59.5101**		**52.4882**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2713**	**78.3786**	**52.4882**	**13.6500**		194.7881
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.2713**	**78.3786**	**52.4882**	**13.6500**		**194.7881**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213403-00 - 2013/07

205.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.016770**

Mortgage Information		
Amount:	**6,962,559.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.2000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**334,442**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,520,195**	**8.4841**
20% ROE(2):	**1,130,049**	**0.4807**
Insurance Cost(3):	**28,166**	**0.7133**
Taxes Cost(3):	**107,625**	**2.7256**
Home Office(3):	**41,378**	**1.0479**
Replacement(3&4):	**682,547**	**0.0000**
Total FRVS PD:		**13.4516**

(1) 80% Capital ($4,520,195) amortized at 4.2000% for 20 years Principal & Interest of $334,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4841
(2) 20% ROE ($1,130,049) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4807
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2713**	**50.2713**	**2.1855**	**48.0858**	
Patient Care					
Direct Care	**78.3786**	**78.3786**	**3.4074**	**74.9712**	
Indirect Care	**52.4882**	**52.4882**	**2.2818**	**50.2064**	
Property	**13.6500**	**13.4516**	**0.5848**	**12.8668**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.2073**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.7881**	**194.5897**	**8.4595**	**205.1739**	

***Medicaid Trend Adjustment :**

0 213462-00 - 2013/07

232.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**60**	Superior:	**0**
Madison FL 32340		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Madison[40]**	First Used:	**2012/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**20,062**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,379**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**14,862**	FY Index:	**1.23784784**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**74.08035%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.60731%**	Cost:	**1.06743843**
Open Date:	**3/1/1985**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**3/1/1985**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18133049**
Entered Medicaid	**3/1/1985**	Low Occupancy Adjustment Factor:			**115.44162%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**3/1/1998**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03950589**
Previous Med #	**208311**					**PS Target:**	**1.02122620**

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	49.8528	84.6235	61.2970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8528**	**84.6235**	**61.2970**	**17.6900**		213.4633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7171		54.5026			
7	Provider Target Rate	**46.6875**		**55.6595**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.6875**	**84.6235**	**55.6595**	**13.6500**		200.6205
12/13	Medicaid Adjustment Rate		2.2925	1.5078			
14	Prospective Per Diem 11	**46.6875**	**86.9160**	**57.1673**	**13.6500**		**204.4208**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213462-00 - 2013/07

232.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,995,604**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information

Amount:	**1,950,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.7380**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.7380**	**%**
Interest Only:	**False**	
Yearly Payment:	**352,150**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,396,483**	**17.8666**
20% ROE(2):	**599,121**	**0.7851**
Insurance Cost(3):	**25,691**	**1.2806**
Taxes Cost(3):	**24,209**	**1.2067**
Home Office(3):	**3,614**	**0.1801**
Replacement(3&4):	**38,006**	**0.0000**
Total FRVS PD:		**21.3191**

(1) 80% Capital ($2,396,483) amortized at 13.7380% for 20 years Principal & Interest of $352,150 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $17.8666
(2) 20% ROE ($599,121) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7851
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6875**	**46.6875**	**2.0297**	**44.6578**	
Patient Care					
Direct Care	**86.9160**	**86.9160**	**3.7785**	**83.1375**	
Indirect Care	**57.1673**	**57.1673**	**2.4852**	**54.6821**	
Property	**13.6500**	**21.3191**	**0.9268**	**20.3923**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9601**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**204.4208**	**212.0899**	**9.2202**	**232.6662**	

***Medicaid Trend Adjustment :**

0 213837-00 - 2013/07

246.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Lantana FL 33462		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**14,177**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,378**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**334**		
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 #							

Medicaid Utilization	**2.35593%**
Occupancy:	**64.73516%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**81.57790%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	40,236	31,102	31,484	3,417	0	106,239
1a	Audit Adjustments						
2	Cost Per Diem	120.4671	93.1198	94.2635	**10.2305**		318.0809
3	Cost Per Diem Inflated	126.9732	96.1338	99.3544			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**126.9732**	**96.1338**	**99.3544**	**10.2305**		332.6919
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	149.2593		89.1226			
7	Provider Target Rate	**152.4275**		**91.0143**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**96.1338**	**77.6541**	**10.2305**		247.8388
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**96.1338**	**77.6541**	**10.2305**		**247.8388**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213837-00 - 2013/07

246.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**150,940**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,791,862**	**7.6580**
20% ROE(2):	**447,965**	**0.5493**
Insurance Cost(3):	**12,444**	**0.8778**
Taxes Cost(3):	**24,190**	**1.7063**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**67,310**	**0.0000**
Total FRVS PD:		**10.7914**

(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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5493
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**96.1338**	**96.1338**	**4.1792**	**91.9546**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**10.2305**	**10.7914**	**0.4691**	**10.3223**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**247.8388**	**248.3997**	**10.7987**	**246.4374**	

***Medicaid Trend Adjustment :**

0 213900-00 - 2013/07

241.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2010-09/30/2011**		Number of Beds:	**180**	Superior:	**0**
Fort Myers FL 33907		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2012/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**60,389**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,233**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**37,511**		
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**						

Medicaid Utilization	**62.11562%**
Occupancy:	**91.91629%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.83098%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,761,919	3,694,125	2,411,779	265,953	0	8,133,776
1a	Audit Adjustments						
2	Cost Per Diem	46.9707	98.4811	64.2952	**7.0900**		216.8370
3	Cost Per Diem Inflated	49.8394	102.0547	68.2219			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8394**	**102.0547**	**68.2219**	**7.0900**		227.2060
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6025		63.4556			
7	Provider Target Rate	**47.5917**		**64.8025**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5917**	**99.9385**	**61.8071**	**7.0900**		216.4273
12/13	Medicaid Adjustment Rate		1.3622	0.8424			
14	Prospective Per Diem 11	**47.5917**	**101.3007**	**62.6495**	**7.0900**		**218.6319**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213900-00 - 2013/07

241.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Page Rehabilitation and Healthcare Center

FRVS

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

Began FRVS:	**7/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**7,723,213**
FRVS Base Asset:	**1,043,401**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025420**

Mortgage Information		
Amount:	**5,386,200.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.6650**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**5.6650**	**%**
Interest Only:	**False**	
Yearly Payment:	**516,953**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,178,570**	**8.7427**
20% ROE(2):	**1,544,643**	**0.6640**
Insurance Cost(3):	**77,847**	**1.2891**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**207,208**	**0.0000**
Total FRVS PD:		**10.6958**

(1) 80% Capital ($6,178,570) amortized at 5.6650% for 20 years Principal & Interest of $516,953 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.7427
(2) 20% ROE ($1,544,643) times the ROE factor (0.025420) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6640
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**105**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5917**	**47.5917**	**2.0690**	**45.5227**	
Patient Care					
Direct Care	**101.3007**	**101.3007**	**4.4039**	**96.8968**	
Indirect Care	**62.6495**	**62.6495**	**2.7236**	**59.9259**	
Property	**7.0900**	**10.6958**	**0.4650**	**10.2308**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5380**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.6319**	**222.2377**	**9.6615**	**241.9506**	

***Medicaid Trend Adjustment :**

0 213934-00 - 2013/07

214.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**113**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**41,358**	Standard:	**184**
County:	**Leon[37]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**14,179**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,491**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**750**		
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**						

Medicaid Utilization	**5.28951%**
Occupancy:	**34.28357%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**43.20344%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	77,317	176,264	193,422	15,075	0	462,078
1a	Audit Adjustments						
2	Cost Per Diem	103.0893	235.0187	257.8960	**20.1000**		616.1040
3	Cost Per Diem Inflated	106.6806	240.5025	266.8803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**106.6806**	**240.5025**	**266.8803**	**20.1000**		634.1634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	116.8099		386.3706			
7	Provider Target Rate	**119.2893**		**394.5718**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**58.1101**	**13.6500**		217.3198
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**96.4205**	**58.1101**	**13.6500**		**217.3198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213934-00 - 2013/07

214.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**420,828**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,384,839**	**11.3368**
20% ROE(2):	**846,210**	**0.3515**
Insurance Cost(3):	**1,647**	**0.1162**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**159,414**	**0.0000**
Total FRVS PD:		**11.8045**

(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 (0.015420) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.3515
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**113**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,326,883**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**11.8045**	**0.5132**	**11.2913**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.3198**	**215.4743**	**9.3673**	**214.9434**	

***Medicaid Trend Adjustment :**

0 214035-00 - 2013/07

254.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MIAMI SHORES NURSING AND REHAB CEN

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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		**08/01/2011-07/31/2012**		Number of Beds:	**99**	Superior:	**0**
Miami FL 33150		Days In CR	**366**	Maximum:	**36,234**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**34,866**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,944**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**24,451**	FY Index:	**1.27004145**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**70.12849%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.22454%**	Cost:	**1.04038050**
Open Date:	**1/1/1979**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1979**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**1/1/1979**	Low Occupancy Adjustment Factor:			**121.26015%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/15/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**211982**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,476,174	2,475,581	1,494,698	309,305	0	5,755,758
1a	Audit Adjustments						
2	Cost Per Diem	60.3727	101.2466	61.1303	**12.6500**		235.3996
3	Cost Per Diem Inflated	62.8106	103.8978	63.5988			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.8106**	**103.8978**	**63.5988**	**12.6500**		242.9572
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		65.0757			
7	Provider Target Rate	**56.2760**		**66.4570**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.2760**	**103.8978**	**63.5988**	**12.6500**		236.4226
12/13	Medicaid Adjustment Rate		2.3527	1.4402			
14	Prospective Per Diem 11	**56.2760**	**106.2505**	**65.0390**	**12.6500**		**240.2155**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214035-00 - 2013/07

254.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MIAMI SHORES NURSING AND REHAB CEN

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	**2,580,170**
FRVS Base Asset:	**1,432,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7500**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**11.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**268,430**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,064,136**	**8.2539**
20% ROE(2):	**516,034**	**0.2661**
Insurance Cost(3):	**30,182**	**0.8657**
Taxes Cost(3):	**34,549**	**0.9909**
Home Office(3):	**17,241**	**0.4945**
Replacement(3&4):	**41,389**	**0.0000**
Total FRVS PD:		**10.8711**

(1) 80% Capital ($2,064,136) amortized at 11.7500% for 20 years Principal & Interest of $268,430 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $8.2539
(2) 20% ROE ($516,034) times the ROE factor (0.016770) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.2661
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.2760**	**56.2760**	**2.4465**	**53.8295**	
Patient Care					
Direct Care	**106.2505**	**106.2505**	**4.6190**	**101.6315**	
Indirect Care	**65.0390**	**65.0390**	**2.8275**	**62.2115**	
Property	**12.6500**	**10.8711**	**0.4726**	**10.3985**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6798**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**240.2155**	**238.4366**	**10.3656**	**254.5872**	

***Medicaid Trend Adjustment :**

0 214060-00 - 2013/07

195.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hilliard FL 32046		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Nassau[45]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**39,632**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,942**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,708**		
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**						

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Medicaid Utilization	**64.86677%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**90.23679%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.71453%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	998,399	1,922,167	1,127,244	827,541	0	4,875,351
1a	Audit Adjustments						
2	Cost Per Diem	38.8361	74.7692	43.8480	**32.1900**		189.6433
3	Cost Per Diem Inflated	40.4043	76.7271	45.6186			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.4043**	**76.7271**	**45.6186**	**32.1900**		194.9400
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8198		48.7710			
7	Provider Target Rate	**55.9834**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.4043**	**76.7271**	**45.6186**	**13.6500**		176.4000
12/13	Medicaid Adjustment Rate		1.2833	0.7630			
14	Prospective Per Diem 11	**40.4043**	**78.0104**	**46.3816**	**13.6500**		**178.4463**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214060-00 - 2013/07

195.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,248,657**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**322,214**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,198,926**	**8.1739**
20% ROE(2):	**1,049,731**	**0.4466**
Insurance Cost(3):	**17,960**	**0.4532**
Taxes Cost(3):	**36,543**	**0.9221**
Home Office(3):	**31,343**	**0.7909**
Replacement(3&4):	**107,662**	**0.0000**
Total FRVS PD:		**10.7867**

(1) 80% Capital ($4,198,926) amortized at 7.7500% for 20 years Interest of $322,214 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.1739
(2) 20% ROE ($1,049,731) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4466
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.4043**	**40.4043**	**1.7565**	**38.6478**	
Patient Care					
Direct Care	**78.0104**	**78.0104**	**3.3914**	**74.6190**	
Indirect Care	**46.3816**	**46.3816**	**2.0164**	**44.3652**	
Property	**13.6500**	**10.7867**	**0.4689**	**10.3178**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0146**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.4463**	**175.5830**	**7.6332**	**195.8008**	

***Medicaid Trend Adjustment :**

0 214914-00 - 2013/07

225.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Land O Lakes FL 34639		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**43,737**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**583**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,159**		
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 #							

Medicaid Utilization	**52.95059%**
Occupancy:	**99.58333%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**125.49284%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	980,396	2,245,717	1,089,862	209,126	0	4,525,101
1a	Audit Adjustments						
2	Cost Per Diem	42.3333	96.9695	47.0600	**9.0300**		195.3928
3	Cost Per Diem Inflated	44.1605	99.6473	49.0913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1605**	**99.6473**	**49.0913**	**9.0300**		201.9291
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.6597		61.6255			
7	Provider Target Rate	**63.9897**		**62.9336**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1605**	**98.1795**	**49.0913**	**9.0300**		200.4613
12/13	Medicaid Adjustment Rate		0.3259	0.1630			
14	Prospective Per Diem 11	**44.1605**	**98.5054**	**49.2543**	**9.0300**		**200.9502**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214914-00 - 2013/07

225.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Baldomero Lopez State Veterans' Nursing Home

FRVS

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

Began FRVS:	**5/7/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,588,306**
FRVS Base Asset:	**886,642**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**343,065**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,470,645**	**8.7028**
20% ROE(2):	**1,117,661**	**0.5050**
Insurance Cost(3):	**6,718**	**0.1536**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**42,727**	**0.9769**
Replacement(3&4):	**47,044**	**0.0000**
Total FRVS PD:		**10.3383**

(1) 80% Capital ($4,470,645) amortized at 7.7500% for 20 years Interest of $343,065 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7028
(2) 20% ROE ($1,117,661) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5050
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1605**	**44.1605**	**1.9198**	**42.2407**	
Patient Care					
Direct Care	**98.5054**	**98.5054**	**4.2823**	**94.2231**	
Indirect Care	**49.2543**	**49.2543**	**2.1412**	**47.1131**	
Property	**9.0300**	**10.3383**	**0.4494**	**9.8889**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.4630**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.9502**	**202.2585**	**8.7927**	**225.7652**	

***Medicaid Trend Adjustment :**

0 215597-00 - 2013/07

202.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Bushnell FL 33513		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Sumter[60]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**20,572**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,429**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**9,992**		
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 #							

Medicaid Utilization	**48.57087%**
Occupancy:	**93.67942%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.05284%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	414,019	727,958	575,707	168,165	0	1,885,849
1a	Audit Adjustments						
2	Cost Per Diem	41.4350	72.8541	57.6168	**16.8300**		188.7359
3	Cost Per Diem Inflated	42.6546	74.3990	59.3127			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6546**	**74.3990**	**59.3127**	**16.8300**		193.1963
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9187		53.6785			
7	Provider Target Rate	**46.8934**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6546**	**74.3990**	**54.8179**	**13.6500**		185.5215
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.6546**	**74.3990**	**54.8179**	**13.6500**		**185.5215**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 215597-00 - 2013/07

202.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Osprey Point Nursing Center

FRVS

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

Began FRVS:	**7/2/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,873,722**
FRVS Base Asset:	**2,330,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,725,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.3700**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.3700**	**%**
Interest Only:	**False**	
Yearly Payment:	**254,817**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,298,978**	**12.9283**
20% ROE(2):	**574,744**	**0.4252**
Insurance Cost(3):	**13,170**	**0.6402**
Taxes Cost(3):	**39,447**	**1.9175**
Home Office(3):	**7,884**	**0.3832**
Replacement(3&4):	**115,101**	**0.0000**
Total FRVS PD:		**16.2944**

(1) 80% Capital ($2,298,978) amortized at 9.3700% for 20 years Principal & Interest of $254,817 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.9283
(2) 20% ROE ($574,744) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4252
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6546**	**42.6546**	**1.8543**	**40.8003**	
Patient Care					
Direct Care	**74.3990**	**74.3990**	**3.2344**	**71.1646**	
Indirect Care	**54.8179**	**54.8179**	**2.3831**	**52.4348**	
Property	**13.6500**	**16.2944**	**0.7084**	**15.5860**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0366**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.5215**	**188.1659**	**8.1802**	**202.8587**	

***Medicaid Trend Adjustment :**

0 216399-00 - 2013/07

254.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**54**	Superior:	**0**
Delray Beach FL 33483		Days In CR	**365**	Maximum:	**19,710**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**19,710**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**14,422**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,798**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**568**		
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 #							

Medicaid Utilization	**3.93843%**
Occupancy:	**73.17098%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**92.20854%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	37,093	72,719	69,860	10,979	0	190,651
1a	Audit Adjustments						
2	Cost Per Diem	65.3046	128.0264	122.9930	**19.3292**		335.6532
3	Cost Per Diem Inflated	68.8315	132.1702	129.6355			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.8315**	**132.1702**	**129.6355**	**19.3292**		349.9664
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	113.7817		114.1478			
7	Provider Target Rate	**116.1969**		**116.5707**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**105.3251**	**77.6541**	**13.6500**		260.4496
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**105.3251**	**77.6541**	**13.6500**		**260.4496**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 216399-00 - 2013/07

254.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Harbour's Edge

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**984,329**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**60,428**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**787,463**	**3.4065**
20% ROE(2):	**196,866**	**0.2682**
Insurance Cost(3):	**51,804**	**3.5920**
Taxes Cost(3):	**31,984**	**2.2177**
Home Office(3):	**2,430**	**0.1685**
Replacement(3&4):	**4,498,601**	**0.0000**
Total FRVS PD:		**9.6529**

(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 (0.024170) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = $0.2682
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**54**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,576,530**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**9.6529**	**0.4196**	**9.2333**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**260.4496**	**256.4525**	**11.1488**	**254.1401**	

***Medicaid Trend Adjustment :**

0 217263-00 - 2013/07

212.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**150**	Superior:	**0**
Crystal River FL 34429		Days In CR	**366**	Maximum:	**54,900**	Standard:	**184**
County:	**Citrus[9]**	First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**37,777**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,768**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,390**		
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**						

Medicaid Utilization	**69.85732%**
Occupancy:	**68.81056%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**86.71364%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,279,138	2,210,484	1,059,873	487,159	0	5,036,654
1a	Audit Adjustments						
2	Cost Per Diem	48.4706	83.7622	40.1619	**18.4600**		190.8547
3	Cost Per Diem Inflated	50.5628	86.0753	41.8954			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5628**	**86.0753**	**41.8954**	**18.4600**		196.9935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4778		48.7710			
7	Provider Target Rate	**53.5917**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**86.0753**	**41.8954**	**13.6500**		190.7599
12/13	Medicaid Adjustment Rate		1.9229	0.9359			
14	Prospective Per Diem 11	**49.1392**	**87.9982**	**42.8313**	**13.6500**		**193.6187**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217263-00 - 2013/07

212.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Crystal River Health & Rehabilitation Center

FRVS

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

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**5,191,565**
FRVS Base Asset:	**2,866,100**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,920,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**373,055**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,153,252**	**7.5709**
20% ROE(2):	**1,038,313**	**0.3753**
Insurance Cost(3):	**36,751**	**0.9728**
Taxes Cost(3):	**60,248**	**1.5948**
Home Office(3):	**55,211**	**1.4615**
Replacement(3&4):	**71,557**	**0.0000**
Total FRVS PD:		**11.9753**

(1) 80% Capital ($4,153,252) amortized at 6.5500% for 20 years Principal & Interest of $373,055 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $7.5709
(2) 20% ROE ($1,038,313) times the ROE factor (0.017810) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.3753
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**87.9982**	**87.9982**	**3.8256**	**84.1726**	
Indirect Care	**42.8313**	**42.8313**	**1.8620**	**40.9693**	
Property	**13.6500**	**11.9753**	**0.5206**	**11.4547**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1491**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.6187**	**191.9440**	**8.3444**	**212.5851**	

***Medicaid Trend Adjustment :**

0 217395-00 - 2013/07

196.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34471		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**58,661**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,224**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**41,103**		
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**						

Medicaid Utilization	**70.06870%**
Occupancy:	**89.04220%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.20912%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,437,357	3,370,816	1,497,596	652,305	0	6,958,074
1a	Audit Adjustments						
2	Cost Per Diem	34.9696	82.0090	36.4352	**15.8700**		169.2838
3	Cost Per Diem Inflated	36.4790	84.2737	38.0079			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4790**	**84.2737**	**38.0079**	**15.8700**		174.6306
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.5187		48.7710			
7	Provider Target Rate	**44.4424**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4790**	**84.2737**	**38.0079**	**13.6500**		172.4106
12/13	Medicaid Adjustment Rate		1.9027	0.8581			
14	Prospective Per Diem 11	**36.4790**	**86.1764**	**38.8660**	**13.6500**		**175.1714**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217395-00 - 2013/07

196.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ocala Health & Rehabilitation Center

FRVS

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

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**7,963,281**
FRVS Base Asset:	**4,016,165**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,160,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**572,225**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,370,625**	**9.6774**
20% ROE(2):	**1,592,656**	**0.4797**
Insurance Cost(3):	**48,603**	**0.8285**
Taxes Cost(3):	**50,936**	**0.8683**
Home Office(3):	**80,447**	**1.3714**
Replacement(3&4):	**36,669**	**0.0000**
Total FRVS PD:		**13.2253**

(1) 80% Capital ($6,370,625) amortized at 6.5500% for 20 years Principal & Interest of $572,225 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.6774
(2) 20% ROE ($1,592,656) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4797
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4790**	**36.4790**	**1.5859**	**34.8931**	
Patient Care					
Direct Care	**86.1764**	**86.1764**	**3.7464**	**82.4300**	
Indirect Care	**38.8660**	**38.8660**	**1.6896**	**37.1764**	
Property	**13.6500**	**13.2253**	**0.5749**	**12.6504**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4462**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.1714**	**174.7467**	**7.5968**	**196.4325**	

***Medicaid Trend Adjustment :**

0 217727-00 - 2013/07

205.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
West Melbourne FL 32904		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**55,270**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,068**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,989**		
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**						

Medicaid Utilization	**65.11489%**
Occupancy:	**83.89496%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.72268%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,383,698	3,068,973	1,489,839	391,920	0	6,334,430
1a	Audit Adjustments						
2	Cost Per Diem	38.4478	85.2753	41.3971	**10.8900**		176.0102
3	Cost Per Diem Inflated	40.1073	87.6302	43.1839			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1073**	**87.6302**	**43.1839**	**10.8900**		181.8114
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4477		50.8005			
7	Provider Target Rate	**51.5185**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1073**	**87.6302**	**43.1839**	**10.8900**		181.8114
12/13	Medicaid Adjustment Rate		1.4901	0.7343			
14	Prospective Per Diem 11	**40.1073**	**89.1203**	**43.9182**	**10.8900**		**184.0358**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217727-00 - 2013/07

205.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

West Melbourne Health & Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**5,809,489**
FRVS Base Asset:	**2,055,416**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**7,108,783.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9264**	**%**
Chase Rate:	**5.3347**	**%**
Amortization Rate:	**5.9264**	**%**
Interest Only:	**False**	
Yearly Payment:	**397,197**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,647,591**	**6.7174**
20% ROE(2):	**1,161,898**	**0.3500**
Insurance Cost(3):	**11,509**	**0.2082**
Taxes Cost(3):	**61,347**	**1.1100**
Home Office(3):	**80,736**	**1.4608**
Replacement(3&4):	**51,938**	**0.0000**
Total FRVS PD:		**9.8464**

(1) 80% Capital ($4,647,591) amortized at 5.9264% for 20 years Principal & Interest of $397,197 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.7174
(2) 20% ROE ($1,161,898) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3500
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1073**	**40.1073**	**1.7436**	**38.3637**	
Patient Care					
Direct Care	**89.1203**	**89.1203**	**3.8743**	**85.2460**	
Indirect Care	**43.9182**	**43.9182**	**1.9093**	**42.0089**	
Property	**10.8900**	**9.8464**	**0.4281**	**9.4183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1692**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.0358**	**182.9922**	**7.9553**	**205.0425**	

***Medicaid Trend Adjustment :**

0 217735-00 - 2013/07

221.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32086		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**St Johns[55]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**39,072**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,352**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,258**		
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**						

Medicaid Utilization	**67.20414%**
Occupancy:	**88.96175%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.10774%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,222,507	2,402,649	1,153,548	460,565	0	5,239,269
1a	Audit Adjustments						
2	Cost Per Diem	46.5575	91.5016	43.9313	**17.5400**		199.5304
3	Cost Per Diem Inflated	48.5671	94.0284	45.8275			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5671**	**94.0284**	**45.8275**	**17.5400**		205.9630
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1643		48.7710			
7	Provider Target Rate	**59.3989**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5671**	**94.0284**	**45.8275**	**13.6500**		202.0730
12/13	Medicaid Adjustment Rate		1.8199	0.8870			
14	Prospective Per Diem 11	**48.5671**	**95.8483**	**46.7145**	**13.6500**		**204.7799**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217735-00 - 2013/07

221.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St. Augustine Health & Rehabilitation Center

FRVS

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

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**4,226,834**
FRVS Base Asset:	**2,002,828**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,760,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5500**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**6.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**303,731**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,381,467**	**7.7050**
20% ROE(2):	**845,367**	**0.3819**
Insurance Cost(3):	**31,194**	**0.7984**
Taxes Cost(3):	**39,781**	**1.0181**
Home Office(3):	**61,663**	**1.5782**
Replacement(3&4):	**95,438**	**0.0000**
Total FRVS PD:		**11.4816**

(1) 80% Capital ($3,381,467) amortized at 6.5500% for 20 years Principal & Interest of $303,731 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7050
(2) 20% ROE ($845,367) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3819
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5671**	**48.5671**	**2.1114**	**46.4557**	
Patient Care					
Direct Care	**95.8483**	**95.8483**	**4.1668**	**91.6815**	
Indirect Care	**46.7145**	**46.7145**	**2.0308**	**44.6837**	
Property	**13.6500**	**11.4816**	**0.4991**	**10.9825**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3054**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**204.7799**	**202.6115**	**8.8081**	**221.9452**	

***Medicaid Trend Adjustment :**

0 217743-00 - 2013/07

212.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**53,222**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,942**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**40,708**		
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**						

Medicaid Utilization	**76.48717%**
Occupancy:	**80.78628%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**101.80517%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,724,457	3,599,918	1,545,657	470,992	0	7,341,024
1a	Audit Adjustments						
2	Cost Per Diem	42.3616	88.4327	37.9694	**11.5700**		180.3337
3	Cost Per Diem Inflated	44.1901	90.8748	39.6083			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1901**	**90.8748**	**39.6083**	**11.5700**		186.2432
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.2863		48.7710			
7	Provider Target Rate	**63.6084**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1901**	**90.8748**	**39.6083**	**11.5700**		186.2432
12/13	Medicaid Adjustment Rate		2.7079	1.1803			
14	Prospective Per Diem 11	**44.1901**	**93.5827**	**40.7886**	**11.5700**		**190.1314**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217743-00 - 2013/07

212.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Davtona Beach Health and Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**5,893,022**
FRVS Base Asset:	**3,068,148**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**8,972,858.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.3000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**8.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**483,816**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,714,418**	**8.1822**
20% ROE(2):	**1,178,604**	**0.3550**
Insurance Cost(3):	**50,089**	**0.9411**
Taxes Cost(3):	**76,019**	**1.4283**
Home Office(3):	**76,128**	**1.4304**
Replacement(3&4):	**45,217**	**0.0000**
Total FRVS PD:		**12.3370**

(1) 80% Capital ($4,714,418) amortized at 8.3000% for 20 years Principal & Interest of $483,816 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.1822
(2) 20% ROE ($1,178,604) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3550
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1901**	**44.1901**	**1.9211**	**42.2690**	
Patient Care					
Direct Care	**93.5827**	**93.5827**	**4.0683**	**89.5144**	
Indirect Care	**40.7886**	**40.7886**	**1.7732**	**39.0154**	
Property	**11.5700**	**12.3370**	**0.5363**	**11.8007**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1251**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.1314**	**190.8984**	**8.2989**	**212.5610**	

***Medicaid Trend Adjustment :**

0 217824-00 - 2013/07

223.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**123**	Superior:	**0**
Port St Lucie FL 34952		Days In CR	**366**	Maximum:	**45,018**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**44,895**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**38,873**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,534**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,643**		
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 #							

Medicaid Utilization	**37.66882%**
Occupancy:	**86.34990%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.81635%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	722,403	1,309,316	919,929	377,643	0	3,329,291
1a	Audit Adjustments						
2	Cost Per Diem	49.3344	89.4158	62.8238	**25.7900**		227.3640
3	Cost Per Diem Inflated	51.3265	91.7572	65.3607			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.3265**	**91.7572**	**65.3607**	**25.7900**		234.2344
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9379		54.1785			
7	Provider Target Rate	**58.1465**		**55.3285**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.3265**	**91.7572**	**55.3285**	**13.6500**		212.0622
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.3265**	**91.7572**	**55.3285**	**13.6500**		**212.0622**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217824-00 - 2013/07

223.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Port St. Lucie

FRVS

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

Began FRVS:	**1/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,830,815**
FRVS Base Asset:	**4,778,058**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**8,495,769.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**377,190**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,664,652**	**9.3351**
20% ROE(2):	**1,166,163**	**0.4840**
Insurance Cost(3):	**21,884**	**0.5630**
Taxes Cost(3):	**91,271**	**2.3479**
Home Office(3):	**42,318**	**1.0886**
Replacement(3&4):	**43,707**	**0.0000**
Total FRVS PD:		**13.8186**

(1) 80% Capital ($4,664,652) amortized at 5.2500% for 20 years Principal & Interest of $377,190 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $9.3351
(2) 20% ROE ($1,166,163) times the ROE factor (0.016770) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $0.4840
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**123**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,778,058**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.3265**	**51.3265**	**2.2313**	**49.0952**	
Patient Care					
Direct Care	**91.7572**	**91.7572**	**3.9890**	**87.7682**	
Indirect Care	**55.3285**	**55.3285**	**2.4053**	**52.9232**	
Property	**13.6500**	**13.8186**	**0.6007**	**13.2179**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.8304**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.0622**	**212.2308**	**9.2263**	**223.6713**	

***Medicaid Trend Adjustment :**

0 218057-00 - 2013/07

201.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**179**	Superior:	**0**
Tampa FL 33613		Days In CR	**365**	Maximum:	**65,335**	Standard:	**180**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**65,335**	Conditional:	**4**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**58,309**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,009**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,400**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1986**						
Acquired Date:	**9/1/1986**						
Entered Medicaid	**9/1/1986**						
Med # Active Date:	**7/1/1999**						
Previous Med #	**209040**						

Medicaid Utilization	**60.71104%**
Occupancy:	**89.24620%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.46619%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,464,202	2,436,412	1,694,718	835,794	0	6,431,126
1a	Audit Adjustments						
2	Cost Per Diem	41.3616	68.8252	47.8734	**23.6100**		181.6702
3	Cost Per Diem Inflated	43.5419	71.0230	50.3970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5419**	**71.0230**	**50.3970**	**23.6100**		188.5719
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4159		50.8005			
7	Provider Target Rate	**55.5709**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5419**	**71.0230**	**50.3970**	**13.6500**		178.6119
12/13	Medicaid Adjustment Rate		0.8372	0.5941			
14	Prospective Per Diem 11	**43.5419**	**71.8602**	**50.9911**	**13.6500**		**180.0432**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218057-00 - 2013/07

201.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lakeshore Villas Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**7,776,402**
FRVS Base Asset:	**2,801,043**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**17,754,294.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3640**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.3640**	**%**
Interest Only:	**False**	
Yearly Payment:	**595,210**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,221,122**	**10.1224**
20% ROE(2):	**1,555,280**	**0.6089**
Insurance Cost(3):	**32,518**	**0.5577**
Taxes Cost(3):	**714**	**0.0122**
Home Office(3):	**72,662**	**1.2462**
Replacement(3&4):	**49,776**	**0.0000**
Total FRVS PD:		**12.5474**

(1) 80% Capital ($6,221,122) amortized at 7.3640% for 20 years Principal & Interest of $595,210 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $10.1224
(2) 20% ROE ($1,555,280) times the ROE factor (0.023020) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.6089
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination	
Comparison Date:	**1/1/1986**
Comparison Bed	**120**

Used Per Bed Standard:	**28,737**
Current RS PBS:	**50,813**
Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5419**	**43.5419**	**1.8929**	**41.6490**	
Patient Care					
Direct Care	**71.8602**	**71.8602**	**3.1240**	**68.7362**	
Indirect Care	**50.9911**	**50.9911**	**2.2167**	**48.7744**	
Property	**13.6500**	**12.5474**	**0.5934**	**13.0566**	
ROE	**0.0000**	**0.0896**			
ROE Adjustment	**0.0000**	**-0.0896**			
Quality Assess-Medicaid Share				**$20.1059**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.0432**	**178.9406**	**7.8270**	**201.1585**	

***Medicaid Trend Adjustment :**

0 218171-00 - 2013/07

196.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

West Jacksonville Health and Rehabilitation 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	
1650 Fouraker Road		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32221		Days In CR	**366**	Maximum:	**43,920**	Standard:	**163**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**21**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**39,424**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,778**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,798**		
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**						

Medicaid Utilization	**65.43730%**
Occupancy:	**89.76321%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.11772%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,889	1,787,371	1,189,445	713,315	0	4,851,020
1a	Audit Adjustments						
2	Cost Per Diem	44.9992	69.2833	46.1061	**27.6500**		188.0386
3	Cost Per Diem Inflated	46.6914	70.9987	47.8399			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6914**	**70.9987**	**47.8399**	**27.6500**		193.1800
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4348		50.0858			
7	Provider Target Rate	**43.3355**		**51.1489**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3355**	**70.9987**	**47.8399**	**13.6500**		175.8241
12/13	Medicaid Adjustment Rate		1.0923	0.7360			
14	Prospective Per Diem 11	**43.3355**	**72.0910**	**48.5759**	**13.6500**		**177.6524**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218171-00 - 2013/07

196.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

West Jacksonville Health and Rehabilitation Cente

FRVS

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

Began FRVS:	**8/10/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,904,258**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7500**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**5.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**397,947**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,723,406**	**10.0951**
20% ROE(2):	**1,180,852**	**0.4775**
Insurance Cost(3):	**29,818**	**0.7563**
Taxes Cost(3):	**66,048**	**1.6753**
Home Office(3):	**26,062**	**0.6611**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.6653**

(1) 80% Capital ($4,723,406) amortized at 5.7500% for 20 years Principal & Interest of $397,947 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0951
(2) 20% ROE ($1,180,852) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4775
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3355**	**43.3355**	**1.8839**	**41.4516**	
Patient Care					
Direct Care	**72.0910**	**72.0910**	**3.1340**	**68.9570**	
Indirect Care	**48.5759**	**48.5759**	**2.1117**	**46.4642**	
Property	**13.6500**	**13.6653**	**0.5941**	**13.0712**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8820**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.6524**	**177.6677**	**7.7237**	**196.6624**	

***Medicaid Trend Adjustment :**

0 219380-00 - 2013/07

210.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Boulev		**08/01/2011-07/31/2012**		Number of Beds:	**177**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**366**	Maximum:	**64,782**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**58,966**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**26,760**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,388**		
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 #							

Medicaid Utilization	**41.35943%**
Occupancy:	**91.02220%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.70428%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,191	2,131,209	1,511,738	684,815	0	5,300,953
1a	Audit Adjustments						
2	Cost Per Diem	39.9045	87.3876	61.9870	**28.0800**		217.3591
3	Cost Per Diem Inflated	41.5159	89.6759	64.4901			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5159**	**89.6759**	**64.4901**	**28.0800**		223.7619
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4940		50.8005			
7	Provider Target Rate	**52.5870**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.5159**	**89.6759**	**51.8788**	**13.6500**		196.7206
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.5159**	**89.6759**	**51.8788**	**13.6500**		**196.7206**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 219380-00 - 2013/07

210.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,243,559**
FRVS Base Asset:	**6,875,742**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**13,959,827.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.0500**	**%**
Interest Only:	**False**	
Yearly Payment:	**569,256**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,594,847**	**9.7904**
20% ROE(2):	**1,648,712**	**0.4755**
Insurance Cost(3):	**32,992**	**0.5595**
Taxes Cost(3):	**138,450**	**2.3480**
Home Office(3):	**56,924**	**0.9654**
Replacement(3&4):	**42,201**	**0.0000**
Total FRVS PD:		**14.1388**

(1) 80% Capital ($6,594,847) amortized at 6.0500% for 20 years Principal & Interest of $569,256 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $9.7904
(2) 20% ROE ($1,648,712) times the ROE factor (0.016770) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.4755
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**177**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,875,742**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5159**	**41.5159**	**1.8048**	**39.7111**	
Patient Care					
Direct Care	**89.6759**	**89.6759**	**3.8985**	**85.7774**	
Indirect Care	**51.8788**	**51.8788**	**2.2553**	**49.6235**	
Property	**13.6500**	**14.1388**	**0.6147**	**13.5241**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9881**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.7206**	**197.2094**	**8.5733**	**210.4606**	

***Medicaid Trend Adjustment :**

0 220604-00 - 2013/07

229.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**08/01/2010-07/31/2011**		Number of Beds:	**88**	Superior:	**0**
Century FL 32535		Days In CR	**365**	Maximum:	**32,120**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2012/07**	Max Annualized:	**32,120**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**29,912**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,479**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**21,930**		
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**						

Medicaid Utilization	**73.31506%**
Occupancy:	**93.12578%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.35516%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	973,415	1,903,574	1,121,703	327,415	0	4,326,107
1a	Audit Adjustments						
2	Cost Per Diem	44.3874	86.8023	51.1492	**14.9300**		197.2689
3	Cost Per Diem Inflated	47.3808	90.2315	54.5986			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3808**	**90.2315**	**54.5986**	**14.9300**		207.1409
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2060		53.6785			
7	Provider Target Rate	**47.1868**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1868**	**90.2315**	**54.5986**	**13.6500**		205.6669
12/13	Medicaid Adjustment Rate		2.3667	1.4321			
14	Prospective Per Diem 11	**47.1868**	**92.5982**	**56.0307**	**13.6500**		**209.4657**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220604-00 - 2013/07

229.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Century Care Center.

FRVS

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

Began FRVS:	**8/12/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**3,416,138**
FRVS Base Asset:	**2,367,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**2,207,800.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**295,064**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,732,910**	**10.2070**
20% ROE(2):	**683,228**	**0.6105**
Insurance Cost(3):	**38,080**	**1.2731**
Taxes Cost(3):	**29,930**	**1.0006**
Home Office(3):	**5,427**	**0.1814**
Replacement(3&4):	**12,378**	**0.0000**
Total FRVS PD:		**13.2726**

(1) 80% Capital ($2,732,910) amortized at 9.0000% for 20 years Principal & Interest of $295,064 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $10.2070
(2) 20% ROE ($683,228) times the ROE factor (0.025830) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $0.6105
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**70**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,367,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1868**	**47.1868**	**2.0514**	**45.1354**	
Patient Care					
Direct Care	**92.5982**	**92.5982**	**4.0255**	**88.5727**	
Indirect Care	**56.0307**	**56.0307**	**2.4358**	**53.5949**	
Property	**13.6500**	**13.2726**	**0.5770**	**12.6956**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0142**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.4657**	**209.0883**	**9.0897**	**229.8492**	

***Medicaid Trend Adjustment :**

0 220612-00 - 2013/07

218.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Steeet		**08/01/2010-07/31/2011**		Number of Beds:	**110**	Superior:	**0**
Milton FL 32570		Days In CR	**365**	Maximum:	**40,150**	Standard:	**184**
County:	**Santa Rosa[57]**	First Used:	**2012/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**36,345**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,517**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,264**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.23784784**
Open Date:	**3/1/1971**					Semester Index:	**1.32132636**
Acquired Date:	**3/1/1971**					Cost:	**1.06743843**
Entered Medicaid	**1/1/1971**					Target:	**1.01485834**
Med # Active Date:	**2/29/2000**					**DC FY Index:**	**1.18133049**
Previous Med #	**203505**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03950589**
						PS Target:	**1.02122620**

Medicaid Utilization		**80.51727%**
Occupancy:		**90.52304%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**114.07524%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,709	2,551,464	1,355,769	423,450	0	5,446,392
1a	Audit Adjustments						
2	Cost Per Diem	38.1256	87.1878	46.3289	**14.4700**		186.1123
3	Cost Per Diem Inflated	40.6967	90.6322	49.4532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6967**	**90.6322**	**49.4532**	**14.4700**		195.2521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6830**	**90.6322**	**49.4532**	**13.6500**		194.4184
12/13	Medicaid Adjustment Rate		3.1116	1.6978			
14	Prospective Per Diem 11	**40.6830**	**93.7438**	**51.1510**	**13.6500**		**199.2278**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220612-00 - 2013/07

218.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.025830**

Mortgage Information		
Amount:	**815,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2700**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**327,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,635,238**	**9.0669**
20% ROE(2):	**658,809**	**0.4709**
Insurance Cost(3):	**49,512**	**1.3623**
Taxes Cost(3):	**21,095**	**0.5804**
Home Office(3):	**6,572**	**0.1808**
Replacement(3&4):	**43,477**	**0.0000**
Total FRVS PD:		**11.6613**

(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 (0.025830) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.4709
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6830**	**40.6830**	**1.7686**	**38.9144**	
Patient Care					
Direct Care	**93.7438**	**93.7438**	**4.0753**	**89.6685**	
Indirect Care	**51.1510**	**51.1510**	**2.2237**	**48.9273**	
Property	**13.6500**	**11.6613**	**0.5070**	**11.1543**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4789**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.2278**	**197.2391**	**8.5746**	**218.9798**	

***Medicaid Trend Adjustment :**

0 220621-00 - 2013/07

234.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**60**	Superior:	**0**
Milton FL 32570		Days In CR	**365**	Maximum:	**21,900**	Standard:	**163**
County:	**Santa Rosa[57]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**21**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**20,546**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,530**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,841**		
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**						

Medicaid Utilization	**77.10017%**
Occupancy:	**93.81735%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.22667%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,615	1,400,422	839,427	234,447	0	3,174,911
1a	Audit Adjustments						
2	Cost Per Diem	44.2280	88.4049	52.9908	**14.8000**		200.4237
3	Cost Per Diem Inflated	47.2107	91.8974	56.5644			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2107**	**91.8974**	**56.5644**	**14.8000**		210.4725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		54.1805			
7	Provider Target Rate	**46.1427**		**55.3305**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1427**	**91.8974**	**55.3305**	**13.6500**		207.0206
12/13	Medicaid Adjustment Rate		2.4820	1.4944			
14	Prospective Per Diem 11	**46.1427**	**94.3794**	**56.8249**	**13.6500**		**210.9970**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220621-00 - 2013/07

234.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sandy Ridge Care Center

FRVS

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

Began FRVS:	**2/29/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**2,834,686**
FRVS Base Asset:	**1,695,540**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**1,650,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4310**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.4310**	**%**
Interest Only:	**False**	
Yearly Payment:	**270,429**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,267,749**	**13.7204**
20% ROE(2):	**566,937**	**0.7430**
Insurance Cost(3):	**25,355**	**1.2341**
Taxes Cost(3):	**19,266**	**0.9377**
Home Office(3):	**3,721**	**0.1811**
Replacement(3&4):	**15,019**	**0.0000**
Total FRVS PD:		**16.8163**

(1) 80% Capital ($2,267,749) amortized at 10.4310% for 20 years Principal & Interest of $270,429 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.7204
(2) 20% ROE ($566,937) times the ROE factor (0.025830) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.7430
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1985**	Used Per Bed Standard:	**28,259**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,695,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1427**	**46.1427**	**2.0060**	**44.1367**	
Patient Care					
Direct Care	**94.3794**	**94.3794**	**4.1030**	**90.2764**	
Indirect Care	**56.8249**	**56.8249**	**2.4704**	**54.3545**	
Property	**13.6500**	**16.8163**	**0.7311**	**16.0852**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8518**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.9970**	**214.1633**	**9.3105**	**234.5410**	

***Medicaid Trend Adjustment :**

0 221465-00 - 2013/07

198.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Avenue		**01/01/2012-12/31/2012**		Number of Beds:	**182**	Superior:	**0**
Clermont FL 34711		Days In CR	**366**	Maximum:	**66,612**	Standard:	**184**
County: **Lake[35]**		First Used:	**2013/07**	Max Annualized:	**66,430**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**60,255**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**10,681**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**44,651**		
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**						

Medicaid Utilization	**74.10339%**
Occupancy:	**90.45668%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.99162%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,010,312	3,466,494	1,884,199	834,974	0	8,195,979
1a	Audit Adjustments						
2	Cost Per Diem	45.0228	77.6353	42.1984	**18.7000**		183.5565
3	Cost Per Diem Inflated	46.3480	79.2816	43.4405			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.3480**	**79.2816**	**43.4405**	**18.7000**		187.7701
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6830**	**79.2816**	**43.4405**	**13.6500**		177.0551
12/13	Medicaid Adjustment Rate		2.1498	1.1779			
14	Prospective Per Diem 11	**40.6830**	**81.4314**	**44.6184**	**13.6500**		**180.3828**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221465-00 - 2013/07

198.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Clermont Health and Rehabilitation Center

FRVS

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

Began FRVS:	**3/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**7,049,361**
FRVS Base Asset:	**2,631,593**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,153,991.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2600**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**495,042**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,639,489**	**8.2801**
20% ROE(2):	**1,409,872**	**0.3438**
Insurance Cost(3):	**118,174**	**1.9612**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**57,972**	**0.0000**
Total FRVS PD:		**10.5851**

(1) 80% Capital ($5,639,489) amortized at 6.2600% for 20 years Principal & Interest of $495,042 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $8.2801
(2) 20% ROE ($1,409,872) times the ROE factor (0.014580) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $0.3438
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**142**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,047,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6830**	**40.6830**	**1.7686**	**38.9144**	
Patient Care					
Direct Care	**81.4314**	**81.4314**	**3.5401**	**77.8913**	
Indirect Care	**44.6184**	**44.6184**	**1.9397**	**42.6787**	
Property	**13.6500**	**10.5851**	**0.4602**	**10.1249**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5647**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.3828**	**177.3179**	**7.7086**	**198.0104**	

***Medicaid Trend Adjustment :**

0 221589-00 - 2013/07

199.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Street		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Orlando FL 32806		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**19,877**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,769**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,472**	FY Index:	**1.28354541**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**57.71495%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.51457%**	Cost:	**1.02943484**
Open Date:	**7/1/1992**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1992**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**3/30/1993**	Low Occupancy Adjustment Factor:			**114.06457%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/29/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**213268**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	479,787	806,011	592,329	229,555	0	2,107,682
1a	Audit Adjustments						
2	Cost Per Diem	41.8224	70.2590	51.6326	**20.0100**		183.7240
3	Cost Per Diem Inflated	43.0534	71.7489	53.1524			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0534**	**71.7489**	**53.1524**	**20.0100**		187.9647
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.0534**	**71.7489**	**53.1524**	**13.6500**		181.6047
12/13	Medicaid Adjustment Rate		0.6227	0.4613			
14	Prospective Per Diem 11	**43.0534**	**72.3716**	**53.6137**	**13.6500**		**182.6887**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221589-00 - 2013/07

199.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Delaney Park Health and Rehabilitation Center

FRVS

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

Began FRVS:	**3/30/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**3,048,780**
FRVS Base Asset:	**1,896,540**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**205,455**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,439,024**	**10.4239**
20% ROE(2):	**609,756**	**0.4511**
Insurance Cost(3):	**39,990**	**2.0119**
Taxes Cost(3):	**2,365**	**0.1190**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**119,717**	**0.0000**
Total FRVS PD:		**13.0059**

(1) 80% Capital ($2,439,024) amortized at 8.5000% for 20 years Interest of $205,455 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.4239
(2) 20% ROE ($609,756) times the ROE factor (0.014580) divided by annual available days (21,900) 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			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0534**	**43.0534**	**1.8717**	**41.1817**	
Patient Care					
Direct Care	**72.3716**	**72.3716**	**3.1462**	**69.2254**	
Indirect Care	**53.6137**	**53.6137**	**2.3308**	**51.2829**	
Property	**13.6500**	**13.0059**	**0.5654**	**12.4405**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8782**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.6887**	**182.0446**	**7.9141**	**199.8451**	

***Medicaid Trend Adjustment :**

0 223239-00 - 2013/07

222.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**180**	Superior:	**0**
North Miami Beach FL 33180		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**59,836**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,754**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,606**		
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**						

Medicaid Utilization	**57.83475%**
Occupancy:	**90.82574%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.45670%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,690,443	2,568,935	2,182,898	675,163	0	7,117,439
1a	Audit Adjustments						
2	Cost Per Diem	48.8483	74.2338	63.0786	**19.5100**		205.6707
3	Cost Per Diem Inflated	50.6852	76.0717	65.4507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6852**	**76.0717**	**65.4507**	**19.5100**		211.7176
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9779		60.5089			
7	Provider Target Rate	**47.9751**		**61.7933**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.9751**	**76.0717**	**61.7933**	**13.6500**		199.4901
12/13	Medicaid Adjustment Rate		0.6705	0.5447			
14	Prospective Per Diem 11	**47.9751**	**76.7422**	**62.3380**	**13.6500**		**200.7053**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223239-00 - 2013/07

222.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Regents Park at Aventura

FRVS

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

Began FRVS:	**11/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**9,146,340**
FRVS Base Asset:	**5,296,140**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4000**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**5.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**599,050**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,317,072**	**10.1311**
20% ROE(2):	**1,829,268**	**0.4931**
Insurance Cost(3):	**266,412**	**4.4524**
Taxes Cost(3):	**97,605**	**1.6312**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.7078**

(1) 80% Capital ($7,317,072) amortized at 5.4000% for 20 years Principal & Interest of $599,050 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.1311
(2) 20% ROE ($1,829,268) times the ROE factor (0.015940) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4931
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,296,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9751**	**47.9751**	**2.0856**	**45.8895**	
Patient Care					
Direct Care	**76.7422**	**76.7422**	**3.3362**	**73.4060**	
Indirect Care	**62.3380**	**62.3380**	**2.7100**	**59.6280**	
Property	**13.6500**	**16.7078**	**0.7263**	**15.9815**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3139**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.7053**	**203.7631**	**8.8581**	**222.0553**	

***Medicaid Trend Adjustment :**

0 223654-00 - 2013/07

172.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 29th Street		**07/01/2011-06/30/2012**		Number of Beds:	**420**	Superior:	**0**
Orlando FL 32805		Days In CR	**366**	Maximum:	**153,720**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**153,300**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**129,640**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,845**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**104,710**	FY Index:	**1.26665332**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**80.76982%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**84.33515%**	Cost:	**1.04316338**
Open Date:	**5/1/1971**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/1/1971**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**5/1/1971**	Low Occupancy Adjustment Factor:			**106.27739%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/29/1999**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**218367**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,133,208	7,604,375	4,494,045	1,841,849	0	17,073,476
1a	Audit Adjustments						
2	Cost Per Diem	29.9227	72.6232	42.9190	**17.5900**		163.0549
3	Cost Per Diem Inflated	31.2143	74.6287	44.7715			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.2143**	**74.6287**	**44.7715**	**17.5900**		168.2045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.2143**	**74.6287**	**44.7715**	**13.6500**		164.2645
12/13	Medicaid Adjustment Rate		2.5834	1.5498			
14	Prospective Per Diem 11	**31.2143**	**77.2121**	**46.3213**	**13.6500**		**168.3977**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223654-00 - 2013/07

172.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**16,506,738**
FRVS Base Asset:	**8,041,774**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**16,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,503,064**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**13,205,390**	**10.8941**
20% ROE(2):	**3,301,348**	**0.4262**
Insurance Cost(3):	**163,020**	**1.2575**
Taxes Cost(3):	**4,047**	**0.0312**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**708,368**	**0.0000**
Total FRVS PD:		**12.6090**

(1) 80% Capital ($13,205,390) amortized at 9.7500% for 20 years Principal & Interest of $1,503,064 divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $10.8941
(2) 20% ROE ($3,301,348) times the ROE factor (0.017810) divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $0.4262
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**420**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**11,970,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.2143**	**31.2143**	**1.3570**	**29.8573**	
Patient Care					
Direct Care	**77.2121**	**77.2121**	**3.3567**	**73.8554**	
Indirect Care	**46.3213**	**46.3213**	**2.0137**	**44.3076**	
Property	**13.6500**	**12.6090**	**0.5482**	**12.0608**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1984**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.3977**	**167.3567**	**7.2756**	**172.1159**	

***Medicaid Trend Adjustment :**

0 223786-00 - 2013/07

231.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota Fl 34243		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Sarasota[58]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**36,615**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**20,871**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**12,228**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.25516245**
Open Date:	**5/5/2000**					Semester Index:	**1.32132636**
Acquired Date:	**5/5/2000**					Cost:	**1.05271342**
Entered Medicaid	**6/26/2000**					Target:	**1.01485834**
Med # Active Date:	**6/29/2000**					**DC FY Index:**	**1.18999979**
Previous Med #						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03193296**
						PS Target:	**1.02122620**

Medicaid Utilization		**33.39615%**
Occupancy:		**83.59589%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**105.34580%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	598,778	1,237,104	726,050	619,960	0	3,181,892
1a	Audit Adjustments						
2	Cost Per Diem	48.9678	101.1698	59.3760	**50.7000**		260.2136
3	Cost Per Diem Inflated	51.5491	104.4005	62.5059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5491**	**104.4005**	**62.5059**	**50.7000**		269.1555
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.8764		52.9567			
7	Provider Target Rate	**60.1261**		**54.0808**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5491**	**99.9385**	**54.0808**	**13.6500**		219.2184
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5491**	**99.9385**	**54.0808**	**13.6500**		**219.2184**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223786-00 - 2013/07

231.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,071,186**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**457,750**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,856,949**	**11.6121**
20% ROE(2):	**1,214,237**	**0.7091**
Insurance Cost(3):	**19,744**	**0.5392**
Taxes Cost(3):	**94,081**	**2.5695**
Home Office(3):	**45,594**	**1.2452**
Replacement(3&4):	**77,520**	**0.0000**
Total FRVS PD:		**16.6751**

(1) 80% Capital ($4,856,949) amortized at 9.5000% for 20 years Interest of $457,750 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6121
(2) 20% ROE ($1,214,237) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7091
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5491**	**51.5491**	**2.2410**	**49.3081**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**54.0808**	**54.0808**	**2.3511**	**51.7297**	
Property	**13.6500**	**16.6751**	**0.7249**	**15.9502**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.2251**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.2184**	**222.2435**	**9.6616**	**231.6434**	

***Medicaid Trend Adjustment :**

0 223808-00 - 2013/07

236.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at 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	
2000 North Semoran Boulevar		**06/01/2011-05/31/2012**		Number of Beds:	**118**	Superior:	**0**
Orlando FL 32807		Days In CR	**366**	Maximum:	**43,188**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,070**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**36,016**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,611**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,167**		
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**						

Medicaid Utilization	**78.20691%**
Occupancy:	**83.39354%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.09080%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,198,086	2,567,554	1,616,284	156,327	0	5,538,251
1a	Audit Adjustments						
2	Cost Per Diem	42.5351	91.1547	57.3822	**5.5500**		196.6220
3	Cost Per Diem Inflated	44.4696	93.7767	59.9920			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4696**	**93.7767**	**59.9920**	**5.5500**		203.7883
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6967		68.6009			
7	Provider Target Rate	**47.6879**		**70.0570**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4696**	**93.7767**	**59.9006**	**5.5500**		203.6969
12/13	Medicaid Adjustment Rate		2.9758	1.9008			
14	Prospective Per Diem 11	**44.4696**	**96.7525**	**61.8014**	**5.5500**		**208.5735**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223808-00 - 2013/07

236.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Orlando

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	**3,573,512**
FRVS Base Asset:	**1,773,104**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information

Amount:	**450,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**7.2000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**355,428**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**2,858,810**	**9.1693**
20% ROE(2):	**714,702**	**0.3457**
Insurance Cost(3):	**43,556**	**1.2094**
Taxes Cost(3):	**36,371**	**1.0099**
Home Office(3):	**26,244**	**0.7287**
Replacement(3&4):	**25,921**	**0.0000**
Total FRVS PD:		**12.4630**

(1) 80% Capital ($2,858,810) amortized at 12.5000% for 20 years Interest of $355,428 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $9.1693
(2) 20% ROE ($714,702) times the ROE factor (0.018750) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.3457
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4696**	**44.4696**	**1.9332**	**42.5364**	
Patient Care					
Direct Care	**96.7525**	**96.7525**	**4.2061**	**92.5464**	
Indirect Care	**61.8014**	**61.8014**	**2.6867**	**59.1147**	
Property	**5.5500**	**12.4630**	**0.5418**	**11.9212**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3958**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.5735**	**215.4865**	**9.3678**	**236.3509**	

***Medicaid Trend Adjustment :**

0 223883-00 - 2013/07

193.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Orange Park FL 32073		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Clay[10]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,560**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,940**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,185**	FY Index:	**1.27684492**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**71.95513%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**92.34973%**	Cost:	**1.03483699**
Open Date: **7/1/1987**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **7/1/1987**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid **11/3/1987**		Low Occupancy Adjustment Factor:			**116.37720%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **4/1/2000**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med # **213811**						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,089,417	2,088,765	1,199,787	520,952	0	4,898,921
1a	Audit Adjustments						
2	Cost Per Diem	37.3280	71.5698	41.1097	**17.8500**		167.8575
3	Cost Per Diem Inflated	38.6284	73.2398	42.5418			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6284**	**73.2398**	**42.5418**	**17.8500**		172.2600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6768		53.6822			
7	Provider Target Rate	**46.6463**		**54.8217**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6284**	**73.2398**	**42.5418**	**13.6500**		168.0600
12/13	Medicaid Adjustment Rate		1.8090	1.0508			
14	Prospective Per Diem 11	**38.6284**	**75.0488**	**43.5926**	**13.6500**		**170.9198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223883-00 - 2013/07

193.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,544,589**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**384,741**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,435,671**	**9.7600**
20% ROE(2):	**1,108,918**	**0.4338**
Insurance Cost(3):	**50,917**	**1.2554**
Taxes Cost(3):	**67,136**	**1.6552**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**57,077**	**0.0000**
Total FRVS PD:		**13.1044**

(1) 80% Capital ($4,435,671) amortized at 8.7500% for 20 years Interest of $384,741 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7600
(2) 20% ROE ($1,108,918) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4338
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6284**	**38.6284**	**1.6793**	**36.9491**	
Patient Care					
Direct Care	**75.0488**	**75.0488**	**3.2626**	**71.7862**	
Indirect Care	**43.5926**	**43.5926**	**1.8951**	**41.6975**	
Property	**13.6500**	**13.1044**	**0.5697**	**12.5347**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0563**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**170.9198**	**170.3742**	**7.4067**	**193.8602**	

***Medicaid Trend Adjustment :**

0 224243-00 - 2013/07

215.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**118**	Superior:	**0**
Pensacola FL 32501		Days In CR	**366**	Maximum:	**43,188**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**43,070**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**34,199**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,390**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,910**		
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**						

Medicaid Utilization	**81.61057%**
Occupancy:	**79.18635%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.78898%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,252,249	2,327,451	1,430,243	410,277	0	5,420,220
1a	Audit Adjustments						
2	Cost Per Diem	44.8674	83.3913	51.2448	**14.7000**		194.2035
3	Cost Per Diem Inflated	46.8040	85.6942	53.4567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8040**	**85.6942**	**53.4567**	**14.7000**		200.6549
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9239		54.4591			
7	Provider Target Rate	**41.7926**		**55.6151**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7926**	**85.6942**	**53.4567**	**13.6500**		194.5935
12/13	Medicaid Adjustment Rate		3.0474	1.9010			
14	Prospective Per Diem 11	**41.7926**	**88.7416**	**55.3577**	**13.6500**		**199.5419**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224243-00 - 2013/07

215.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Pensacola Health Care Facility

FRVS

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

Began FRVS:	**6/30/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**2,401,082**
FRVS Base Asset:	**1,100,592**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**10.2500**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**195,468**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,920,866**	**5.0426**
20% ROE(2):	**480,216**	**0.2206**
Insurance Cost(3):	**47,975**	**1.4028**
Taxes Cost(3):	**36,385**	**1.0639**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**69,680**	**0.0000**
Total FRVS PD:		**7.7299**

(1) 80% Capital ($1,920,866) amortized at 10.2500% for 20 years Interest of $195,468 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $5.0426
(2) 20% ROE ($480,216) times the ROE factor (0.017810) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.2206
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7926**	**41.7926**	**1.8169**	**39.9757**	
Patient Care					
Direct Care	**88.7416**	**88.7416**	**3.8579**	**84.8837**	
Indirect Care	**55.3577**	**55.3577**	**2.4066**	**52.9511**	
Property	**13.6500**	**7.7299**	**0.3360**	**7.3939**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4228**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.5419**	**193.6218**	**8.4174**	**215.4636**	

***Medicaid Trend Adjustment :**

0 224341-00 - 2013/07

212.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**12/01/2010-11/30/2011**		Number of Beds:	**120**	Superior:	**0**
Haines City FL 33844		Days In CR	**365**	Maximum:	**43,800**	Standard:	**153**
County:	**Polk[53]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**31**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**33,072**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,442**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,073**		
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**						

Medicaid Utilization	**54.64744%**
Occupancy:	**75.50685%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**95.15215%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25083252**
Semester Index:	**1.32132636**
Cost:	**1.05635754**
Target:	**1.01485834**
DC FY Index:	**1.18799810**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03367169**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,894	1,522,334	860,356	309,410	0	3,362,994
1a	Audit Adjustments						
2	Cost Per Diem	37.1213	84.2325	47.6045	**17.1200**		186.0783
3	Cost Per Diem Inflated	39.2134	87.0688	50.2874			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.2134**	**87.0688**	**50.2874**	**17.1200**		193.6896
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.2134**	**87.0688**	**50.2874**	**13.6500**		190.2196
12/13	Medicaid Adjustment Rate		0.3785	0.2186			
14	Prospective Per Diem 11	**39.2134**	**87.4473**	**50.5060**	**13.6500**		**190.8167**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224341-00 - 2013/07

212.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,349,102**
FRVS Base Asset:	**2,611,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024690**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.4900**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.4900**	**%**
Interest Only:	**False**	
Yearly Payment:	**474,060**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,479,282**	**12.0259**
20% ROE(2):	**869,820**	**0.5448**
Insurance Cost(3):	**35,676**	**1.0787**
Taxes Cost(3):	**45,928**	**1.3887**
Home Office(3):	**5,789**	**0.1750**
Replacement(3&4):	**75,459**	**0.0000**
Total FRVS PD:		**15.2131**

(1) 80% Capital ($3,479,282) amortized at 12.4900% for 20 years Principal & Interest of $474,060 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0259
(2) 20% ROE ($869,820) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5448
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2134**	**39.2134**	**1.7047**	**37.5087**	
Patient Care					
Direct Care	**87.4473**	**87.4473**	**3.8016**	**83.6457**	
Indirect Care	**50.5060**	**50.5060**	**2.1957**	**48.3103**	
Property	**13.6500**	**15.2131**	**0.6614**	**14.5517**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8670**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.8167**	**192.3798**	**8.3634**	**212.7198**	

***Medicaid Trend Adjustment :**

0 224910-00 - 2013/07

205.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**179**	Superior:	**0**
Tampa FL 33611		Days In CR	**366**	Maximum:	**65,514**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**56,465**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,432**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**44,546**		
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**						

Medicaid Utilization	**78.89135%**
Occupancy:	**86.18768%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.61192%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,682,790	3,718,081	1,878,950	609,389	0	7,889,210
1a	Audit Adjustments						
2	Cost Per Diem	37.7765	83.4661	42.1800	**13.6800**		177.1026
3	Cost Per Diem Inflated	39.4071	85.7710	44.0006			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4071**	**85.7710**	**44.0006**	**13.6800**		182.8587
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1784		50.8005			
7	Provider Target Rate	**43.0737**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4071**	**85.7710**	**44.0006**	**13.6500**		182.8287
12/13	Medicaid Adjustment Rate		2.7878	1.4301			
14	Prospective Per Diem 11	**39.4071**	**88.5588**	**45.4307**	**13.6500**		**187.0466**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224910-00 - 2013/07

205.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Tampa Health and Rehabilitation Center

FRVS

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

Began FRVS:	**12/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**5,196,570**
FRVS Base Asset:	**2,823,875**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information

Amount:	**4,850,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**481,421**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,157,256**	**8.1872**
20% ROE(2):	**1,039,314**	**0.3148**
Insurance Cost(3):	**80,182**	**1.4200**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**16,488**	**0.0000**
Total FRVS PD:		**9.9220**

(1) 80% Capital ($4,157,256) amortized at 10.0000% for 20 years Principal & Interest of $481,421 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $8.1872
(2) 20% ROE ($1,039,314) times the ROE factor (0.017810) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.3148
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4071**	**39.4071**	**1.7132**	**37.6939**	
Patient Care					
Direct Care	**88.5588**	**88.5588**	**3.8499**	**84.7089**	
Indirect Care	**45.4307**	**45.4307**	**1.9750**	**43.4557**	
Property	**13.6500**	**9.9220**	**0.4313**	**9.4907**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0712**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.0466**	**183.3186**	**7.9694**	**205.2568**	

***Medicaid Trend Adjustment :**

0 225053-00 - 2013/07

230.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
North Port FL 34287		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**33,767**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,215**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,820**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.25670530**
Open Date:	**12/1/1985**					Semester Index:	**1.32132636**
Acquired Date:	**12/1/1985**					Cost:	**1.05142101**
Entered Medicaid	**12/17/1985**					Target:	**1.01485834**
Med # Active Date:	**8/1/2000**					**DC FY Index:**	**1.19049979**
Previous Med #	**208736**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03149955**
						PS Target:	**1.02122620**

Medicaid Utilization		**55.73489%**
Occupancy:		**76.88297%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**96.88631%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	731,996	1,785,788	1,039,717	395,032	0	3,952,533
1a	Audit Adjustments						
2	Cost Per Diem	38.8946	94.8878	55.2453	**20.9900**		210.0177
3	Cost Per Diem Inflated	40.8946	97.8767	58.0861			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8946**	**97.8767**	**58.0861**	**20.9900**		217.8474
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8946**	**97.8767**	**53.9513**	**13.6500**		206.3726
12/13	Medicaid Adjustment Rate		0.6315	0.3481			
14	Prospective Per Diem 11	**40.8946**	**98.5082**	**54.2994**	**13.6500**		**207.3522**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225053-00 - 2013/07

230.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,207,114**
FRVS Base Asset:	**3,158,034**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**3,615,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1170**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1170**	**%**
Interest Only:	**False**	
Yearly Payment:	**589,822**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,165,691**	**14.9625**
20% ROE(2):	**1,041,423**	**0.5780**
Insurance Cost(3):	**24,689**	**0.7312**
Taxes Cost(3):	**61,962**	**1.8350**
Home Office(3):	**5,857**	**0.1735**
Replacement(3&4):	**113,388**	**0.0000**
Total FRVS PD:		**18.2802**

(1) 80% Capital ($4,165,691) amortized at 13.1170% for 20 years Principal & Interest of $589,822 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.9625
(2) 20% ROE ($1,041,423) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5780
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8946**	**40.8946**	**1.7778**	**39.1168**	
Patient Care					
Direct Care	**98.5082**	**98.5082**	**4.2825**	**94.2257**	
Indirect Care	**54.2994**	**54.2994**	**2.3606**	**51.9388**	
Property	**13.6500**	**18.2802**	**0.7947**	**17.4855**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6989**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.3522**	**211.9824**	**9.2156**	**230.3021**	

***Medicaid Trend Adjustment :**

0 225274-00 - 2013/07

213.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Fernandina Beach FL 32034		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Nassau[45]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**32,986**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,381**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**19,740**		
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**						

Medicaid Utilization	**59.84357%**
Occupancy:	**75.31050%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.90473%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	786,836	1,673,972	1,137,008	285,440	0	3,883,256
1a	Audit Adjustments						
2	Cost Per Diem	39.8600	84.8010	57.5992	**14.4600**		196.7202
3	Cost Per Diem Inflated	42.0127	87.5457	60.7100			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0127**	**87.5457**	**60.7100**	**14.4600**		204.7284
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9506		48.7710			
7	Provider Target Rate	**41.8198**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8198**	**87.5457**	**49.8062**	**13.6500**		192.8217
12/13	Medicaid Adjustment Rate		0.9695	0.5516			
14	Prospective Per Diem 11	**41.8198**	**88.5152**	**50.3578**	**13.6500**		**194.3428**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225274-00 - 2013/07

213.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MK of Fernandina Beach LLC

FRVS

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

Began FRVS:	**8/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,112,075**
FRVS Base Asset:	**2,454,766**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.7530**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.7530**	**%**
Interest Only:	**False**	
Yearly Payment:	**455,562**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,289,660**	**11.5566**
20% ROE(2):	**822,415**	**0.5043**
Insurance Cost(3):	**25,462**	**0.7719**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**5,764**	**0.1747**
Replacement(3&4):	**109,114**	**0.0000**
Total FRVS PD:		**13.0075**

(1) 80% Capital ($3,289,660) amortized at 12.7530% for 20 years Principal & Interest of $455,562 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5566
(2) 20% ROE ($822,415) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5043
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8198**	**41.8198**	**1.8180**	**40.0018**	
Patient Care					
Direct Care	**88.5152**	**88.5152**	**3.8480**	**84.6672**	
Indirect Care	**50.3578**	**50.3578**	**2.1892**	**48.1686**	
Property	**13.6500**	**13.0075**	**0.5655**	**12.4420**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1799**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.3428**	**193.7003**	**8.4207**	**213.2959**	

***Medicaid Trend Adjustment :**

0 225410-00 - 2013/07

231.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **100**	Superior: **0**
Winter Garden FL 34787	Days In CR **365**	Maximum: **36,500**	Standard: **184**
County: **Orange[48]**	First Used: **2012/07**	Max Annualized: **36,500**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2013/07**	Total Patient: **34,036**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,490**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **23,379**	
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**			

Medicaid Utilization	**68.68904%**
Occupancy:	**93.24932%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.51084%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,011,376	2,199,805	1,045,130	398,612	0	4,654,923
1a	Audit Adjustments						
2	Cost Per Diem	43.2600	94.0932	44.7038	**17.0500**		199.1070
3	Cost Per Diem Inflated	45.5964	97.1387	47.1181			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5964**	**97.1387**	**47.1181**	**17.0500**		206.9032
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6139		58.6072			
7	Provider Target Rate	**46.5821**		**59.8512**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5964**	**97.1387**	**47.1181**	**13.6500**		203.5032
12/13	Medicaid Adjustment Rate		2.0424	0.9907			
14	Prospective Per Diem 11	**45.5964**	**99.1811**	**48.1088**	**13.6500**		**206.5363**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225410-00 - 2013/07

231.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MK of Winter Garden LLC

FRVS

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

Began FRVS:	**9/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,960,764**
FRVS Base Asset:	**3,060,682**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**561,340**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,968,611**	**17.0880**
20% ROE(2):	**992,153**	**0.7300**
Insurance Cost(3):	**26,603**	**0.7816**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**5,949**	**0.1748**
Replacement(3&4):	**115,075**	**0.0000**
Total FRVS PD:		**18.7744**

(1) 80% Capital ($3,968,611) amortized at 13.1000% for 20 years Principal & Interest of $561,340 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $17.0880
(2) 20% ROE ($992,153) times the ROE factor (0.024170) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.7300
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5964**	**45.5964**	**1.9822**	**43.6142**	
Patient Care					
Direct Care	**99.1811**	**99.1811**	**4.3117**	**94.8694**	
Indirect Care	**48.1088**	**48.1088**	**2.0914**	**46.0174**	
Property	**13.6500**	**18.7744**	**0.8162**	**17.9582**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9443**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.5363**	**211.6607**	**9.2015**	**231.2399**	

***Medicaid Trend Adjustment :**

0 225631-00 - 2013/07

218.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**110**	Superior:	**0**
Sunrise FL 33351		Days In CR	**366**	Maximum:	**40,260**	Standard:	**184**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**36,118**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,634**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**15,223**	FY Index:	**1.27343864**
Class at 1/94: **South Large [4]**						Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**						Cost:	**1.03760505**
Open Date:	**9/1/1989**					Target:	**1.01485834**
Acquired Date:	**9/1/1989**					**DC FY Index:**	**1.19833101**
Entered Medicaid	**3/6/1990**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/1/2000**					**DC Inflation:**	**1.02475859**
Previous Med #	**201871**					**PS Target:**	**1.02122620**

Medicaid Utilization	**42.14796%**
Occupancy:	**89.71187%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.05304%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	692,049	1,128,295	857,785	226,062	0	2,904,191
1a	Audit Adjustments						
2	Cost Per Diem	45.4608	74.1178	56.3480	**14.8500**		190.7766
3	Cost Per Diem Inflated	47.1704	75.9529	58.4670			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1704**	**75.9529**	**58.4670**	**14.8500**		196.4403
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3963		65.2144			
7	Provider Target Rate	**51.4660**		**66.5987**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1704**	**75.9529**	**58.4670**	**13.6500**		195.2403
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1704**	**75.9529**	**58.4670**	**13.6500**		**195.2403**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225631-00 - 2013/07

218.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Springtree Rehab & Health Center, LLC

FRVS

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

Began FRVS:	**3/6/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**4,805,994**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**417,191**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,844,795**	**11.5453**
20% ROE(2):	**961,199**	**0.4240**
Insurance Cost(3):	**56,927**	**1.5761**
Taxes Cost(3):	**85,629**	**2.3708**
Home Office(3):	**12,382**	**0.3428**
Replacement(3&4):	**17,576**	**0.0000**
Total FRVS PD:		**16.2590**

(1) 80% Capital ($3,844,795) amortized at 9.0700% for 20 years Principal & Interest of $417,191 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $11.5453
(2) 20% ROE ($961,199) times the ROE factor (0.015940) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.4240
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**85**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1704**	**47.1704**	**2.0506**	**45.1198**	
Patient Care					
Direct Care	**75.9529**	**75.9529**	**3.3019**	**72.6510**	
Indirect Care	**58.4670**	**58.4670**	**2.5417**	**55.9253**	
Property	**13.6500**	**16.2590**	**0.7068**	**15.5522**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7290**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.2403**	**197.8493**	**8.6010**	**218.8137**	

***Medicaid Trend Adjustment :**

0 225754-00 - 2013/07

245.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**100**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**36,600**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**25,997**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,484**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**20,469**		
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**						

Medicaid Utilization	**78.73601%**
Occupancy:	**71.03006%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**89.51060%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,739	1,718,542	1,283,938	249,108	0	4,381,327
1a	Audit Adjustments						
2	Cost Per Diem	55.1927	83.9583	62.7260	**12.1700**		214.0470
3	Cost Per Diem Inflated	57.2682	86.0370	65.0848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.2682**	**86.0370**	**65.0848**	**12.1700**		220.5600
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.2760**	**86.0370**	**65.0848**	**12.1700**		219.5678
12/13	Medicaid Adjustment Rate		2.7814	2.1041			
14	Prospective Per Diem 11	**56.2760**	**88.8184**	**67.1889**	**12.1700**		**224.4533**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225754-00 - 2013/07

245.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015940**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**228,435**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,837,369**	**6.9539**
20% ROE(2):	**459,342**	**0.2229**
Insurance Cost(3):	**59,939**	**2.3056**
Taxes Cost(3):	**45,767**	**1.7605**
Home Office(3):	**8,272**	**0.3182**
Replacement(3&4):	**26,768**	**0.0000**
Total FRVS PD:		**11.5611**

(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 (0.015940) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.2229
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.2760**	**56.2760**	**2.4465**	**53.8295**	
Patient Care					
Direct Care	**88.8184**	**88.8184**	**3.8612**	**84.9572**	
Indirect Care	**67.1889**	**67.1889**	**2.9209**	**64.2680**	
Property	**12.1700**	**11.5611**	**0.5026**	**11.0585**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4226**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.4533**	**223.8444**	**9.7312**	**245.3722**	

***Medicaid Trend Adjustment :**

0 225991-00 - 2013/07

221.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 33494		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**35,089**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,696**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,331**		
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**						

Medicaid Utilization	**63.64103%**
Occupancy:	**79.89299%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.67947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,125,904	2,062,531	982,890	244,524	0	4,415,849
1a	Audit Adjustments						
2	Cost Per Diem	50.4189	92.3618	44.0146	**10.9500**		197.7453
3	Cost Per Diem Inflated	51.9030	94.3204	45.3102			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9030**	**94.3204**	**45.3102**	**10.9500**		202.4836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7161		52.8299			
7	Provider Target Rate	**47.7077**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7077**	**94.3204**	**45.3102**	**10.9500**		198.2883
12/13	Medicaid Adjustment Rate		1.4475	0.6953			
14	Prospective Per Diem 11	**47.7077**	**95.7679**	**46.0055**	**10.9500**		**200.4311**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225991-00 - 2013/07

221.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Stuart Nursing & Restorative 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:	**1973/01**
Indexed Asset Value	**4,567,051**
FRVS Base Asset:	**2,626,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information

Amount:	**2,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**348,392**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,653,641**	**8.8380**
20% ROE(2):	**913,410**	**0.3378**
Insurance Cost(3):	**16,235**	**0.4627**
Taxes Cost(3):	**69,380**	**1.9773**
Home Office(3):	**5,402**	**0.1540**
Replacement(3&4):	**62,073**	**0.0000**
Total FRVS PD:		**11.7698**

(1) 80% Capital ($3,653,641) amortized at 7.3200% for 20 years Principal & Interest of $348,392 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8380
(2) 20% ROE ($913,410) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3378
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**182**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,187,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7077**	**47.7077**	**2.0740**	**45.6337**	
Patient Care					
Direct Care	**95.7679**	**95.7679**	**4.1633**	**91.6046**	
Indirect Care	**46.0055**	**46.0055**	**2.0000**	**44.0055**	
Property	**10.9500**	**11.7698**	**0.5117**	**11.2581**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5975**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.4311**	**201.2509**	**8.7490**	**221.9358**	

***Medicaid Trend Adjustment :**

0 226009-00 - 2013/07

225.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**43,009**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,986**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,552**	FY Index:	**1.28354541**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.02943484**
Open Date:	**3/1/1982**					Target:	**1.01485834**
Acquired Date:	**3/1/1982**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**3/1/1982**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2001**					**DC Inflation:**	**1.02120582**
Previous Med #	**206580**					**PS Target:**	**1.02122620**

Medicaid Utilization	**78.01158%**
Occupancy:	**65.28385%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**82.26934%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,643,897	2,980,961	1,621,944	419,064	0	6,665,866
1a	Audit Adjustments						
2	Cost Per Diem	48.9955	88.8460	48.3412	**12.4900**		198.6727
3	Cost Per Diem Inflated	50.4377	90.7301	49.7641			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4377**	**90.7301**	**49.7641**	**12.4900**		203.4219
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1484**	**90.7301**	**49.7641**	**12.4900**		198.1326
12/13	Medicaid Adjustment Rate		2.8592	1.5682			
14	Prospective Per Diem 11	**45.1484**	**93.5893**	**51.3323**	**12.4900**		**202.5600**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226009-00 - 2013/07

225.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Port St. Lucie Nursing & Restorative 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:	**1982/01**
Indexed Asset Value	**8,884,551**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**677,747**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,107,641**	**11.4620**
20% ROE(2):	**1,776,910**	**0.4381**
Insurance Cost(3):	**16,201**	**0.3767**
Taxes Cost(3):	**100,049**	**2.3262**
Home Office(3):	**6,579**	**0.1530**
Replacement(3&4):	**62,064**	**0.0000**
Total FRVS PD:		**14.7560**

(1) 80% Capital ($7,107,641) amortized at 7.3200% for 20 years Principal & Interest of $677,747 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.4620
(2) 20% ROE ($1,776,910) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4381
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1484**	**45.1484**	**1.9627**	**43.1857**	
Patient Care					
Direct Care	**93.5893**	**93.5893**	**4.0686**	**89.5207**	
Indirect Care	**51.3323**	**51.3323**	**2.2316**	**49.1007**	
Property	**12.4900**	**14.7560**	**0.6415**	**14.1145**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4703**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.5600**	**204.8260**	**8.9044**	**225.2283**	

***Medicaid Trend Adjustment :**

0 226017-00 - 2013/07

242.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**152**	Superior:	**0**
Plantation FL 33317		Days In CR	**366**	Maximum:	**55,632**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**39,131**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,232**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,741**		
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**						

Medicaid Utilization	**83.67024%**
Occupancy:	**70.33901%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**88.63975%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,930	3,047,277	1,878,265	377,504	0	6,715,976
1a	Audit Adjustments						
2	Cost Per Diem	43.1548	93.0722	57.3674	**11.5300**		205.1244
3	Cost Per Diem Inflated	44.7776	95.3765	59.5247			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7776**	**95.3765**	**59.5247**	**11.5300**		211.2088
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5062		60.1918			
7	Provider Target Rate	**48.5146**		**61.4694**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7776**	**95.3765**	**59.5247**	**11.5300**		211.2088
12/13	Medicaid Adjustment Rate		3.6128	2.2547			
14	Prospective Per Diem 11	**44.7776**	**98.9893**	**61.7794**	**11.5300**		**217.0763**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226017-00 - 2013/07

242.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,185,983**
FRVS Base Asset:	**2,107,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information

Amount:	**1,030,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**13.1250**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**515,808**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,148,786**	**10.3302**
20% ROE(2):	**1,037,197**	**0.3311**
Insurance Cost(3):	**64,383**	**1.6453**
Taxes Cost(3):	**67,341**	**1.7209**
Home Office(3):	**18,951**	**0.4843**
Replacement(3&4):	**31,552**	**0.0000**
Total FRVS PD:		**14.5118**

(1) 80% Capital ($4,148,786) amortized at 12.5000% for 20 years Interest of $515,808 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $10.3302
(2) 20% ROE ($1,037,197) times the ROE factor (0.015940) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.3311
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**152**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7776**	**44.7776**	**1.9466**	**42.8310**	
Patient Care					
Direct Care	**98.9893**	**98.9893**	**4.3034**	**94.6859**	
Indirect Care	**61.7794**	**61.7794**	**2.6857**	**59.0937**	
Property	**11.5300**	**14.5118**	**0.6309**	**13.8809**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.0313**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.0763**	**220.0581**	**9.5666**	**242.3592**	

***Medicaid Trend Adjustment :**

0 226033-00 - 2013/07

230.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 34997		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**36,189**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,697**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,908**		
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**						

Medicaid Utilization	**55.01119%**
Occupancy:	**82.39754%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**103.83565%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,987	1,920,831	1,008,189	502,080	0	4,456,087
1a	Audit Adjustments						
2	Cost Per Diem	51.4862	96.4854	50.6424	**25.2200**		223.8340
3	Cost Per Diem Inflated	53.0017	98.5315	52.1331			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.0017**	**98.5315**	**52.1331**	**25.2200**		228.8863
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9076		52.8299			
7	Provider Target Rate	**46.8820**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8820**	**98.5315**	**52.1331**	**13.6500**		211.1966
12/13	Medicaid Adjustment Rate		0.5555	0.2939			
14	Prospective Per Diem 11	**46.8820**	**99.0870**	**52.4270**	**13.6500**		**212.0460**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226033-00 - 2013/07

230.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Martin Nursing and Restorative Care Center

FRVS

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

Began FRVS:	**10/16/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,464,217**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,134,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**422,586**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,371,374**	**10.7201**
20% ROE(2):	**1,092,843**	**0.4042**
Insurance Cost(3):	**12,868**	**0.3556**
Taxes Cost(3):	**118,754**	**3.2815**
Home Office(3):	**6,421**	**0.1774**
Replacement(3&4):	**31,260**	**0.0000**
Total FRVS PD:		**14.9388**

(1) 80% Capital ($4,371,374) amortized at 7.5000% for 20 years Principal & Interest of $422,586 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7201
(2) 20% ROE ($1,092,843) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4042
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8820**	**46.8820**	**2.0381**	**44.8439**	
Patient Care					
Direct Care	**99.0870**	**99.0870**	**4.3076**	**94.7794**	
Indirect Care	**52.4270**	**52.4270**	**2.2792**	**50.1478**	
Property	**13.6500**	**14.9388**	**0.6494**	**14.2894**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4080**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.0460**	**213.3348**	**9.2743**	**230.3049**	

***Medicaid Trend Adjustment :**

0 226041-00 - 2013/07

209.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Point Rd.		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Niceville FL 32578		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Okaloosa[46]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**40,666**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,865**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**17,645**		
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**						

Medicaid Utilization	**43.39006%**
Occupancy:	**92.59108%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.68134%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,100	1,439,453	922,473	347,783	0	3,474,809
1a	Audit Adjustments						
2	Cost Per Diem	43.3607	81.5785	52.2796	**19.7100**		196.9288
3	Cost Per Diem Inflated	44.9913	83.5983	54.2456			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9913**	**83.5983**	**54.2456**	**19.7100**		202.5452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7780		52.5356			
7	Provider Target Rate	**43.6860**		**53.6507**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6860**	**83.5983**	**53.6507**	**13.6500**		194.5850
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.6860**	**83.5983**	**53.6507**	**13.6500**		**194.5850**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226041-00 - 2013/07

209.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Manor At Blue Water Bav

FRVS

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

Began FRVS:	**2/2/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,607,612**
FRVS Base Asset:	**1,930,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**6,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6400**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**401,365**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,486,090**	**10.1818**
20% ROE(2):	**1,121,522**	**0.4535**
Insurance Cost(3):	**61,172**	**1.5043**
Taxes Cost(3):	**48,783**	**1.1996**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**14,848**	**0.0000**
Total FRVS PD:		**13.3392**

(1) 80% Capital ($4,486,090) amortized at 6.5000% for 20 years Principal & Interest of $401,365 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1818
(2) 20% ROE ($1,121,522) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4535
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6860**	**43.6860**	**1.8992**	**41.7868**	
Patient Care					
Direct Care	**83.5983**	**83.5983**	**3.6343**	**79.9640**	
Indirect Care	**53.6507**	**53.6507**	**2.3324**	**51.3183**	
Property	**13.6500**	**13.3392**	**0.5799**	**12.7593**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0875**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.5850**	**194.2742**	**8.4458**	**209.7523**	

***Medicaid Trend Adjustment :**

0 226068-00 - 2013/07

224.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**10/01/2010-09/30/2011**	Number of Beds: **120**	Superior: **0**
Jacksonville FL 32202	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Duval[16]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **41,531**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,643**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **31,716**	
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**			

Medicaid Utilization	**76.36705%**
Occupancy:	**94.81964%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.48973%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.32132636**
Cost:	**1.06107348**
Target:	**1.01485834**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03628692**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,558,837	2,738,061	1,318,122	287,664	0	5,902,684
1a	Audit Adjustments						
2	Cost Per Diem	49.1499	86.3306	41.5602	**9.0700**		186.1107
3	Cost Per Diem Inflated	52.1517	89.4633	44.0984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.1517**	**89.4633**	**44.0984**	**9.0700**		194.7834
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.7032		48.7710			
7	Provider Target Rate	**66.0766**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**89.4633**	**44.0984**	**9.0700**		191.7709
12/13	Medicaid Adjustment Rate		2.6537	1.3081			
14	Prospective Per Diem 11	**49.1392**	**92.1170**	**45.4065**	**9.0700**		**195.7327**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226068-00 - 2013/07

224.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cathedral Gerontology Center

FRVS

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

Began FRVS:	**9/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**5,949,006**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025420**

Mortgage Information		
Amount:	**2,087,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**477,695**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,759,205**	**12.1181**
20% ROE(2):	**1,189,801**	**0.7672**
Insurance Cost(3):	**41,025**	**0.9878**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**66,940**	**1.6118**
Replacement(3&4):	**47,338**	**0.0000**
Total FRVS PD:		**15.4849**

(1) 80% Capital ($4,759,205) amortized at 8.0000% for 20 years Principal & Interest of $477,695 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1181
(2) 20% ROE ($1,189,801) times the ROE factor (0.025420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7672
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**92.1170**	**92.1170**	**4.0046**	**88.1124**	
Indirect Care	**45.4065**	**45.4065**	**1.9740**	**43.4325**	
Property	**9.0700**	**15.4849**	**0.6732**	**14.8117**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5489**	
Supplemental Rate Add-on				**$8.8364**	
Fire Sprinkler Component	**$2.1796**	**$2.1796**	**$0.0948**	**$2.0848**	
Totals	**197.9123**	**204.3272**	**8.8828**	**224.8297**	

***Medicaid Trend Adjustment :**

0 226335-00 - 2013/07

224.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**198**	Superior:	**0**
Ft. Lauderdale FL 33316		Days In CR	**366**	Maximum:	**72,468**	Standard:	**184**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**72,270**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**47,155**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,856**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**35,941**	FY Index:	**1.27343864**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**76.21885%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**65.07010%**	Cost:	**1.03760505**
Open Date: **1/1/1970**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **1/1/1970**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid **1/1/1970**		Low Occupancy Adjustment Factor:			**81.99998%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **6/1/2000**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med # **200140**						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,690,275	2,931,179	1,671,472	472,624	0	6,765,550
1a	Audit Adjustments						
2	Cost Per Diem	47.0292	81.5553	46.5060	**13.1500**		188.2405
3	Cost Per Diem Inflated	48.7977	83.5745	48.2549			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7977**	**83.5745**	**48.2549**	**13.1500**		193.7771
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1416		53.0385			
7	Provider Target Rate	**50.1847**		**54.1643**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7977**	**83.5745**	**48.2549**	**13.1500**		193.7771
12/13	Medicaid Adjustment Rate		2.4651	1.4233			
14	Prospective Per Diem 11	**48.7977**	**86.0396**	**49.6782**	**13.1500**		**197.6655**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226335-00 - 2013/07

224.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015940**

Mortgage Information		
Amount:	**794,480.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**850,782**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,843,079**	**13.0803**
20% ROE(2):	**1,710,770**	**0.4193**
Insurance Cost(3):	**98,700**	**2.0931**
Taxes Cost(3):	**98,799**	**2.0952**
Home Office(3):	**13,735**	**0.2913**
Replacement(3&4):	**44,843**	**0.0000**
Total FRVS PD:		**17.9792**

(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 (0.015940) divided by annual available days (72,270) divided by Occup. Adj. (0.9000) = $0.4193
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**198**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,643,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7977**	**48.7977**	**2.1214**	**46.6763**	
Patient Care					
Direct Care	**86.0396**	**86.0396**	**3.7404**	**82.2992**	
Indirect Care	**49.6782**	**49.6782**	**2.1597**	**47.5185**	
Property	**13.1500**	**17.9792**	**0.7816**	**17.1976**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3397**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.6655**	**202.4947**	**8.8031**	**224.8677**	

***Medicaid Trend Adjustment :**

0 226351-00 - 2013/07

202.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**239**	Superior:	**0**
New Smyrna Beach FL 32069		Days In CR	**365**	Maximum:	**87,235**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2013/01**	Max Annualized:	**87,235**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**56,990**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,123**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**39,001**		
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**						

Medicaid Utilization	**68.43481%**
Occupancy:	**65.32928%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**82.32660%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,383,234	3,133,711	1,611,897	546,794	27,217	6,702,853
1a	Audit Adjustments						
2	Cost Per Diem	35.4666	80.3495	41.3296	**14.0200**	**0.6979**	171.8636
3	Cost Per Diem Inflated	37.3362	82.9153	43.5082			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3362**	**82.9153**	**43.5082**	**14.0200**	**0.6979**	178.4776
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.7317		48.7710			
7	Provider Target Rate	**41.5963**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3362**	**82.9153**	**43.5082**	**13.6500**	**0.6979**	178.1076
12/13	Medicaid Adjustment Rate		1.7196	0.9023			
14	Prospective Per Diem 11	**37.3362**	**84.6349**	**44.4105**	**13.6500**	**0.6979**	**180.7295**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226351-00 - 2013/07

202.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ocean View Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**8,778,028**
FRVS Base Asset:	**3,619,305**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**2,780,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**9.0700**	**%**
Interest Only:	**False**	
Yearly Payment:	**761,989**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,022,422**	**9.7054**
20% ROE(2):	**1,755,606**	**0.5148**
Insurance Cost(3):	**102,884**	**1.8053**
Taxes Cost(3):	**69,442**	**1.2185**
Home Office(3):	**17,484**	**0.3068**
Replacement(3&4):	**97,009**	**0.0000**
Total FRVS PD:		**13.5508**

(1) 80% Capital ($7,022,422) amortized at 9.0700% for 20 years Principal & Interest of $761,989 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = $9.7054
(2) 20% ROE ($1,755,606) times the ROE factor (0.023020) divided by annual available days (87,235) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3362**	**37.3362**	**1.6231**	**35.7131**	
Patient Care					
Direct Care	**84.6349**	**84.6349**	**3.6793**	**80.9556**	
Indirect Care	**44.4105**	**44.4105**	**1.9307**	**42.4798**	
Property	**13.6500**	**13.5508**	**0.5934**	**13.0566**	
ROE	**0.6979**	**0.5178**	**0.0303**	**0.6676**	
ROE Adjustment	**-0.5178**	**-0.5178**	**-0.0225**	**-0.4953**	
Quality Assess-Medicaid Share				**$21.2251**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.2117**	**179.9324**	**7.8343**	**202.4389**	

***Medicaid Trend Adjustment :**

0 226360-00 - 2013/07

221.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

South Heritage Health and Rehabiliation 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	**07/01/2011-06/30/2012**	Number of Beds: **74**	Superior: **0**
St. Petersburg FL 33705	Days In CR **366**	Maximum: **27,084**	Standard: **184**
County: **Pinellas[52]**	First Used: **2013/07**	Max Annualized: **27,010**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **21,387**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **1,136**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **20,020**	
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**			

Medicaid Utilization	**93.60827%**
Occupancy:	**78.96544%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.51060%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	978,608	1,425,977	1,060,535	401,601	0	3,866,721
1a	Audit Adjustments						
2	Cost Per Diem	48.8815	71.2276	52.9738	**20.0600**		193.1429
3	Cost Per Diem Inflated	50.9914	73.1946	55.2603			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9914**	**73.1946**	**55.2603**	**20.0600**		199.5063
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.9914**	**73.1946**	**55.2603**	**13.6500**		193.0963
12/13	Medicaid Adjustment Rate		3.2938	2.4867			
14	Prospective Per Diem 11	**50.9914**	**76.4884**	**57.7470**	**13.6500**		**198.8768**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226360-00 - 2013/07

221.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Heritage Health and Rehabiliation Center

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**1,731,730**
FRVS Base Asset:	**933,403**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**172,241**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,385,384**	**7.0855**
20% ROE(2):	**346,346**	**0.2538**
Insurance Cost(3):	**105,620**	**4.9385**
Taxes Cost(3):	**16,844**	**0.7876**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**69,018**	**0.0000**
Total FRVS PD:		**13.0654**

(1) 80% Capital ($1,385,384) amortized at 12.5000% for 20 years Interest of $172,241 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $7.0855
(2) 20% ROE ($346,346) times the ROE factor (0.017810) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $0.2538
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9914**	**50.9914**	**2.2168**	**48.7746**	
Patient Care					
Direct Care	**76.4884**	**76.4884**	**3.3252**	**73.1632**	
Indirect Care	**57.7470**	**57.7470**	**2.5104**	**55.2366**	
Property	**13.6500**	**13.0654**	**0.5680**	**12.4974**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5169**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.8768**	**198.2922**	**8.6204**	**221.0251**	

***Medicaid Trend Adjustment :**

0 226602-00 - 2013/07

198.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**176**	Superior:	**0**
North Bay Village FL 33141		Days In CR	**366**	Maximum:	**64,416**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**64,240**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**59,218**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**6,292**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**51,459**		
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**							

Medicaid Utilization	**86.89756%**
Occupancy:	**91.93057%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.84899%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,737,375	3,641,923	2,308,382	1,170,692	0	8,858,372
1a	Audit Adjustments						
2	Cost Per Diem	33.7623	70.7733	44.8587	**22.7500**		172.1443
3	Cost Per Diem Inflated	35.2196	72.7277	46.7950			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.2196**	**72.7277**	**46.7950**	**22.7500**		177.4923
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.2196**	**72.7277**	**46.7950**	**13.6500**		168.3923
12/13	Medicaid Adjustment Rate		3.0189	1.9424			
14	Prospective Per Diem 11	**35.2196**	**75.7466**	**48.7374**	**13.6500**		**173.3536**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226602-00 - 2013/07

198.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Treasure Isle Care Center

FRVS

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

Began FRVS:	**1/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**6,086,763**
FRVS Base Asset:	**3,238,794**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**605,401**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,869,410**	**10.4712**
20% ROE(2):	**1,217,353**	**0.3750**
Insurance Cost(3):	**251,244**	**4.2427**
Taxes Cost(3):	**79,728**	**1.3463**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**154,731**	**0.0000**
Total FRVS PD:		**16.4352**

(1) 80% Capital ($4,869,410) amortized at 12.5000% for 20 years Interest of $605,401 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $10.4712
(2) 20% ROE ($1,217,353) times the ROE factor (0.017810) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $0.3750
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**176**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,016,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.2196**	**35.2196**	**1.5311**	**33.6885**	
Patient Care					
Direct Care	**75.7466**	**75.7466**	**3.2929**	**72.4537**	
Indirect Care	**48.7374**	**48.7374**	**2.1188**	**46.6186**	
Property	**13.6500**	**16.4352**	**0.7145**	**15.7207**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2533**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.3536**	**176.1388**	**7.6573**	**198.5712**	

***Medicaid Trend Adjustment :**

0 227226-00 - 2013/07

160.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**269**	Superior:	**0**
Miami Springs FL 33166		Days In CR	**365**	Maximum:	**98,185**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**98,185**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**97,755**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,957**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**64,925**		
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**						

Medicaid Utilization	**66.41604%**
Occupancy:	**99.56205%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**125.46601%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,619,330	4,020,675	2,379,497	1,066,718	0	10,086,220
1a	Audit Adjustments						
2	Cost Per Diem	40.3439	61.9280	36.6499	**16.4300**		155.3518
3	Cost Per Diem Inflated	42.5228	63.9324	38.6293			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5228**	**63.9324**	**38.6293**	**16.4300**		161.5145
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.5228**	**63.9324**	**38.6293**	**13.6500**		158.7345
12/13	Medicaid Adjustment Rate		1.1807	0.7134			
14	Prospective Per Diem 11	**42.5228**	**65.1131**	**39.3427**	**13.6500**		**160.6286**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227226-00 - 2013/07

160.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**8,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6300**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6300**	**%**
Interest Only:	**False**	
Yearly Payment:	**499,798**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,099,456**	**5.6560**
20% ROE(2):	**1,774,864**	**0.4855**
Insurance Cost(3):	**93,222**	**0.9536**
Taxes Cost(3):	**139,945**	**1.4316**
Home Office(3):	**9,886**	**0.1011**
Replacement(3&4):	**237,696**	**0.0000**
Total FRVS PD:		**8.6278**

(1) 80% Capital ($7,099,456) amortized at 3.6300% for 20 years Principal & Interest of $499,798 divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = $5.6560
(2) 20% ROE ($1,774,864) times the ROE factor (0.024170) divided by annual available days (98,185) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**267**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,609,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.5228**	**42.5228**	**1.8486**	**40.6742**	
Patient Care					
Direct Care	**65.1131**	**65.1131**	**2.8307**	**62.2824**	
Indirect Care	**39.3427**	**39.3427**	**1.7104**	**37.6323**	
Property	**13.6500**	**8.6278**	**0.3751**	**8.2527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.8374**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**160.6286**	**155.6064**	**6.7648**	**160.5154**	

***Medicaid Trend Adjustment :**

0 227251-00 - 2013/07

225.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**57**	Superior:	**0**
St. Petersburg FL 33711		Days In CR	**366**	Maximum:	**20,862**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**20,805**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**18,193**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**721**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**16,637**		
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**						

Medicaid Utilization	**91.44726%**
Occupancy:	**87.20641%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.89569%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	816,348	1,106,174	983,930	494,285	0	3,400,737
1a	Audit Adjustments						
2	Cost Per Diem	49.0682	66.4888	59.1411	**29.7100**		204.4081
3	Cost Per Diem Inflated	51.1861	68.3249	61.6938			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1861**	**68.3249**	**61.6938**	**29.7100**		210.9148
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2136		59.1031			
7	Provider Target Rate	**53.3219**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.1861**	**68.3249**	**60.3576**	**13.6500**		193.5186
12/13	Medicaid Adjustment Rate		3.0746	2.7161			
14	Prospective Per Diem 11	**51.1861**	**71.3995**	**63.0737**	**13.6500**		**199.3093**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227251-00 - 2013/07

225.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Alpine Health and Rehabilitation Center

FRVS

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

Began FRVS:	**6/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**2,119,376**
FRVS Base Asset:	**747,623**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**210,797**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,695,501**	**11.2578**
20% ROE(2):	**423,875**	**0.4032**
Insurance Cost(3):	**71,135**	**3.9100**
Taxes Cost(3):	**16,215**	**0.8913**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,877**	**0.0000**
Total FRVS PD:		**16.4623**

(1) 80% Capital ($1,695,501) amortized at 12.5000% for 20 years Interest of $210,797 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $11.2578
(2) 20% ROE ($423,875) times the ROE factor (0.017810) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $0.4032
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**57**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,624,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1861**	**51.1861**	**2.2252**	**48.9609**	
Patient Care					
Direct Care	**71.3995**	**71.3995**	**3.1040**	**68.2955**	
Indirect Care	**63.0737**	**63.0737**	**2.7420**	**60.3317**	
Property	**13.6500**	**16.4623**	**0.7157**	**15.7466**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.8376**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.3093**	**202.1216**	**8.7869**	**225.0087**	

***Medicaid Trend Adjustment :**

0 227579-00 - 2013/07

236.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wilton Manors 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	
2675 North Andrews Ave		**01/01/2011-12/31/2011**		Number of Beds:	**147**	Superior:	**0**
Wilton Manors FL 33311		Days In CR	**365**	Maximum:	**53,655**	Standard:	**172**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**53,655**	Conditional:	**12**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**46,022**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,346**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,483**		
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**						

Medicaid Utilization	**61.88997%**
Occupancy:	**85.77393%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.09051%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,642,689	2,551,513	1,782,110	439,778	27,385	6,443,475
1a	Audit Adjustments						
2	Cost Per Diem	57.6726	89.5802	62.5675	**15.4400**	**0.9615**	226.2218
3	Cost Per Diem Inflated	60.7873	92.4796	65.9466			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.7873**	**92.4796**	**65.9466**	**15.4400**	**0.9615**	235.6150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7594		54.5783			
7	Provider Target Rate	**57.9642**		**55.7368**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**92.4796**	**55.7368**	**13.6500**	**0.9615**	216.8498
12/13	Medicaid Adjustment Rate		1.1564	0.6969			
14	Prospective Per Diem 11	**54.0219**	**93.6360**	**56.4337**	**13.6500**	**0.9615**	**218.7031**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227579-00 - 2013/07

236.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wilton Manors Health and Rehab 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	**6,309,255**
FRVS Base Asset:	**1,515,062**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,161,900.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4900**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**535,253**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,047,404**	**11.0843**
20% ROE(2):	**1,261,851**	**0.6316**
Insurance Cost(3):	**67,957**	**1.4766**
Taxes Cost(3):	**183,541**	**3.9881**
Home Office(3):	**37,949**	**0.8246**
Replacement(3&4):	**49,427**	**0.0000**
Total FRVS PD:		**18.0052**

(1) 80% Capital ($5,047,404) amortized at 8.7500% for 20 years Principal & Interest of $535,253 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $11.0843
(2) 20% ROE ($1,261,851) times the ROE factor (0.024170) divided by annual available days (53,655) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**93.6360**	**93.6360**	**4.0707**	**89.5653**	
Indirect Care	**56.4337**	**56.4337**	**2.4534**	**53.9803**	
Property	**13.6500**	**18.0052**	**0.5934**	**13.0566**	
ROE	**0.9615**	**0.7136**	**0.0418**	**0.9197**	
ROE Adjustment	**-0.7136**	**-0.7136**	**-0.0310**	**-0.6826**	
Quality Assess-Medicaid Share				**$18.9508**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.9895**	**222.0968**	**9.4768**	**236.2999**	

***Medicaid Trend Adjustment :**

0 227587-00 - 2013/07

227.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rockledge NH, 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	
587 Barton Blvd.		**01/01/2011-12/31/2011**		Number of Beds:	**107**	Superior:	**0**
Rockledge FL 32955		Days In CR	**365**	Maximum:	**39,055**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2012/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**33,259**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,277**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,748**		
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**						

Medicaid Utilization	**53.36300%**
Occupancy:	**85.15939%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.31609%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	902,637	1,494,813	1,016,245	475,114	10,778	3,899,587
1a	Audit Adjustments						
2	Cost Per Diem	50.8585	84.2243	57.2597	**26.7700**	**0.6073**	219.7198
3	Cost Per Diem Inflated	53.6052	86.9503	60.3521			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.6052**	**86.9503**	**60.3521**	**26.7700**	**0.6073**	228.2849
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8454		55.6625			
7	Provider Target Rate	**52.9459**		**56.8440**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**86.9503**	**56.8440**	**13.6500**	**0.6073**	209.6322
12/13	Medicaid Adjustment Rate		0.3290	0.2151			
14	Prospective Per Diem 11	**51.5806**	**87.2793**	**57.0591**	**13.6500**	**0.6073**	**210.1763**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227587-00 - 2013/07

227.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rockledge NH, LLC

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	**3,486,347**
FRVS Base Asset:	**992,144**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,964,283.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4900**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**295,769**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,789,078**	**8.4146**
20% ROE(2):	**697,269**	**0.4795**
Insurance Cost(3):	**54,711**	**1.6450**
Taxes Cost(3):	**42,342**	**1.2731**
Home Office(3):	**25,851**	**0.7773**
Replacement(3&4):	**64,014**	**0.0000**
Total FRVS PD:		**12.5895**

(1) 80% Capital ($2,789,078) amortized at 8.7500% for 20 years Principal & Interest of $295,769 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $8.4146
(2) 20% ROE ($697,269) times the ROE factor (0.024170) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.4795
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**87.2793**	**87.2793**	**3.7943**	**83.4850**	
Indirect Care	**57.0591**	**57.0591**	**2.4805**	**54.5786**	
Property	**13.6500**	**12.5895**	**0.5934**	**13.0566**	
ROE	**0.6073**	**0.5048**	**0.0264**	**0.5809**	
ROE Adjustment	**-0.5048**	**-0.5048**	**-0.0219**	**-0.4829**	
Quality Assess-Medicaid Share				**$18.5770**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.6715**	**208.5085**	**9.1151**	**227.9698**	

***Medicaid Trend Adjustment :**

0 227625-00 - 2013/07

240.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **60**	Superior: **0**
Bradenton FL 34205	Days In CR **365**	Maximum: **21,900**	Standard: **184**
County: **Manatee[41]**	First Used: **2012/07**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **19,878**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,053**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **9,937**	
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**			

Medicaid Utilization	**49.98994%**
Occupancy:	**90.76712%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.38283%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	532,627	841,566	652,751	153,527	6,366	2,186,837
1a	Audit Adjustments						
2	Cost Per Diem	53.6004	84.6901	65.6889	**15.4500**	**0.6406**	220.0700
3	Cost Per Diem Inflated	56.4952	87.4312	69.2366			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4952**	**87.4312**	**69.2366**	**15.4500**	**0.6406**	229.2536
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8346		62.5202			
7	Provider Target Rate	**58.0410**		**63.8473**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.4952**	**87.4312**	**63.8473**	**13.6500**	**0.6406**	222.0643
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**56.4952**	**87.4312**	**63.8473**	**13.6500**	**0.6406**	**222.0643**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227625-00 - 2013/07

240.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Greenbriar Rehab & Nursing 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	**2,350,785**
FRVS Base Asset:	**788,632**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,976,183.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.8500**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**10.8500**	**%**
Interest Only:	**False**	
Yearly Payment:	**230,640**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,880,628**	**11.7017**
20% ROE(2):	**470,157**	**0.5765**
Insurance Cost(3):	**49,499**	**2.4901**
Taxes Cost(3):	**32,844**	**1.6523**
Home Office(3):	**16,730**	**0.8416**
Replacement(3&4):	**16,785**	**0.0000**
Total FRVS PD:		**17.2622**

(1) 80% Capital ($1,880,628) amortized at 10.8500% for 20 years Principal & Interest of $230,640 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.7017
(2) 20% ROE ($470,157) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5765
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.4952**	**56.4952**	**2.4560**	**54.0392**	
Patient Care					
Direct Care	**87.4312**	**87.4312**	**3.8009**	**83.6303**	
Indirect Care	**63.8473**	**63.8473**	**2.7756**	**61.0717**	
Property	**13.6500**	**17.2622**	**0.5934**	**13.0566**	
ROE	**0.6406**	**0.1665**	**0.0278**	**0.6128**	
ROE Adjustment	**-0.1665**	**-0.1665**	**-0.0072**	**-0.1593**	
Quality Assess-Medicaid Share				**$18.9314**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.8978**	**225.0359**	**9.6465**	**240.0191**	

***Medicaid Trend Adjustment :**

0 227633-00 - 2013/07

221.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**99**	Superior:	**0**
St. Petersburg FL 33713		Days In CR	**366**	Maximum:	**36,234**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**32,614**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,768**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,868**	FY Index:	**1.28354541**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**63.98479%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.00939%**	Cost:	**1.02943484**
Open Date:	**6/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**6/1/1982**	Low Occupancy Adjustment Factor:			**113.42795%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/20/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**220671**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,053,119	1,598,320	1,101,666	284,848	1,918	4,039,871
1a	Audit Adjustments						
2	Cost Per Diem	50.4657	76.5919	52.7921	**13.6500**	**0.0919**	193.5916
3	Cost Per Diem Inflated	51.9511	78.2161	54.3460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9511**	**78.2161**	**54.3460**	**13.6500**	**0.0919**	198.2551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.5671		59.1031			
7	Provider Target Rate	**61.8527**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9511**	**78.2161**	**54.3460**	**13.6500**	**0.0919**	198.2551
12/13	Medicaid Adjustment Rate		1.2306	0.8550			
14	Prospective Per Diem 11	**51.9511**	**79.4467**	**55.2010**	**13.6500**	**0.0919**	**200.3407**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227633-00 - 2013/07

221.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,704,427**
FRVS Base Asset:	**1,487,023**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,569,050.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**369,981**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,963,542**	**11.3765**
20% ROE(2):	**740,885**	**0.3322**
Insurance Cost(3):	**54,674**	**1.6764**
Taxes Cost(3):	**19,398**	**0.5948**
Home Office(3):	**24,491**	**0.7509**
Replacement(3&4):	**12,740**	**0.0000**
Total FRVS PD:		**14.7308**

(1) 80% Capital ($2,963,542) amortized at 11.1200% for 20 years Principal & Interest of $369,981 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.3765
(2) 20% ROE ($740,885) times the ROE factor (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3322
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9511**	**51.9511**	**2.2585**	**49.6926**	
Patient Care					
Direct Care	**79.4467**	**79.4467**	**3.4538**	**75.9929**	
Indirect Care	**55.2010**	**55.2010**	**2.3998**	**52.8012**	
Property	**13.6500**	**14.7308**	**0.6404**	**14.0904**	
ROE	**0.0919**	**0.0844**	**0.0037**	**0.0807**	
ROE Adjustment	**-0.0844**	**-0.0844**	**-0.0037**	**-0.0807**	
Quality Assess-Medicaid Share				**$20.3035**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.2563**	**201.3296**	**8.7525**	**221.7170**	

***Medicaid Trend Adjustment :**

0 227641-00 - 2013/07

225.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Rehab NH, 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	
1301 16th Street North		**01/01/2011-12/31/2011**		Number of Beds:	**45**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**16,425**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**13,574**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,384**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,130**		
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**						

Medicaid Utilization	**52.52689%**
Occupancy:	**82.64231%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.14411%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	478,853	582,776	509,193	98,323	5,180	1,674,325
1a	Audit Adjustments						
2	Cost Per Diem	67.1603	81.7358	71.4156	**13.7900**	**0.7265**	234.8282
3	Cost Per Diem Inflated	70.7875	84.3813	75.2726			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**70.7875**	**84.3813**	**75.2726**	**13.7900**	**0.7265**	244.9579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.0708		67.2985			
7	Provider Target Rate	**61.3459**		**68.7270**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.3150**	**84.3813**	**68.7270**	**13.6500**	**0.7265**	226.7998
12/13	Medicaid Adjustment Rate		0.2399	0.1954			
14	Prospective Per Diem 11	**59.3150**	**84.6212**	**68.9224**	**13.6500**	**0.7265**	**227.2351**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227641-00 - 2013/07

225.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Rehab NH, LLC

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	**1,339,281**
FRVS Base Asset:	**614,550**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,317,467.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**133,761**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,071,425**	**9.0486**
20% ROE(2):	**267,856**	**0.4380**
Insurance Cost(3):	**23,107**	**1.7023**
Taxes Cost(3):	**15,631**	**1.1515**
Home Office(3):	**10,586**	**0.7799**
Replacement(3&4):	**236,138**	**0.0000**
Total FRVS PD:		**13.1203**

(1) 80% Capital ($1,071,425) amortized at 11.1200% for 20 years Principal & Interest of $133,761 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $9.0486
(2) 20% ROE ($267,856) times the ROE factor (0.024170) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.4380
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**49**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,396,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.3150**	**59.3150**	**2.5786**	**56.7364**	
Patient Care					
Direct Care	**84.6212**	**84.6212**	**3.6788**	**80.9424**	
Indirect Care	**68.9224**	**68.9224**	**2.9963**	**65.9261**	
Property	**13.6500**	**13.1203**	**0.5934**	**13.0566**	
ROE	**0.7265**	**0.5679**	**0.0316**	**0.6949**	
ROE Adjustment	**-0.5679**	**-0.5679**	**-0.0247**	**-0.5432**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.6672**	**225.9789**	**9.8540**	**225.6496**	

***Medicaid Trend Adjustment :**

0 227765-00 - 2013/07

229.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Oaks NH, 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	
3250 SW 41st Place		**01/01/2011-12/31/2011**		Number of Beds:	**154**	Superior:	**0**
Gainesville FL 32608		Days In CR	**365**	Maximum:	**56,210**	Standard:	**184**
County:	**Alachua[1]**	First Used:	**2013/01**	Max Annualized:	**56,210**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**46,818**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,505**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,780**		
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**						

Medicaid Utilization	**74.28767%**
Occupancy:	**83.29123%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.96186%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,874,864	2,996,134	1,993,293	1,364,767	32,198	8,261,256
1a	Audit Adjustments						
2	Cost Per Diem	53.9064	86.1453	57.3115	**39.2400**	**0.9258**	237.5290
3	Cost Per Diem Inflated	56.8177	88.9335	60.4067			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.8177**	**88.9335**	**60.4067**	**39.2400**	**0.9258**	246.3237
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8067		52.6972			
7	Provider Target Rate	**53.9276**		**53.8158**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**88.9335**	**53.8158**	**13.6500**	**0.9258**	206.4643
12/13	Medicaid Adjustment Rate		2.4300	1.4704			
14	Prospective Per Diem 11	**49.1392**	**91.3635**	**55.2862**	**13.6500**	**0.9258**	**210.3647**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227765-00 - 2013/07

229.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Oaks NH, LLC

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**3,815,136**
FRVS Base Asset:	**2,058,220**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,659,683.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5100**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**278,486**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,052,109**	**5.5049**
20% ROE(2):	**763,027**	**0.3646**
Insurance Cost(3):	**66,514**	**1.4207**
Taxes Cost(3):	**58,735**	**1.2545**
Home Office(3):	**34,415**	**0.7351**
Replacement(3&4):	**60,577**	**0.0000**
Total FRVS PD:		**9.2798**

(1) 80% Capital ($3,052,109) amortized at 6.7500% for 20 years Principal & Interest of $278,486 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $5.5049
(2) 20% ROE ($763,027) times the ROE factor (0.024170) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $0.3646
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**91.3635**	**91.3635**	**3.9719**	**87.3916**	
Indirect Care	**55.2862**	**55.2862**	**2.4035**	**52.8827**	
Property	**13.6500**	**9.2798**	**0.5934**	**13.0566**	
ROE	**0.9258**	**0.5731**	**0.0402**	**0.8856**	
ROE Adjustment	**-0.5731**	**-0.5731**	**-0.0249**	**-0.5482**	
Quality Assess-Medicaid Share				**$19.9680**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.7916**	**205.0687**	**9.1203**	**229.4757**	

***Medicaid Trend Adjustment :**

0 227773-00 - 2013/07

241.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-08/31/2012**		Number of Beds:	**99**	Superior:	**0**
Ocala FL 34471		Days In CR	**244**	Maximum:	**31,416**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**24,806**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,308**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**14,286**		
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 #	**220531**						

Medicaid Utilization	**57.59091%**
Occupancy:	**78.95976%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.50345%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27907452**
Semester Index:	**1.32132636**
Cost:	**1.03303313**
Target:	**1.01485834**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02262367**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	770,448	1,284,869	897,972	327,721	0	3,281,010
1a	Audit Adjustments						
2	Cost Per Diem	53.9303	89.9390	62.8568	**22.9400**		229.6661
3	Cost Per Diem Inflated	55.7118	91.9738	64.9332			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7118**	**91.9738**	**64.9332**	**22.9400**		235.5588
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2753		59.5514			
7	Provider Target Rate	**55.4274**		**60.8154**			
7a	Interim Adjustment	6.5130		7.1462			
7b	Interim Adjusted Provider Target Rate	**61.9404**		**67.9616**			
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6018**	**91.9738**	**63.9360**	**13.6500**		222.1616
12/13	Medicaid Adjustment Rate		0.7854	0.5460			
14	Prospective Per Diem 11	**52.6018**	**92.7592**	**64.4820**	**13.6500**		**223.4930**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227773-00 - 2013/07

241.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

New Horizon Health & Rehab 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	**5,011,889**
FRVS Base Asset:	**1,178,042**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015160**

Mortgage Information		
Amount:	**5,269,833.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1200**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.1200**	**%**
Interest Only:	**False**	
Yearly Payment:	**500,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,009,511**	**15.3918**
20% ROE(2):	**1,002,378**	**0.4673**
Insurance Cost(3):	**60,660**	**2.4454**
Taxes Cost(3):	**41,518**	**1.6737**
Home Office(3):	**20,803**	**0.8386**
Replacement(3&4):	**36,741**	**0.0000**
Total FRVS PD:		**20.8168**

(1) 80% Capital ($4,009,511) amortized at 11.1200% for 20 years Principal & Interest of $500,564 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $15.3918
(2) 20% ROE ($1,002,378) times the ROE factor (0.015160) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.4673
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**89**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**92.7592**	**92.7592**	**4.0325**	**88.7267**	
Indirect Care	**64.4820**	**64.4820**	**2.8032**	**61.6788**	
Property	**13.6500**	**20.8168**	**0.5934**	**13.0566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6915**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.4930**	**230.6598**	**9.7159**	**241.3050**	

***Medicaid Trend Adjustment :**

0 227838-00 - 2013/07

196.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

First Coast 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	
7723 Jasper Avenue		**07/01/2011-06/30/2012**		Number of Beds:	**100**	Superior:	**0**
Jacksonville FL 32211		Days In CR	**366**	Maximum:	**36,600**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**32,710**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,571**	**Inflation**	
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**25,864**	FY Index:	**1.26665332**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**79.07062%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.37159%**	Cost:	**1.04316338**
Open Date:	**7/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**1/1/1984**	Low Occupancy Adjustment Factor:			**112.62420%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**221856**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	949,127	1,789,059	1,014,921	710,743	0	4,463,850
1a	Audit Adjustments						
2	Cost Per Diem	36.6968	69.1718	39.2407	**27.4800**		172.5893
3	Cost Per Diem Inflated	38.2808	71.0820	40.9345			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2808**	**71.0820**	**40.9345**	**27.4800**		177.7773
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2808**	**71.0820**	**40.9345**	**13.6500**		163.9473
12/13	Medicaid Adjustment Rate		2.3247	1.3387			
14	Prospective Per Diem 11	**38.2808**	**73.4067**	**42.2732**	**13.6500**		**167.6107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227838-00 - 2013/07

196.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

First Coast Health and Rehabilitation Center

FRVS

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

Began FRVS:	**5/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,552,739**
FRVS Base Asset:	**2,041,803**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**452,824**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,642,191**	**13.7846**
20% ROE(2):	**910,548**	**0.4937**
Insurance Cost(3):	**124,798**	**3.8153**
Taxes Cost(3):	**28,063**	**0.8579**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**110,302**	**0.0000**
Total FRVS PD:		**18.9515**

(1) 80% Capital ($3,642,191) amortized at 12.5000% for 20 years Interest of $452,824 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $13.7846
(2) 20% ROE ($910,548) times the ROE factor (0.017810) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.4937
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2808**	**38.2808**	**1.6642**	**36.6166**	
Patient Care					
Direct Care	**73.4067**	**73.4067**	**3.1912**	**70.2155**	
Indirect Care	**42.2732**	**42.2732**	**1.8378**	**40.4354**	
Property	**13.6500**	**18.9515**	**0.8239**	**18.1276**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9109**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**167.6107**	**172.9122**	**7.5171**	**196.1424**	

***Medicaid Trend Adjustment :**

0 227871-00 - 2013/07

192.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-07/31/2011**	Number of Beds: **120**	Superior: **0**
Trenton FL 32693	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Gilchrist[21]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **41,043**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,241**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **24,480**	
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**			

Medicaid Utilization	**59.64476%**
Occupancy:	**93.70548%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.08569%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,545	1,881,046	874,765	258,509	0	3,933,865
1a	Audit Adjustments						
2	Cost Per Diem	37.5631	76.8401	35.7339	**10.5600**		160.6971
3	Cost Per Diem Inflated	40.0963	79.8757	38.1437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0963**	**79.8757**	**38.1437**	**10.5600**		168.6757
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2352		48.7710			
7	Provider Target Rate	**43.1317**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0963**	**79.8757**	**38.1437**	**10.5600**		168.6757
12/13	Medicaid Adjustment Rate		0.8667	0.4139			
14	Prospective Per Diem 11	**40.0963**	**80.7424**	**38.5576**	**10.5600**		**169.9563**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227871-00 - 2013/07

192.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avers Health & Rehab 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:	**1981/01**
Indexed Asset Value	**4,098,996**
FRVS Base Asset:	**2,024,741**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**6,621,085.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**419,644**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,279,197**	**10.6455**
20% ROE(2):	**819,799**	**0.5372**
Insurance Cost(3):	**37,758**	**0.9200**
Taxes Cost(3):	**62,004**	**1.5107**
Home Office(3):	**634**	**0.0154**
Replacement(3&4):	**207,072**	**0.0000**
Total FRVS PD:		**13.6288**

(1) 80% Capital ($3,279,197) amortized at 11.5000% for 20 years Principal & Interest of $419,644 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6455
(2) 20% ROE ($819,799) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5372
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0963**	**40.0963**	**1.7431**	**38.3532**	
Patient Care					
Direct Care	**80.7424**	**80.7424**	**3.5101**	**77.2323**	
Indirect Care	**38.5576**	**38.5576**	**1.6762**	**36.8814**	
Property	**10.5600**	**13.6288**	**0.5925**	**13.0363**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4258**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.9563**	**173.0251**	**7.5219**	**192.7654**	

***Medicaid Trend Adjustment :**

0 228001-00 - 2013/07

257.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

North Beach 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		**01/01/2011-12/31/2011**		Number of Beds:	**99**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**365**	Maximum:	**36,135**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**32,565**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,124**	Inflation	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**19,786**	FY Index:	**1.25362148**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**60.75848%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.12038%**	Cost:	**1.05400743**
Open Date:	**6/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**6/1/1982**	Low Occupancy Adjustment Factor:			**113.56782%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/20/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**225282**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,168,107	1,920,322	1,146,257	254,844	9,913	4,499,443
1a	Audit Adjustments						
2	Cost Per Diem	59.0370	97.0546	57.9327	**12.8800**	**0.5010**	227.4053
3	Cost Per Diem Inflated	62.2254	100.1959	61.0615			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.2254**	**100.1959**	**61.0615**	**12.8800**	**0.5010**	236.8638
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9115		64.5276			
7	Provider Target Rate	**62.2044**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**62.2044**	**100.1959**	**61.0615**	**12.8800**	**0.5010**	236.8428
12/13	Medicaid Adjustment Rate		1.2127	0.7390			
14	Prospective Per Diem 11	**62.2044**	**101.4086**	**61.8005**	**12.8800**	**0.5010**	**238.7945**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228001-00 - 2013/07

257.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Beach Nursing & 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	**4,500,584**
FRVS Base Asset:	**1,345,871**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,634,917.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4900**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**381,813**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,600,467**	**11.7403**
20% ROE(2):	**900,117**	**0.6690**
Insurance Cost(3):	**51,372**	**1.5775**
Taxes Cost(3):	**47,986**	**1.4735**
Home Office(3):	**26,755**	**0.8216**
Replacement(3&4):	**10,787**	**0.0000**
Total FRVS PD:		**16.2819**

(1) 80% Capital ($3,600,467) amortized at 8.7500% for 20 years Principal & Interest of $381,813 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.7403
(2) 20% ROE ($900,117) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.6690
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.2044**	**62.2044**	**2.7042**	**59.5002**	
Patient Care					
Direct Care	**101.4086**	**101.4086**	**4.4086**	**97.0000**	
Indirect Care	**61.8005**	**61.8005**	**2.6867**	**59.1138**	
Property	**12.8800**	**16.2819**	**0.5599**	**12.3201**	
ROE	**0.5010**	**0.1886**	**0.0218**	**0.4792**	
ROE Adjustment	**-0.1886**	**-0.1886**	**-0.0082**	**-0.1804**	
Quality Assess-Medicaid Share				**$20.0383**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**238.6059**	**241.6954**	**10.3730**	**257.1076**	

***Medicaid Trend Adjustment :**

0 228320-00 - 2013/07

238.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Beach Gardens FL 3341		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**31,977**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,815**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,248**		
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**						

Medicaid Utilization	**44.55703%**
Occupancy:	**72.80738%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**91.75034%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	766,241	1,265,599	1,049,731	478,448	0	3,560,019
1a	Audit Adjustments						
2	Cost Per Diem	53.7788	88.8264	73.6757	**33.5800**		249.8609
3	Cost Per Diem Inflated	55.8012	91.0256	76.4463			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.8012**	**91.0256**	**76.4463**	**33.5800**		256.8531
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.5308		64.0596			
7	Provider Target Rate	**69.9854**		**65.4193**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**91.0256**	**61.8071**	**13.6500**		220.5046
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**91.0256**	**61.8071**	**13.6500**		**220.5046**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228320-00 - 2013/07

238.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,429,539**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**7,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.3400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.3400**	**%**
Interest Only:	**False**	
Yearly Payment:	**414,819**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,343,631**	**10.5231**
20% ROE(2):	**1,085,908**	**0.4391**
Insurance Cost(3):	**29,043**	**0.9082**
Taxes Cost(3):	**179,365**	**5.6092**
Home Office(3):	**36,759**	**1.1495**
Replacement(3&4):	**234,627**	**0.0000**
Total FRVS PD:		**18.6291**

(1) 80% Capital ($4,343,631) amortized at 7.3400% for 20 years Principal & Interest of $414,819 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5231
(2) 20% ROE ($1,085,908) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4391
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**91.0256**	**91.0256**	**3.9572**	**87.0684**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**18.6291**	**0.8099**	**17.8192**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5063**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**220.5046**	**225.4837**	**9.8026**	**238.0238**	

***Medicaid Trend Adjustment :**

0 228338-00 - 2013/07

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,494**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,801**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,837**		
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**						

Medicaid Utilization	**30.93700%**
Occupancy:	**94.47632%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.05708%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	500,624	1,046,911	724,486	190,244	0	2,462,265
1a	Audit Adjustments						
2	Cost Per Diem	38.9985	81.5542	56.4373	**14.8200**		191.8100
3	Cost Per Diem Inflated	41.0038	84.1231	59.3394			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0038**	**84.1231**	**59.3394**	**14.8200**		199.2863
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.3027		50.8005			
7	Provider Target Rate	**59.5402**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0038**	**84.1231**	**51.8788**	**13.6500**		190.6557
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.0038**	**84.1231**	**51.8788**	**13.6500**		**190.6557**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228338-00 - 2013/07

206.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Melbourne

FRVS

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

Began FRVS:	**2/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**6,014,378**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information

Amount:	**4,085,472.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**501,064**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,811,502**	**12.7109**
20% ROE(2):	**1,202,876**	**0.6677**
Insurance Cost(3):	**10,746**	**0.2590**
Taxes Cost(3):	**69,945**	**1.6857**
Home Office(3):	**40,859**	**0.9847**
Replacement(3&4):	**147,616**	**0.0000**
Total FRVS PD:		**16.3080**

(1) 80% Capital ($4,811,502) amortized at 8.5000% for 20 years Principal & Interest of $501,064 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7109
(2) 20% ROE ($1,202,876) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6677
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0038**	**41.0038**	**1.7826**	**39.2212**	
Patient Care					
Direct Care	**84.1231**	**84.1231**	**3.6571**	**80.4660**	
Indirect Care	**51.8788**	**51.8788**	**2.2553**	**49.6235**	
Property	**13.6500**	**16.3080**	**0.7090**	**15.5990**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0052**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.6557**	**193.3137**	**8.4040**	**206.7513**	

***Medicaid Trend Adjustment :**

0 228401-00 - 2013/07

188.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**104**	Superior:	**0**
Jacksonville FL 32204		Days In CR	**365**	Maximum:	**37,960**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**29,762**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,921**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,608**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.60265%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**78.40358%**	Cost:	**1.05400743**
Open Date:	**4/1/1979**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/1/1979**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/1/1980**	Low Occupancy Adjustment Factor:			**98.80255%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/16/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**202908**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	816,087	1,536,266	837,110	181,291	0	3,370,754
1a	Audit Adjustments						
2	Cost Per Diem	37.7678	71.0971	38.7407	**8.3900**		155.9956
3	Cost Per Diem Inflated	39.8075	73.3983	40.8330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8075**	**73.3983**	**40.8330**	**8.3900**		162.4288
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9095		48.7710			
7	Provider Target Rate	**47.9052**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.8075**	**73.3983**	**40.8330**	**8.3900**		162.4288
12/13	Medicaid Adjustment Rate		1.8664	1.0383			
14	Prospective Per Diem 11	**39.8075**	**75.2647**	**41.8713**	**8.3900**		**165.3335**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228401-00 - 2013/07

188.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,511,516**
FRVS Base Asset:	**1,293,889**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,230,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**232,672**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,009,213**	**6.8104**
20% ROE(2):	**502,303**	**0.3554**
Insurance Cost(3):	**20,692**	**0.6952**
Taxes Cost(3):	**36,719**	**1.2338**
Home Office(3):	**6,257**	**0.2102**
Replacement(3&4):	**20,213**	**0.0000**
Total FRVS PD:		**9.3050**

(1) 80% Capital ($2,009,213) amortized at 10.0000% for 20 years Principal & Interest of $232,672 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $6.8104
(2) 20% ROE ($502,303) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.3554
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8075**	**39.8075**	**1.7306**	**38.0769**	
Patient Care					
Direct Care	**75.2647**	**75.2647**	**3.2720**	**71.9927**	
Indirect Care	**41.8713**	**41.8713**	**1.8203**	**40.0510**	
Property	**8.3900**	**9.3050**	**0.4045**	**8.9005**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6471**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**165.3335**	**166.2485**	**7.2274**	**188.5046**	

***Medicaid Trend Adjustment :**

0 228567-00 - 2013/07

192.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-07/31/2011**	Number of Beds: **120**	Superior: **0**
Hudson FL 34667	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Pasco[51]**	First Used: **2012/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **39,920**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **10,994**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **22,490**	
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**			

Medicaid Utilization	**56.33768%**
Occupancy:	**91.14155%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.85468%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

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	39.9086	78.8014	44.2553			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9086**	**78.8014**	**44.2553**	**13.1600**		176.1253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1238		50.8005			
7	Provider Target Rate	**43.0179**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9086**	**78.8014**	**44.2553**	**13.1600**		176.1253
12/13	Medicaid Adjustment Rate		0.5618	0.3155			
14	Prospective Per Diem 11	**39.9086**	**79.3632**	**44.5708**	**13.1600**		**177.0026**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228567-00 - 2013/07

192.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bear Creek Nursing 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:	**1981/07**
Indexed Asset Value	**2,929,431**
FRVS Base Asset:	**1,625,866**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**4,286,753.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**299,907**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,343,545**	**7.6080**
20% ROE(2):	**585,886**	**0.3839**
Insurance Cost(3):	**48,110**	**1.2052**
Taxes Cost(3):	**24,215**	**0.6066**
Home Office(3):	**685**	**0.0172**
Replacement(3&4):	**216,725**	**0.0000**
Total FRVS PD:		**9.8209**

(1) 80% Capital ($2,343,545) amortized at 11.5000% for 20 years Principal & Interest of $299,907 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6080
(2) 20% ROE ($585,886) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3839
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9086**	**39.9086**	**1.7350**	**38.1736**	
Patient Care					
Direct Care	**79.3632**	**79.3632**	**3.4502**	**75.9130**	
Indirect Care	**44.5708**	**44.5708**	**1.9376**	**42.6332**	
Property	**13.1600**	**9.8209**	**0.4269**	**9.3940**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2310**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.0026**	**173.6635**	**7.5497**	**192.1812**	

***Medicaid Trend Adjustment :**

0 228575-00 - 2013/07

205.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Pasco[51]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**38,905**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,836**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**27,682**		
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**						

Medicaid Utilization	**71.15281%**
Occupancy:	**88.82420%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.93440%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

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	49.7091	80.9081	40.0964			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7091**	**80.9081**	**40.0964**	**15.6900**		186.4036
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8310		50.8005			
7	Provider Target Rate	**44.7614**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7614**	**80.9081**	**40.0964**	**13.6500**		179.4159
12/13	Medicaid Adjustment Rate		1.9254	0.9542			
14	Prospective Per Diem 11	**44.7614**	**82.8335**	**41.0506**	**13.6500**		**182.2955**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228575-00 - 2013/07

205.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Royal Oak Nursing 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:	**1981/01**
Indexed Asset Value	**4,188,283**
FRVS Base Asset:	**2,272,821**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information

Amount:	**4,458,223.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**428,785**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,350,626**	**10.8773**
20% ROE(2):	**837,657**	**0.5489**
Insurance Cost(3):	**78,475**	**2.0171**
Taxes Cost(3):	**34,443**	**0.8853**
Home Office(3):	**567**	**0.0146**
Replacement(3&4):	**163,283**	**0.0000**
Total FRVS PD:		**14.3432**

(1) 80% Capital ($3,350,626) amortized at 11.5000% for 20 years Principal & Interest of $428,785 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8773
(2) 20% ROE ($837,657) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5489
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7614**	**44.7614**	**1.9459**	**42.8155**	
Patient Care					
Direct Care	**82.8335**	**82.8335**	**3.6010**	**79.2325**	
Indirect Care	**41.0506**	**41.0506**	**1.7846**	**39.2660**	
Property	**13.6500**	**14.3432**	**0.6235**	**13.7197**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0465**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.2955**	**182.9887**	**7.9550**	**205.9166**	

***Medicaid Trend Adjustment :**

0 228591-00 - 2013/07

206.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Pasco[51]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**33,583**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,316**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**23,908**		
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**						

Medicaid Utilization	**71.19078%**
Occupancy:	**76.67351%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**96.62236%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

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	43.4397	78.3442	49.7487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4397**	**78.3442**	**49.7487**	**11.7600**		183.2926
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**78.3442**	**49.7487**	**11.7600**		182.7686
12/13	Medicaid Adjustment Rate		1.8677	1.1860			
14	Prospective Per Diem 11	**42.9157**	**80.2119**	**50.9347**	**11.7600**		**185.8223**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228591-00 - 2013/07

206.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,943,366**
FRVS Base Asset:	**1,706,576**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**4,091,900.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**301,334**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,354,693**	**7.6442**
20% ROE(2):	**588,673**	**0.3857**
Insurance Cost(3):	**38,136**	**1.1356**
Taxes Cost(3):	**33,614**	**1.0009**
Home Office(3):	**535**	**0.0159**
Replacement(3&4):	**197,806**	**0.0000**
Total FRVS PD:		**10.1823**

(1) 80% Capital ($2,354,693) amortized at 11.5000% for 20 years Principal & Interest of $301,334 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6442
(2) 20% ROE ($588,673) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3857
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**80.2119**	**80.2119**	**3.4871**	**76.7248**	
Indirect Care	**50.9347**	**50.9347**	**2.2143**	**48.7204**	
Property	**11.7600**	**10.1823**	**0.4427**	**9.7396**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4320**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.8223**	**184.2446**	**8.0098**	**206.5032**	

***Medicaid Trend Adjustment :**

0 228621-00 - 2013/07

256.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The 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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34236		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County: **Sarasota[58]**		First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**19,540**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,277**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**3,303**		
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 #							

Medicaid Utilization	**16.90379%**
Occupancy:	**89.22374%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.43789%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	146,851	379,519	280,368	120,857	0	927,595
1a	Audit Adjustments						
2	Cost Per Diem	44.4599	114.9013	84.8828	**36.5901**		280.8341
3	Cost Per Diem Inflated	46.8611	118.6203	89.4671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8611**	**118.6203**	**89.4671**	**36.5901**		291.5386
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.5388		100.8163			
7	Provider Target Rate	**62.8450**		**102.9562**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8611**	**105.3251**	**77.6541**	**13.6500**		243.4903
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.8611**	**105.3251**	**77.6541**	**13.6500**		**243.4903**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228621-00 - 2013/07

256.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Inn at Sarasota Bay Club

FRVS

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

Began FRVS:	**6/20/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**2,614,778**
FRVS Base Asset:	**2,417,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,453,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5200**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**187,448**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,091,822**	**9.5103**
20% ROE(2):	**522,956**	**0.6413**
Insurance Cost(3):	**90,098**	**4.6110**
Taxes Cost(3):	**101,792**	**5.2094**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**19.9720**

(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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6413
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,417,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8611**	**46.8611**	**2.0372**	**44.8239**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**19.9720**	**0.8682**	**19.1038**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.8390**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**243.4903**	**249.8123**	**10.8601**	**256.6276**	

***Medicaid Trend Adjustment :**

0 228702-00 - 2013/07

182.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 North East	**07/01/2011-06/30/2012**	Number of Beds: **144**	Superior: **0**
Winter Haven FL 33881	Days In CR **366**	Maximum: **52,704**	Standard: **184**
County: **Polk[53]**	First Used: **2013/07**	Max Annualized: **52,560**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **46,681**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,240**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **37,173**	
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**			

Medicaid Utilization	**79.63197%**
Occupancy:	**88.57203%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.61661%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,156,140	2,357,683	1,613,024	961,666	0	6,088,513
1a	Audit Adjustments						
2	Cost Per Diem	31.1016	63.4246	43.3924	**25.8700**		163.7886
3	Cost Per Diem Inflated	32.4441	65.1761	45.2654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.4441**	**65.1761**	**45.2654**	**25.8700**		168.7556
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.4441**	**65.1761**	**45.2654**	**13.6500**		156.5356
12/13	Medicaid Adjustment Rate		2.1727	1.5090			
14	Prospective Per Diem 11	**32.4441**	**67.3488**	**46.7744**	**13.6500**		**160.2173**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228702-00 - 2013/07

182.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Winter Haven Health and Rehab Center

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,180,147**
FRVS Base Asset:	**1,887,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**414,211**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,344,118**	**8.7564**
20% ROE(2):	**836,029**	**0.3148**
Insurance Cost(3):	**186,677**	**3.9990**
Taxes Cost(3):	**29,706**	**0.6364**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**21,649**	**0.0000**
Total FRVS PD:		**13.7066**

(1) 80% Capital ($3,344,118) amortized at 11.0000% for 20 years Principal & Interest of $414,211 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $8.7564
(2) 20% ROE ($836,029) times the ROE factor (0.017810) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.3148
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**144**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,104,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.4441**	**32.4441**	**1.4104**	**31.0337**	
Patient Care					
Direct Care	**67.3488**	**67.3488**	**2.9279**	**64.4209**	
Indirect Care	**46.7744**	**46.7744**	**2.0334**	**44.7410**	
Property	**13.6500**	**13.7066**	**0.5959**	**13.1107**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6013**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**160.2173**	**160.2739**	**6.9676**	**182.7440**	

***Medicaid Trend Adjustment :**

0 228711-00 - 2013/07

169.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Hernando FL 34442		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Citrus[9]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**43,558**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,314**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,545**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.64594%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**99.44749%**	Cost:	**1.05400743**
Open Date:	**5/10/2001**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/10/2001**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/12/2001**	Low Occupancy Adjustment Factor:			**125.32165%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/12/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,797	1,683,617	823,512	723,690	0	3,974,616
1a	Audit Adjustments						
2	Cost Per Diem	29.1171	65.9079	32.2377	**28.3300**		155.5927
3	Cost Per Diem Inflated	30.6896	68.0411	33.9788			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**30.6896**	**68.0411**	**33.9788**	**28.3300**		161.0395
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8001		48.7710			
7	Provider Target Rate	**49.8359**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**30.6896**	**68.0411**	**33.9788**	**13.6500**		146.3595
12/13	Medicaid Adjustment Rate		0.6618	0.3305			
14	Prospective Per Diem 11	**30.6896**	**68.7029**	**34.3093**	**13.6500**		**147.3518**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228711-00 - 2013/07

169.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Woodland Terrace of Citrus County

FRVS

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

Began FRVS:	**7/12/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**5,456,783**
FRVS Base Asset:	**5,456,783**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6300**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6300**	**%**
Interest Only:	**False**	
Yearly Payment:	**307,324**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,365,426**	**7.7961**
20% ROE(2):	**1,091,357**	**0.6692**
Insurance Cost(3):	**43,007**	**0.9874**
Taxes Cost(3):	**100,006**	**2.2959**
Home Office(3):	**11,079**	**0.2544**
Replacement(3&4):	**41,992**	**0.0000**
Total FRVS PD:		**12.0030**

(1) 80% Capital ($4,365,426) amortized at 3.6300% for 20 years Principal & Interest of $307,324 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7961
(2) 20% ROE ($1,091,357) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6692
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**30.6896**	**30.6896**	**1.3342**	**29.3554**	
Patient Care					
Direct Care	**68.7029**	**68.7029**	**2.9867**	**65.7162**	
Indirect Care	**34.3093**	**34.3093**	**1.4915**	**32.8178**	
Property	**13.6500**	**12.0030**	**0.5218**	**11.4812**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4248**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**147.3518**	**145.7048**	**6.3342**	**169.6318**	

***Medicaid Trend Adjustment :**

0 228788-00 - 2013/07

235.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Miami Fl 33157		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**20,428**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,268**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,965**		
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 #							

Medicaid Utilization	**19.40963%**
Occupancy:	**93.27854%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.54767%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	243,557	342,983	321,050	30,332	0	937,922
1a	Audit Adjustments						
2	Cost Per Diem	61.4267	86.5026	80.9710	**7.6499**		236.5502
3	Cost Per Diem Inflated	64.7442	89.3024	85.3440			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.7442**	**89.3024**	**85.3440**	**7.6499**		247.0405
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.9658		81.4139			
7	Provider Target Rate	**64.3023**		**83.1420**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**89.3024**	**77.6541**	**7.6499**		238.4268
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**89.3024**	**77.6541**	**7.6499**		**238.4268**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228788-00 - 2013/07

235.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**101,278**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,517,232**	**5.1384**
20% ROE(2):	**379,308**	**0.4651**
Insurance Cost(3):	**9,495**	**0.4648**
Taxes Cost(3):	**1,190**	**0.0583**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,605,871**	**0.0000**
Total FRVS PD:		**6.1266**

(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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4651
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**89.3024**	**89.3024**	**3.8823**	**85.4201**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**7.6499**	**6.1266**	**0.2663**	**5.8603**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**238.4268**	**236.9035**	**10.2990**	**235.4409**	

***Medicaid Trend Adjustment :**

0 228940-00 - 2013/07

198.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-07/31/2011**	Number of Beds: **120**	Superior: **0**
Crystal River FL 34429	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Citrus[9]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **39,071**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,150**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **19,978**	
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**			

Medicaid Utilization	**51.13255%**
Occupancy:	**89.20320%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.41200%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	751,596	1,544,731	807,089	316,052	0	3,419,468
1a	Audit Adjustments						
2	Cost Per Diem	37.6212	77.3216	40.3989	**15.8200**		171.1617
3	Cost Per Diem Inflated	40.1583	80.3763	43.1233			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1583**	**80.3763**	**43.1233**	**15.8200**		179.4779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1285		48.7710			
7	Provider Target Rate	**45.0652**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1583**	**80.3763**	**43.1233**	**13.6500**		177.3079
12/13	Medicaid Adjustment Rate		0.1024	0.0549			
14	Prospective Per Diem 11	**40.1583**	**80.4787**	**43.1782**	**13.6500**		**177.4652**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228940-00 - 2013/07

198.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cypress Cove Care 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:	**1983/01**
Indexed Asset Value	**4,647,697**
FRVS Base Asset:	**2,736,744**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**7,794,096.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**475,819**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,718,158**	**12.0705**
20% ROE(2):	**929,539**	**0.6091**
Insurance Cost(3):	**63,629**	**1.6285**
Taxes Cost(3):	**25,811**	**0.6606**
Home Office(3):	**658**	**0.0168**
Replacement(3&4):	**148,985**	**0.0000**
Total FRVS PD:		**14.9855**

(1) 80% Capital ($3,718,158) amortized at 11.5000% for 20 years Principal & Interest of $475,819 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0705
(2) 20% ROE ($929,539) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6091
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1583**	**40.1583**	**1.7458**	**38.4125**	
Patient Care					
Direct Care	**80.4787**	**80.4787**	**3.4987**	**76.9800**	
Indirect Care	**43.1782**	**43.1782**	**1.8771**	**41.3011**	
Property	**13.6500**	**14.9855**	**0.6515**	**14.3340**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2110**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.4652**	**178.8007**	**7.7731**	**198.0750**	

***Medicaid Trend Adjustment :**

0 228958-00 - 2013/07

199.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-07/31/2011**	Number of Beds: **180**	Superior: **0**
Brooksville FL 34601	Days In CR **365**	Maximum: **65,700**	Standard: **184**
County: **Hernando[27]**	First Used: **2012/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **50,472**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,463**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **32,748**	
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**			

Medicaid Utilization	**64.88350%**
Occupancy:	**76.82192%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**96.80938%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

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	40.9398	80.8779	43.1919			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9398**	**80.8779**	**43.1919**	**12.6000**		177.6096
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.1308		48.7710			
7	Provider Target Rate	**40.9826**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9398**	**80.8779**	**43.1919**	**12.6000**		177.6096
12/13	Medicaid Adjustment Rate		1.3542	0.7232			
14	Prospective Per Diem 11	**40.9398**	**82.2321**	**43.9151**	**12.6000**		**179.6870**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228958-00 - 2013/07

199.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,250,002**
FRVS Base Asset:	**2,777,784**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**5,455,867.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**537,481**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,200,002**	**9.0898**
20% ROE(2):	**1,050,000**	**0.4587**
Insurance Cost(3):	**61,507**	**1.2186**
Taxes Cost(3):	**41,314**	**0.8186**
Home Office(3):	**825**	**0.0163**
Replacement(3&4):	**20,688**	**0.0000**
Total FRVS PD:		**11.6020**

(1) 80% Capital ($4,200,002) amortized at 11.5000% for 20 years Principal & Interest of $537,481 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.0898
(2) 20% ROE ($1,050,000) times the ROE factor (0.025830) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4587
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9398**	**40.9398**	**1.7798**	**39.1600**	
Patient Care					
Direct Care	**82.2321**	**82.2321**	**3.5749**	**78.6572**	
Indirect Care	**43.9151**	**43.9151**	**1.9091**	**42.0060**	
Property	**12.6000**	**11.6020**	**0.5044**	**11.0976**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3215**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.6870**	**178.6890**	**7.7682**	**199.0787**	

***Medicaid Trend Adjustment :**

0 228966-00 - 2013/07

206.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,469**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,050**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,099**		
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**						

Medicaid Utilization	**40.78897%**
Occupancy:	**90.11187%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.55710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	864,983	1,318,669	1,034,233	216,210	0	3,434,095
1a	Audit Adjustments						
2	Cost Per Diem	53.7290	81.9100	64.2421	**13.4300**		213.3111
3	Cost Per Diem Inflated	56.6308	84.5611	67.7117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6308**	**84.5611**	**67.7117**	**13.4300**		222.3336
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2133		60.1841			
7	Provider Target Rate	**49.2367**		**61.4616**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**84.5611**	**58.1101**	**13.4300**		205.2404
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**84.5611**	**58.1101**	**13.4300**		**205.2404**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228966-00 - 2013/07

206.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,324,419**
FRVS Base Asset:	**1,810,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,995,013.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7063**	**%**
Chase Rate:	**9.3042**	**%**
Amortization Rate:	**8.7063**	**%**
Interest Only:	**False**	
Yearly Payment:	**450,280**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,259,535**	**11.4226**
20% ROE(2):	**1,064,884**	**0.6529**
Insurance Cost(3):	**38,726**	**0.9812**
Taxes Cost(3):	**73,885**	**1.8720**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**109,018**	**0.0000**
Total FRVS PD:		**14.9287**

(1) 80% Capital ($4,259,535) amortized at 8.7063% for 20 years Principal & Interest of $450,280 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4226
(2) 20% ROE ($1,064,884) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6529
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**84.5611**	**84.5611**	**3.6761**	**80.8850**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.4300**	**14.9287**	**0.6490**	**14.2797**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.2404**	**206.7391**	**8.9875**	**206.5880**	

***Medicaid Trend Adjustment :**

0 229164-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**20,541**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,666**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,279**		
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**						

Medicaid Utilization	**20.83151%**
Occupancy:	**93.79452%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.19789%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	243,458	359,862	275,741	49,209	0	928,270
1a	Audit Adjustments						
2	Cost Per Diem	56.8960	84.0996	64.4405	**11.5001**		216.9362
3	Cost Per Diem Inflated	59.9688	86.8216	67.9208			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.9688**	**86.8216**	**67.9208**	**11.5001**		226.2113
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5840		59.1031			
7	Provider Target Rate	**53.7002**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.7002**	**86.8216**	**60.3576**	**11.5001**		212.3795
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.7002**	**86.8216**	**60.3576**	**11.5001**		**212.3795**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229164-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sylvan Health Center

FRVS

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

Began FRVS:	**10/7/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**2,388,536**
FRVS Base Asset:	**1,831,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,798,444.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**210,008**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,910,829**	**10.6549**
20% ROE(2):	**477,707**	**0.5858**
Insurance Cost(3):	**40,548**	**1.9740**
Taxes Cost(3):	**45,180**	**2.1995**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**111,480**	**0.0000**
Total FRVS PD:		**15.4142**

(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 (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5858
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.7002**	**53.7002**	**2.3345**	**51.3657**	
Patient Care					
Direct Care	**86.8216**	**86.8216**	**3.7744**	**83.0472**	
Indirect Care	**60.3576**	**60.3576**	**2.6239**	**57.7337**	
Property	**11.5001**	**15.4142**	**0.6701**	**14.7441**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.3795**	**216.2936**	**9.4029**	**215.7271**	

***Medicaid Trend Adjustment :**

0 229202-00 - 2013/07

211.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Shell Point Pavilion

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		**07/01/2011-06/30/2012**		Number of Beds:	**219**	Superior:	**0**
Ft. Myers Fl 33908		Days In CR	**366**	Maximum:	**80,154**	Standard:	**184**
County: **Lee[36]**		First Used:	**2013/01**	Max Annualized:	**79,935**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**64,360**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**12,446**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**6,098**		
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 #							

Medicaid Utilization	**9.47483%**
Occupancy:	**80.29543%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**101.18662%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	248,140	593,834	450,308	238,554	0	1,530,836
1a	Audit Adjustments						
2	Cost Per Diem	40.6920	97.3818	73.8452	**39.1200**		251.0390
3	Cost Per Diem Inflated	42.4484	100.0710	77.0326			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4484**	**100.0710**	**77.0326**	**39.1200**		258.6720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6909		80.2419			
7	Provider Target Rate	**52.7881**		**81.9451**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4484**	**99.9385**	**61.8071**	**13.6500**		217.8440
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.4484**	**99.9385**	**61.8071**	**13.6500**		**217.8440**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229202-00 - 2013/07

211.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Shell Point Pavilion

FRVS

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

Began FRVS:	**3/28/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**3,790,765**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**32,441,914.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5300**	**%**
Chase Rate:	**6.8692**	**%**
Amortization Rate:	**5.5300**	**%**
Interest Only:	**False**	
Yearly Payment:	**250,948**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,032,612**	**3.4882**
20% ROE(2):	**758,153**	**0.1877**
Insurance Cost(3):	**250,000**	**3.8844**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**115,256**	**0.0000**
Total FRVS PD:		**7.5603**

(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 (0.017810) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = $0.1877
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,846,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4484**	**42.4484**	**1.8454**	**40.6030**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**7.5603**	**0.3287**	**7.2316**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.8440**	**211.7543**	**9.2057**	**211.3850**	

***Medicaid Trend Adjustment :**

0 229288-00 - 2013/07

216.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**09/01/2011-08/31/2012**	Number of Beds: **180**	Superior: **0**
Gainesville FL 32608	Days In CR **366**	Maximum: **65,880**	Standard: **184**
County: **Alachua[1]**	First Used: **2013/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **60,580**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **11,677**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **41,586**	
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**			

Medicaid Utilization	**68.64642%**
Occupancy:	**91.95507%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.87986%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,838,683	3,249,646	1,927,890	1,002,223	0	8,018,442
1a	Audit Adjustments						
2	Cost Per Diem	44.2140	78.1428	46.3591	**24.1000**		192.8159
3	Cost Per Diem Inflated	45.8767	80.0775	48.1024			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8767**	**80.0775**	**48.1024**	**24.1000**		198.1566
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3577		48.7710			
7	Provider Target Rate	**50.4054**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.8767**	**80.0775**	**48.1024**	**13.6500**		187.7066
12/13	Medicaid Adjustment Rate		1.6798	1.0091			
14	Prospective Per Diem 11	**45.8767**	**81.7573**	**49.1115**	**13.6500**		**190.3955**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229288-00 - 2013/07

216.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,743,438**
FRVS Base Asset:	**5,130,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**7,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.1230**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**15.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,105,274**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,994,750**	**18.6923**
20% ROE(2):	**1,748,688**	**0.4714**
Insurance Cost(3):	**46,676**	**0.7705**
Taxes Cost(3):	**1,409**	**0.0233**
Home Office(3):	**1,117**	**0.0184**
Replacement(3&4):	**53,718**	**0.0000**
Total FRVS PD:		**19.9759**

(1) 80% Capital ($6,994,750) amortized at 15.0000% for 20 years Principal & Interest of $1,105,274 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $18.6923
(2) 20% ROE ($1,748,688) times the ROE factor (0.015940) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4714
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8767**	**45.8767**	**1.9944**	**43.8823**	
Patient Care					
Direct Care	**81.7573**	**81.7573**	**3.5543**	**78.2030**	
Indirect Care	**49.1115**	**49.1115**	**2.1350**	**46.9765**	
Property	**13.6500**	**19.9759**	**0.8684**	**19.1075**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1963**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.3955**	**196.7214**	**8.5521**	**216.2020**	

***Medicaid Trend Adjustment :**

0 229610-00 - 2013/07

222.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
DelRay Beach FL 33484		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**40,307**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,578**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,318**		
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**						

Medicaid Utilization	**45.44620%**
Occupancy:	**91.77368%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.65127%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	830,084	1,574,782	1,232,894	479,748	0	4,117,508
1a	Audit Adjustments						
2	Cost Per Diem	45.3152	85.9691	67.3051	**26.1900**		224.7794
3	Cost Per Diem Inflated	46.6490	87.7921	69.2862			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6490**	**87.7921**	**69.2862**	**26.1900**		229.9173
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0251		53.4095			
7	Provider Target Rate	**45.9808**		**54.5432**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9808**	**87.7921**	**54.5432**	**13.6500**		201.9661
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.9808**	**87.7921**	**54.5432**	**13.6500**		**201.9661**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229610-00 - 2013/07

222.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lake View Care Center at Delray

FRVS

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

Began FRVS:	**9/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,705,492**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,596,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.7500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**631,974**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,564,394**	**16.0318**
20% ROE(2):	**1,141,098**	**0.4221**
Insurance Cost(3):	**66,014**	**1.6378**
Taxes Cost(3):	**103,435**	**2.5662**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**70,484**	**0.0000**
Total FRVS PD:		**20.6579**

(1) 80% Capital ($4,564,394) amortized at 12.7500% for 20 years Principal & Interest of $631,974 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.0318
(2) 20% ROE ($1,141,098) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4221
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9808**	**45.9808**	**1.9989**	**43.9819**	
Patient Care					
Direct Care	**87.7921**	**87.7921**	**3.8166**	**83.9755**	
Indirect Care	**54.5432**	**54.5432**	**2.3712**	**52.1720**	
Property	**13.6500**	**20.6579**	**0.8981**	**19.7598**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9994**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.9661**	**208.9740**	**9.0848**	**222.7250**	

***Medicaid Trend Adjustment :**

0 229628-00 - 2013/07

224.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33428		Days In CR	**275**	Maximum:	**33,000**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**29,632**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,771**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,530**	FY Index:	**1.25670530**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05142101**
Open Date:	**12/14/1989**					Target:	**1.01485834**
Acquired Date:	**12/14/1989**					**DC FY Index:**	**1.19049979**
Entered Medicaid	**10/1/1990**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/20/2001**					**DC Inflation:**	**1.03149955**
Previous Med #	**201413**					**PS Target:**	**1.02122620**

Medicaid Utilization		**65.90848%**
Occupancy:		**89.79394%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**113.15645%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	993,335	1,542,440	1,165,297	353,298	0	4,054,370
1a	Audit Adjustments						
2	Cost Per Diem	50.8620	78.9780	59.6670	**18.0900**		207.5970
3	Cost Per Diem Inflated	53.4774	81.4658	62.7351			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4774**	**81.4658**	**62.7351**	**18.0900**		215.7683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7934		55.6991			
7	Provider Target Rate	**45.7442**		**56.8814**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7442**	**81.4658**	**56.8814**	**13.6500**		197.7414
12/13	Medicaid Adjustment Rate		1.4580	1.0180			
14	Prospective Per Diem 11	**45.7442**	**82.9238**	**57.8994**	**13.6500**		**200.2174**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229628-00 - 2013/07

224.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,013,378**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.022500**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**538,105**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,810,702**	**13.6506**
20% ROE(2):	**1,202,676**	**0.6865**
Insurance Cost(3):	**45,453**	**1.5339**
Taxes Cost(3):	**64,326**	**2.1708**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**48,859**	**0.0000**
Total FRVS PD:		**18.0418**

(1) 80% Capital ($4,810,702) amortized at 9.5000% for 20 years Principal & Interest of $538,105 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6506
(2) 20% ROE ($1,202,676) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6865
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7442**	**45.7442**	**1.9886**	**43.7556**	
Patient Care					
Direct Care	**82.9238**	**82.9238**	**3.6050**	**79.3188**	
Indirect Care	**57.8994**	**57.8994**	**2.5171**	**55.3823**	
Property	**13.6500**	**18.0418**	**0.7843**	**17.2575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9512**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.2174**	**204.6092**	**8.8950**	**224.5018**	

***Medicaid Trend Adjustment :**

0 229849-00 - 2013/07

232.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Pembroke Pines Fl 33025		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**42,702**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,112**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,246**	FY Index:	**1.26665332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**35.70325%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.22677%**	Cost:	**1.04316338**
Open Date:	**6/18/2001**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/18/2001**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**9/6/2001**	Low Occupancy Adjustment Factor:			**122.52315%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/6/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	739,627	1,661,259	744,700	259,182	0	3,404,768
1a	Audit Adjustments						
2	Cost Per Diem	48.5129	108.9636	48.8456	**17.0000**		223.3221
3	Cost Per Diem Inflated	50.6069	111.9726	50.9539			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6069**	**111.9726**	**50.9539**	**17.0000**		230.5334
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.1547		60.8944			
7	Provider Target Rate	**61.4316**		**62.1870**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.6069**	**99.9385**	**50.9539**	**13.6500**		215.1493
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.6069**	**99.9385**	**50.9539**	**13.6500**		**215.1493**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229849-00 - 2013/07

232.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Alexander Nininger State Veterans' Nursing Home

FRVS

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

Began FRVS:	**9/6/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2001/01**
Indexed Asset Value	**5,409,466**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**278,080**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,327,573**	**7.0543**
20% ROE(2):	**1,081,893**	**0.4888**
Insurance Cost(3):	**8,502**	**0.1991**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**48,798**	**1.1428**
Replacement(3&4):	**91,004**	**0.0000**
Total FRVS PD:		**8.8850**

(1) 80% Capital ($4,327,573) amortized at 6.5000% for 20 years Interest of $278,080 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0543
(2) 20% ROE ($1,081,893) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4888
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2000**	Used Per Bed Standard:	**40,292**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.6069**	**50.6069**	**2.2000**	**48.4069**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**50.9539**	**50.9539**	**2.2151**	**48.7388**	
Property	**13.6500**	**8.8850**	**0.3863**	**8.4987**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6039**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.1493**	**210.3843**	**9.1460**	**232.6786**	

***Medicaid Trend Adjustment :**

0 250988-00 - 2013/07

241.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

HIALEAH SHORES NURSING AND REHAB CE

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33147		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**36,305**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,639**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,652**		
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**						

Medicaid Utilization	**67.90249%**
Occupancy:	**82.66166%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.16850%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,217,256	2,357,882	1,496,108	401,335	0	5,472,581
1a	Audit Adjustments						
2	Cost Per Diem	49.3776	95.6467	60.6891	**16.2800**		221.9934
3	Cost Per Diem Inflated	51.2344	98.0148	62.9713			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.2344**	**98.0148**	**62.9713**	**16.2800**		228.5005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.1067		64.6458			
7	Provider Target Rate	**60.3613**		**66.0180**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.2344**	**98.0148**	**61.8071**	**13.6500**		224.7063
12/13	Medicaid Adjustment Rate		1.9740	1.2448			
14	Prospective Per Diem 11	**51.2344**	**99.9888**	**63.0519**	**13.6500**		**227.9251**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 250988-00 - 2013/07

241.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

HIALEAH SHORES NURSING AND REHAB CE

FRVS

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

Began FRVS:	**2/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**3,107,049**
FRVS Base Asset:	**1,751,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**2,375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**338,884**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,485,639**	**8.5968**
20% ROE(2):	**621,410**	**0.2513**
Insurance Cost(3):	**57,353**	**1.5798**
Taxes Cost(3):	**34,267**	**0.9439**
Home Office(3):	**16,748**	**0.4613**
Replacement(3&4):	**81,957**	**0.0000**
Total FRVS PD:		**11.8331**

(1) 80% Capital ($2,485,639) amortized at 12.5000% for 20 years Principal & Interest of $338,884 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5968
(2) 20% ROE ($621,410) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2513
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2344**	**51.2344**	**2.2273**	**49.0071**	
Patient Care					
Direct Care	**99.9888**	**99.9888**	**4.3468**	**95.6420**	
Indirect Care	**63.0519**	**63.0519**	**2.7411**	**60.3108**	
Property	**13.6500**	**11.8331**	**0.5144**	**11.3187**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8114**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.9251**	**226.1082**	**9.8296**	**241.9264**	

***Medicaid Trend Adjustment :**

0 251399-00 - 2013/07

191.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Brandywvne 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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**366**	Maximum:	**43,920**	Standard:	**182**
County: **Polk[53]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**2**
Region: **Central[3]**	Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,778**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,230**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**33,042**		
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**							

Medicaid Utilization	**81.02899%**
Occupancy:	**92.84608%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.00269%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,154,544	2,425,835	1,362,586	550,810	0	5,493,775
1a	Audit Adjustments						
2	Cost Per Diem	34.9417	73.4167	41.2380	**16.6700**		166.2664
3	Cost Per Diem Inflated	36.3527	75.3392	42.9032			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.3527**	**75.3392**	**42.9032**	**16.6700**		171.2651
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5709		50.8005			
7	Provider Target Rate	**48.5806**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.3527**	**75.3392**	**42.9032**	**13.6500**		168.2451
12/13	Medicaid Adjustment Rate		2.6013	1.4814			
14	Prospective Per Diem 11	**36.3527**	**77.9405**	**44.3846**	**13.6500**		**172.3278**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251399-00 - 2013/07

191.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Brandywvne 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	**3,650,330**
FRVS Base Asset:	**2,117,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**304,485**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,920,264**	**7.7241**
20% ROE(2):	**730,066**	**0.3106**
Insurance Cost(3):	**43,231**	**1.0602**
Taxes Cost(3):	**38,640**	**0.9476**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**58,481**	**0.0000**
Total FRVS PD:		**10.0425**

(1) 80% Capital ($2,920,264) amortized at 10.5000% for 20 years Interest of $304,485 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7241
(2) 20% ROE ($730,066) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3106
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.3527**	**36.3527**	**1.5804**	**34.7723**	
Patient Care					
Direct Care	**77.9405**	**77.9405**	**3.3883**	**74.5522**	
Indirect Care	**44.3846**	**44.3846**	**1.9295**	**42.4551**	
Property	**13.6500**	**10.0425**	**0.4366**	**9.6059**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3132**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.3278**	**168.7203**	**7.3348**	**191.5351**	

***Medicaid Trend Adjustment :**

0 251666-00 - 2013/07

195.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**39**	Superior:	**0**
St. Petersburg FL 33701		Days In CR	**366**	Maximum:	**14,274**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**14,235**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**12,194**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,193**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,963**		
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**						

Medicaid Utilization	**81.70412%**
Occupancy:	**85.42805%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.65464%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	504,374	688,486	544,404	191,588	0	1,928,852
1a	Audit Adjustments						
2	Cost Per Diem	50.6247	69.1043	54.6426	**19.2300**		193.6016
3	Cost Per Diem Inflated	52.8098	71.0126	57.0012			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8098**	**71.0126**	**57.0012**	**19.2300**		200.0536
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.4132		59.1031			
7	Provider Target Rate	**61.6955**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.8098**	**71.0126**	**57.0012**	**13.6500**		194.4736
12/13	Medicaid Adjustment Rate		2.5328	2.0331			
14	Prospective Per Diem 11	**52.8098**	**73.5454**	**59.0343**	**13.6500**		**199.0395**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251666-00 - 2013/07

195.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Concordia Manor

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**690,063**
FRVS Base Asset:	**288,882**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**68,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**552,050**	**5.3573**
20% ROE(2):	**138,013**	**0.1919**
Insurance Cost(3):	**48,671**	**3.9914**
Taxes Cost(3):	**7,474**	**0.6129**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**83,258**	**0.0000**
Total FRVS PD:		**10.1535**

(1) 80% Capital ($552,050) amortized at 12.5000% for 20 years Interest of $68,635 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $5.3573
(2) 20% ROE ($138,013) times the ROE factor (0.017810) divided by annual available days (14,235) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**39**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,111,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8098**	**52.8098**	**2.2958**	**50.5140**	
Patient Care					
Direct Care	**73.5454**	**73.5454**	**3.1973**	**70.3481**	
Indirect Care	**59.0343**	**59.0343**	**2.5664**	**56.4679**	
Property	**13.6500**	**10.1535**	**0.4414**	**9.7121**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.0395**	**195.5430**	**8.5009**	**195.8785**	

***Medicaid Trend Adjustment :**

0 251721-00 - 2013/07

201.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34471		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**59,083**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,895**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,291**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**54.65362%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.68276%**	Cost:	**1.04038050**
Open Date:	**5/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**5/1/1984**	Low Occupancy Adjustment Factor:			**113.01634%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**201707**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,189,953	2,632,869	1,473,077	506,323	51,248	5,853,470
1a	Audit Adjustments						
2	Cost Per Diem	36.8509	81.5357	45.6188	**15.6800**	**1.5871**	181.2725
3	Cost Per Diem Inflated	38.3390	83.6708	47.4609			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3390**	**83.6708**	**47.4609**	**15.6800**	**1.5871**	186.7378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.4522		53.0540			
7	Provider Target Rate	**41.3108**		**54.1801**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.3390**	**83.6708**	**47.4609**	**13.6500**	**1.5871**	184.7078
12/13	Medicaid Adjustment Rate		0.4380	0.2485			
14	Prospective Per Diem 11	**38.3390**	**84.1088**	**47.7094**	**13.6500**	**1.5871**	**185.3943**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251721-00 - 2013/07

201.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oakhurst Care & Rehabilitation Center

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	**7,559,576**
FRVS Base Asset:	**2,363,839**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**6,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.4167**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**700,335**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,047,661**	**11.8440**
20% ROE(2):	**1,511,915**	**0.4288**
Insurance Cost(3):	**16,867**	**0.2855**
Taxes Cost(3):	**91,384**	**1.5467**
Home Office(3):	**52,601**	**0.8903**
Replacement(3&4):	**737,342**	**0.0000**
Total FRVS PD:		**14.9953**

(1) 80% Capital ($6,047,661) amortized at 10.0000% for 20 years Principal & Interest of $700,335 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.8440
(2) 20% ROE ($1,511,915) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4288
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3390**	**38.3390**	**1.6667**	**36.6723**	
Patient Care					
Direct Care	**84.1088**	**84.1088**	**3.6565**	**80.4523**	
Indirect Care	**47.7094**	**47.7094**	**2.0741**	**45.6353**	
Property	**13.6500**	**14.9953**	**0.5934**	**13.0566**	
ROE	**1.5871**	**0.1321**	**0.0690**	**1.5181**	
ROE Adjustment	**-0.1321**	**-0.1321**	**-0.0057**	**-0.1264**	
Quality Assess-Medicaid Share				**$14.9676**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.2622**	**185.1525**	**8.0540**	**201.0122**	

***Medicaid Trend Adjustment :**

0 251739-00 - 2013/07

166.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Bradford[4]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**43,446**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,608**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,567**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**2/1/1981**					Target:	**1.01485834**
Acquired Date:	**2/1/1981**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**5/1/1983**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/1/2001**					**DC Inflation:**	**1.03236654**
Previous Med #	**251691**					**PS Target:**	**1.02122620**

Medicaid Utilization	**79.56314%**
Occupancy:	**99.19178%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**124.99940%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	921,236	2,125,404	968,916	549,615	0	4,565,171
1a	Audit Adjustments						
2	Cost Per Diem	26.6507	61.4865	28.0301	**15.9000**		132.0673
3	Cost Per Diem Inflated	28.0900	63.4766	29.5439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**28.0900**	**63.4766**	**29.5439**	**15.9000**		137.0105
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**28.0900**	**63.4766**	**29.5439**	**13.6500**		134.7605
12/13	Medicaid Adjustment Rate		2.1111	0.9826			
14	Prospective Per Diem 11	**28.0900**	**65.5877**	**30.5265**	**13.6500**		**137.8542**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251739-00 - 2013/07

166.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,412,758**
FRVS Base Asset:	**3,086,187**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.1600**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.1600**	**%**
Interest Only:	**False**	
Yearly Payment:	**614,712**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,330,206**	**15.5939**
20% ROE(2):	**1,082,552**	**0.6638**
Insurance Cost(3):	**25,655**	**0.5905**
Taxes Cost(3):	**30,826**	**0.7095**
Home Office(3):	**10,988**	**0.2529**
Replacement(3&4):	**60,792**	**0.0000**
Total FRVS PD:		**17.8106**

(1) 80% Capital ($4,330,206) amortized at 13.1600% for 20 years Principal & Interest of $614,712 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.5939
(2) 20% ROE ($1,082,552) times the ROE factor (0.024170) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**28.0900**	**28.0900**	**1.2212**	**26.8688**	
Patient Care					
Direct Care	**65.5877**	**65.5877**	**2.8513**	**62.7364**	
Indirect Care	**30.5265**	**30.5265**	**1.3271**	**29.1994**	
Property	**13.6500**	**17.8106**	**0.7743**	**17.0363**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8052**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**137.8542**	**142.0148**	**6.1739**	**166.4825**	

***Medicaid Trend Adjustment :**

0 252018-00 - 2013/07

240.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at 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	
1420 South Oak Street		**06/01/2011-05/31/2012**		Number of Beds:	**110**	Superior:	**0**
Melbourne FL 32901		Days In CR	**366**	Maximum:	**40,260**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**31,295**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,978**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,265**		
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**						

Medicaid Utilization	**74.34095%**
Occupancy:	**77.73224%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.95654%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,128,695	2,088,397	1,383,374	130,051	0	4,730,517
1a	Audit Adjustments						
2	Cost Per Diem	48.5147	89.7656	59.4616	**5.5900**		203.3319
3	Cost Per Diem Inflated	50.7212	92.3476	62.1659			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7212**	**92.3476**	**62.1659**	**5.5900**		210.8247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4225		61.7783			
7	Provider Target Rate	**51.4928**		**63.0896**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7212**	**92.3476**	**59.9006**	**5.5900**		208.5594
12/13	Medicaid Adjustment Rate		2.5288	1.6403			
14	Prospective Per Diem 11	**50.7212**	**94.8764**	**61.5409**	**5.5900**		**212.7285**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252018-00 - 2013/07

240.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Melbourne

FRVS

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

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**3,172,050**
FRVS Base Asset:	**2,937,689**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**315,498**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,537,640**	**8.7311**
20% ROE(2):	**634,410**	**0.3292**
Insurance Cost(3):	**40,516**	**1.2946**
Taxes Cost(3):	**35,749**	**1.1423**
Home Office(3):	**22,006**	**0.7032**
Replacement(3&4):	**70,531**	**0.0000**
Total FRVS PD:		**12.2004**

(1) 80% Capital ($2,537,640) amortized at 12.5000% for 20 years Interest of $315,498 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $8.7311
(2) 20% ROE ($634,410) times the ROE factor (0.018750) divided by annual available days (40,150) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7212**	**50.7212**	**2.2050**	**48.5162**	
Patient Care					
Direct Care	**94.8764**	**94.8764**	**4.1246**	**90.7518**	
Indirect Care	**61.5409**	**61.5409**	**2.6754**	**58.8655**	
Property	**5.5900**	**12.2004**	**0.5304**	**11.6700**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5171**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.7285**	**219.3389**	**9.5354**	**240.1570**	

***Medicaid Trend Adjustment :**

0 252034-00 - 2013/07

227.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at Ormond 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	
170 North Kings Road		**06/01/2011-05/31/2012**		Number of Beds:	**133**	Superior:	**0**
Ormond Beach FL 32807		Days In CR	**366**	Maximum:	**48,678**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**48,545**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,749**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,658**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,297**	FY Index:	**1.26384602**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**57.54213%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**79.60269%**	Cost:	**1.04548049**
Open Date:	**9/1/1968**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1968**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid	**10/1/1980**	Low Occupancy Adjustment Factor:			**100.31365%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2000**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med #	**214175**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,288,803	2,017,542	1,624,675	106,134	0	5,037,154
1a	Audit Adjustments						
2	Cost Per Diem	57.8016	90.4849	72.8652	**4.7600**		225.9117
3	Cost Per Diem Inflated	60.4304	93.0876	76.1791			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.4304**	**93.0876**	**76.1791**	**4.7600**		234.4571
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8954		59.5822			
7	Provider Target Rate	**43.8059**		**60.8469**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8059**	**93.0876**	**58.1101**	**4.7600**		199.7636
12/13	Medicaid Adjustment Rate		0.7898	0.4931			
14	Prospective Per Diem 11	**43.8059**	**93.8774**	**58.6032**	**4.7600**		**201.0465**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252034-00 - 2013/07

227.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Ormond Beach

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	**3,564,740**
FRVS Base Asset:	**1,879,268**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**675,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**354,556**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,851,792**	**8.1152**
20% ROE(2):	**712,948**	**0.3060**
Insurance Cost(3):	**45,157**	**1.1654**
Taxes Cost(3):	**30,930**	**0.7982**
Home Office(3):	**31,694**	**0.8179**
Replacement(3&4):	**226,440**	**0.0000**
Total FRVS PD:		**11.2027**

(1) 80% Capital ($2,851,792) amortized at 12.5000% for 20 years Interest of $354,556 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $8.1152
(2) 20% ROE ($712,948) times the ROE factor (0.018750) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.3060
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**133**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8059**	**43.8059**	**1.9044**	**41.9015**	
Patient Care					
Direct Care	**93.8774**	**93.8774**	**4.0812**	**89.7962**	
Indirect Care	**58.6032**	**58.6032**	**2.5477**	**56.0555**	
Property	**4.7600**	**11.2027**	**0.4870**	**10.7157**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6940**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.0465**	**207.4892**	**9.0203**	**226.9993**	

***Medicaid Trend Adjustment :**

0 252042-00 - 2013/07

219.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Avante at Mt. Dora

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**116**	Superior:	**0**
Mount Dora FL 32757		Days In CR	**366**	Maximum:	**42,456**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**40,225**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,423**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,975**		
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**						

Medicaid Utilization	**62.08825%**
Occupancy:	**94.74515%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.39585%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,036,241	2,136,399	1,370,704	109,890	0	4,653,234
1a	Audit Adjustments						
2	Cost Per Diem	41.4911	85.5415	54.8830	**4.4000**		186.3156
3	Cost Per Diem Inflated	43.3781	88.0020	57.3791			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3781**	**88.0020**	**57.3791**	**4.4000**		193.1592
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8122		60.1139			
7	Provider Target Rate	**48.8271**		**61.3899**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3781**	**88.0020**	**57.3791**	**4.4000**		193.1592
12/13	Medicaid Adjustment Rate		1.1968	0.7803			
14	Prospective Per Diem 11	**43.3781**	**89.1988**	**58.1594**	**4.4000**		**195.1363**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252042-00 - 2013/07

219.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at Mt. Dora

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	**2,968,166**
FRVS Base Asset:	**1,561,653**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**295,220**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,374,533**	**7.7473**
20% ROE(2):	**593,633**	**0.2921**
Insurance Cost(3):	**41,535**	**1.0326**
Taxes Cost(3):	**27,158**	**0.6752**
Home Office(3):	**29,486**	**0.7330**
Replacement(3&4):	**52,256**	**0.0000**
Total FRVS PD:		**10.4802**

(1) 80% Capital ($2,374,533) amortized at 12.5000% for 20 years Interest of $295,220 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $7.7473
(2) 20% ROE ($593,633) times the ROE factor (0.018750) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.2921
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3781**	**43.3781**	**1.8858**	**41.4923**	
Patient Care					
Direct Care	**89.1988**	**89.1988**	**3.8778**	**85.3210**	
Indirect Care	**58.1594**	**58.1594**	**2.5284**	**55.6310**	
Property	**4.4000**	**10.4802**	**0.4556**	**10.0246**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2094**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.1363**	**201.2165**	**8.7476**	**219.5147**	

***Medicaid Trend Adjustment :**

0 252662-00 - 2013/07

214.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,042**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,819**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,725**		
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**						

Medicaid Utilization	**50.49705%**
Occupancy:	**93.44718%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.76018%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	816,581	1,853,437	1,006,513	504,654	0	4,181,185
1a	Audit Adjustments						
2	Cost Per Diem	39.4008	89.4300	48.5652	**24.3500**		201.7460
3	Cost Per Diem Inflated	40.9918	91.7718	50.5263			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9918**	**91.7718**	**50.5263**	**24.3500**		207.6399
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		54.6321			
7	Provider Target Rate	**45.1484**		**55.7917**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9918**	**91.7718**	**50.5263**	**13.6500**		196.9399
12/13	Medicaid Adjustment Rate		0.0513	0.0283			
14	Prospective Per Diem 11	**40.9918**	**91.8231**	**50.5546**	**13.6500**		**197.0195**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252662-00 - 2013/07

214.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Pinebrook Care & Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**4,988,400**
FRVS Base Asset:	**3,158,217**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**456,115**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,990,720**	**11.5706**
20% ROE(2):	**997,680**	**0.4244**
Insurance Cost(3):	**8,784**	**0.2140**
Taxes Cost(3):	**66,651**	**1.6240**
Home Office(3):	**33,223**	**0.8095**
Replacement(3&4):	**102,590**	**0.0000**
Total FRVS PD:		**14.6425**

(1) 80% Capital ($3,990,720) amortized at 11.5000% for 20 years Interest of $456,115 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5706
(2) 20% ROE ($997,680) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4244
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9918**	**40.9918**	**1.7820**	**39.2098**	
Patient Care					
Direct Care	**91.8231**	**91.8231**	**3.9918**	**87.8313**	
Indirect Care	**50.5546**	**50.5546**	**2.1978**	**48.3568**	
Property	**13.6500**	**14.6425**	**0.6366**	**14.0059**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3526**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.0195**	**198.0120**	**8.6082**	**214.5928**	

***Medicaid Trend Adjustment :**

0 252671-00 - 2013/07

196.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Sebring FL 33870		Days In CR	**365**	Maximum:	**43,800**	Standard:	**157**
County:	**Highlands[28]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**27**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**39,555**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,504**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,882**		
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**						

Medicaid Utilization	**50.26419%**
Occupancy:	**90.30822%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.80453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	796,136	1,544,913	883,879	341,772	0	3,566,700
1a	Audit Adjustments						
2	Cost Per Diem	40.0431	77.7041	44.4562	**17.1900**		179.3934
3	Cost Per Diem Inflated	42.2057	80.2191	46.8572			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2057**	**80.2191**	**46.8572**	**17.1900**		186.4720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4247		65.5111			
7	Provider Target Rate	**53.5375**		**66.9017**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2057**	**80.2191**	**46.8572**	**13.6500**		182.9320
12/13	Medicaid Adjustment Rate		0.0203	0.0119			
14	Prospective Per Diem 11	**42.2057**	**80.2394**	**46.8691**	**13.6500**		**182.9642**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252671-00 - 2013/07

196.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**2,005,713.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**341,338**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,218,794**	**8.6590**
20% ROE(2):	**804,698**	**0.4934**
Insurance Cost(3):	**14,662**	**0.3707**
Taxes Cost(3):	**54,108**	**1.3679**
Home Office(3):	**17,570**	**0.4442**
Replacement(3&4):	**27,736**	**0.0000**
Total FRVS PD:		**11.3352**

(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 (0.024170) divided by annual available days (43,800) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**54**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2057**	**42.2057**	**1.8348**	**40.3709**	
Patient Care					
Direct Care	**80.2394**	**80.2394**	**3.4883**	**76.7511**	
Indirect Care	**46.8691**	**46.8691**	**2.0375**	**44.8316**	
Property	**13.6500**	**11.3352**	**0.4928**	**10.8424**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0604**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.9642**	**180.6494**	**7.8534**	**196.6928**	

***Medicaid Trend Adjustment :**

0 252689-00 - 2013/07

213.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,921**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,261**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,376**		
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**						

Medicaid Utilization	**56.05070%**
Occupancy:	**91.14383%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.85755%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,227	1,902,797	1,073,321	284,399	30,938	4,114,682
1a	Audit Adjustments						
2	Cost Per Diem	36.7906	85.0374	47.9675	**12.7100**	**1.3826**	183.8881
3	Cost Per Diem Inflated	39.2717	88.3969	51.2024			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.2717**	**88.3969**	**51.2024**	**12.7100**	**1.3826**	192.9636
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0333		71.6526			
7	Provider Target Rate	**44.9680**		**73.1735**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.2717**	**88.3969**	**51.2024**	**12.7100**	**1.3826**	192.9636
12/13	Medicaid Adjustment Rate		0.6017	0.3485			
14	Prospective Per Diem 11	**39.2717**	**88.9986**	**51.5509**	**12.7100**	**1.3826**	**193.9138**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252689-00 - 2013/07

213.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Orchard Ridge Care & Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**4,848,839**
FRVS Base Asset:	**2,095,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**389,353**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,879,071**	**9.8770**
20% ROE(2):	**969,768**	**0.6354**
Insurance Cost(3):	**10,780**	**0.2700**
Taxes Cost(3):	**80,978**	**2.0285**
Home Office(3):	**30,003**	**0.7516**
Replacement(3&4):	**26,741**	**0.0000**
Total FRVS PD:		**13.5625**

(1) 80% Capital ($3,879,071) amortized at 8.0000% for 20 years Principal & Interest of $389,353 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8770
(2) 20% ROE ($969,768) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6354
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.2717**	**39.2717**	**1.7073**	**37.5644**	
Patient Care					
Direct Care	**88.9986**	**88.9986**	**3.8691**	**85.1295**	
Indirect Care	**51.5509**	**51.5509**	**2.2411**	**49.3098**	
Property	**12.7100**	**13.5625**	**0.5525**	**12.1575**	
ROE	**1.3826**	**0.1022**	**0.0601**	**1.3225**	
ROE Adjustment	**-0.1022**	**-0.1022**	**-0.0044**	**-0.0978**	
Quality Assess-Medicaid Share				**$19.4548**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.8116**	**193.3837**	**8.4257**	**213.6771**	

***Medicaid Trend Adjustment :**

0 253014-00 - 2013/07

200.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34234		Days In CR	**366**	Maximum:	**43,920**	Standard:	**179**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**5**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,939**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,542**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,389**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**	Medicaid Utilization			**79.61325%**	FY Index:	**1.27004145**
Open Date:	**5/1/1982**	Occupancy:			**95.48953%**	Semester Index:	**1.32132636**
Acquired Date:	**5/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Cost:	**1.04038050**
Entered Medicaid	**5/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	Target:	**1.01485834**
Med # Active Date:	**11/1/2001**	Low Occupancy Adjustment Factor:			**120.33391%**	**DC FY Index:**	**1.19666435**
Previous Med #	**212270**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02618583**
						PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,191,627	2,819,487	1,228,254	645,743	0	5,885,111
1a	Audit Adjustments						
2	Cost Per Diem	35.6892	84.4436	36.7862	**19.3400**		176.2590
3	Cost Per Diem Inflated	37.1303	86.6548	38.2716			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.1303**	**86.6548**	**38.2716**	**19.3400**		181.3967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5946		52.8719			
7	Provider Target Rate	**49.6261**		**53.9942**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.1303**	**86.6548**	**38.2716**	**13.6500**		175.7067
12/13	Medicaid Adjustment Rate		2.8084	1.2404			
14	Prospective Per Diem 11	**37.1303**	**89.4632**	**39.5120**	**13.6500**		**179.7555**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253014-00 - 2013/07

200.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Springwood Care & Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,337,519**
FRVS Base Asset:	**2,100,178**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**344,417**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,470,015**	**8.7371**
20% ROE(2):	**867,504**	**0.3691**
Insurance Cost(3):	**8,052**	**0.1920**
Taxes Cost(3):	**60,280**	**1.4373**
Home Office(3):	**25,903**	**0.6176**
Replacement(3&4):	**53,405**	**0.0000**
Total FRVS PD:		**11.3531**

(1) 80% Capital ($3,470,015) amortized at 10.0000% for 20 years Interest of $344,417 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7371
(2) 20% ROE ($867,504) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3691
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.1303**	**37.1303**	**1.6142**	**35.5161**	
Patient Care					
Direct Care	**89.4632**	**89.4632**	**3.8893**	**85.5739**	
Indirect Care	**39.5120**	**39.5120**	**1.7177**	**37.7943**	
Property	**13.6500**	**11.3531**	**0.4936**	**10.8595**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3387**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.7555**	**177.4586**	**7.7148**	**200.9189**	

***Medicaid Trend Adjustment :**

0 253146-00 - 2013/07

186.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,739**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,501**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,773**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**69.88852%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.48042%**	Cost:	**1.04038050**
Open Date:	**2/1/1986**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/1/1986**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**2/24/1986**	Low Occupancy Adjustment Factor:			**114.02153%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/2/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**208868**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	921,743	2,006,097	1,151,368	249,402	58,800	4,387,410
1a	Audit Adjustments						
2	Cost Per Diem	33.1885	72.2319	41.4564	**8.9800**	**2.1172**	157.9740
3	Cost Per Diem Inflated	34.5287	74.1234	43.1304			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.5287**	**74.1234**	**43.1304**	**8.9800**	**2.1172**	162.8797
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9117		50.8005			
7	Provider Target Rate	**43.8226**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.5287**	**74.1234**	**43.1304**	**8.9800**	**2.1172**	162.8797
12/13	Medicaid Adjustment Rate		1.6585	0.9650			
14	Prospective Per Diem 11	**34.5287**	**75.7819**	**44.0954**	**8.9800**	**2.1172**	**165.5032**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253146-00 - 2013/07

186.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Southern Oaks Health Care

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,508,299**
FRVS Base Asset:	**2,133,058**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,475,159.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**12.1500**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**378,846**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,406,639**	**9.6105**
20% ROE(2):	**1,101,660**	**0.4687**
Insurance Cost(3):	**49,010**	**1.2333**
Taxes Cost(3):	**55,052**	**1.3853**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**74,081**	**0.0000**
Total FRVS PD:		**12.6978**

(1) 80% Capital ($4,406,639) amortized at 6.0000% for 20 years Principal & Interest of $378,846 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6105
(2) 20% ROE ($1,101,660) times the ROE factor (0.016770) divided by annual available days (43,800) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.5287**	**34.5287**	**1.5011**	**33.0276**	
Patient Care					
Direct Care	**75.7819**	**75.7819**	**3.2945**	**72.4874**	
Indirect Care	**44.0954**	**44.0954**	**1.9170**	**42.1784**	
Property	**8.9800**	**12.6978**	**0.3904**	**8.5896**	
ROE	**2.1172**	**1.0244**	**0.0920**	**2.0252**	
ROE Adjustment	**-1.0244**	**-1.0244**	**-0.0445**	**-0.9799**	
Quality Assess-Medicaid Share				**$20.4882**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**164.4788**	**167.1038**	**7.1505**	**186.6529**	

***Medicaid Trend Adjustment :**

0 253421-00 - 2013/07

195.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,868**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,320**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,324**		
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**						

Medicaid Utilization	**65.26225%**
Occupancy:	**95.32787%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.13018%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,069,453	1,866,420	1,234,748	649,765	0	4,820,386
1a	Audit Adjustments						
2	Cost Per Diem	39.1397	68.3070	45.1891	**23.7800**		176.4158
3	Cost Per Diem Inflated	40.7202	70.0957	47.0139			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7202**	**70.0957**	**47.0139**	**23.7800**		181.6098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.7202**	**70.0957**	**47.0139**	**13.6500**		171.4798
12/13	Medicaid Adjustment Rate		1.2035	0.8072			
14	Prospective Per Diem 11	**40.7202**	**71.2992**	**47.8211**	**13.6500**		**173.4905**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253421-00 - 2013/07

195.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,421,669**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**6,898,511.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0300**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**11.0300**	**%**
Interest Only:	**False**	
Yearly Payment:	**538,297**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,337,335**	**13.6554**
20% ROE(2):	**1,084,334**	**0.4613**
Insurance Cost(3):	**54,379**	**1.2988**
Taxes Cost(3):	**67,912**	**1.6221**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**16,241**	**0.0000**
Total FRVS PD:		**17.0376**

(1) 80% Capital ($4,337,335) amortized at 11.0300% for 20 years Principal & Interest of $538,297 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6554
(2) 20% ROE ($1,084,334) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4613
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7202**	**40.7202**	**1.7702**	**38.9500**	
Patient Care					
Direct Care	**71.2992**	**71.2992**	**3.0996**	**68.1996**	
Indirect Care	**47.8211**	**47.8211**	**2.0789**	**45.7422**	
Property	**13.6500**	**17.0376**	**0.7407**	**16.2969**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9185**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.4905**	**176.8781**	**7.6894**	**195.9436**	

***Medicaid Trend Adjustment :**

0 253430-00 - 2013/07

192.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33765		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**42,061**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,678**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,679**		
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**						

Medicaid Utilization	**58.67431%**
Occupancy:	**95.76730%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.68396%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	891,641	1,991,358	943,097	959,026	0	4,785,122
1a	Audit Adjustments						
2	Cost Per Diem	36.1295	80.6904	38.2146	**38.8600**		193.8945
3	Cost Per Diem Inflated	37.5884	82.8033	39.7577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5884**	**82.8033**	**39.7577**	**38.8600**		199.0094
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4724		50.8005			
7	Provider Target Rate	**43.3739**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5884**	**82.8033**	**39.7577**	**13.6500**		173.7994
12/13	Medicaid Adjustment Rate		0.8080	0.3880			
14	Prospective Per Diem 11	**37.5884**	**83.6113**	**40.1457**	**13.6500**		**174.9954**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253430-00 - 2013/07

192.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,681,933**
FRVS Base Asset:	**1,921,442**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**1,365,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**335,268**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,945,546**	**8.5050**
20% ROE(2):	**736,387**	**0.3133**
Insurance Cost(3):	**9,814**	**0.2333**
Taxes Cost(3):	**51,980**	**1.2358**
Home Office(3):	**31,051**	**0.7382**
Replacement(3&4):	**28,646**	**0.0000**
Total FRVS PD:		**11.0256**

(1) 80% Capital ($2,945,546) amortized at 9.7500% for 20 years Principal & Interest of $335,268 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5050
(2) 20% ROE ($736,387) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3133
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5884**	**37.5884**	**1.6341**	**35.9543**	
Patient Care					
Direct Care	**83.6113**	**83.6113**	**3.6349**	**79.9764**	
Indirect Care	**40.1457**	**40.1457**	**1.7453**	**38.4004**	
Property	**13.6500**	**11.0256**	**0.4793**	**10.5463**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8737**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.9954**	**172.3710**	**7.4936**	**192.5875**	

***Medicaid Trend Adjustment :**

0 253448-00 - 2013/07

207.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,906**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,412**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,749**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.04180%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.86065%**	Cost:	**1.04038050**
Open Date:	**9/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**9/1/1982**	Low Occupancy Adjustment Factor:			**114.50070%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**201782**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,146,722	2,430,705	1,185,962	835,446	0	5,598,835
1a	Audit Adjustments						
2	Cost Per Diem	39.8874	84.5492	41.2523	**29.0600**		194.7489
3	Cost Per Diem Inflated	41.4981	86.7632	42.9181			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4981**	**86.7632**	**42.9181**	**29.0600**		200.2394
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9517		51.8194			
7	Provider Target Rate	**45.9059**		**52.9193**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.4981**	**86.7632**	**42.9181**	**13.6500**		184.8294
12/13	Medicaid Adjustment Rate		2.1515	1.0642			
14	Prospective Per Diem 11	**41.4981**	**88.9147**	**43.9823**	**13.6500**		**188.0451**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253448-00 - 2013/07

207.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay Tree Care & Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/2007**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**3,948,002**
FRVS Base Asset:	**1,845,021**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**1,650,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**317,018**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,158,402**	**8.0421**
20% ROE(2):	**789,600**	**0.3359**
Insurance Cost(3):	**8,691**	**0.2178**
Taxes Cost(3):	**53,889**	**1.3504**
Home Office(3):	**28,781**	**0.7212**
Replacement(3&4):	**39,041**	**0.0000**
Total FRVS PD:		**10.6674**

(1) 80% Capital ($3,158,402) amortized at 8.0000% for 20 years Principal & Interest of $317,018 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0421
(2) 20% ROE ($789,600) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3359
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4981**	**41.4981**	**1.8041**	**39.6940**	
Patient Care					
Direct Care	**88.9147**	**88.9147**	**3.8654**	**85.0493**	
Indirect Care	**43.9823**	**43.9823**	**1.9121**	**42.0702**	
Property	**13.6500**	**10.6674**	**0.4637**	**10.2037**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1509**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.0451**	**185.0625**	**8.0453**	**207.0045**	

***Medicaid Trend Adjustment :**

0 253456-00 - 2013/07

198.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Ocala FL 32674		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,853**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,434**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,534**		
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**						

Medicaid Utilization	**64.07046%**
Occupancy:	**90.73998%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.34863%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	998,635	1,974,044	948,992	727,208	0	4,648,879
1a	Audit Adjustments						
2	Cost Per Diem	39.1100	77.3104	37.1658	**28.4800**		182.0662
3	Cost Per Diem Inflated	40.7981	79.4453	38.7700			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7981**	**79.4453**	**38.7700**	**28.4800**		187.4934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4739		56.7103			
7	Provider Target Rate	**44.3967**		**57.9140**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.7981**	**79.4453**	**38.7700**	**13.6500**		172.6634
12/13	Medicaid Adjustment Rate		1.2576	0.6137			
14	Prospective Per Diem 11	**40.7981**	**80.7029**	**39.3837**	**13.6500**		**174.5347**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253456-00 - 2013/07

198.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hawthorne Health and Rehab of Ocala

FRVS

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

Began FRVS:	**3/4/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,751,672**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information

Amount:	**3,020,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1800**	**%**
Chase Rate:	**7.5645**	**%**
Amortization Rate:	**9.5645**	**%**
Interest Only:	**False**	
Yearly Payment:	**517,014**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,601,338**	**13.1155**
20% ROE(2):	**1,150,334**	**0.5197**
Insurance Cost(3):	**79,025**	**1.9829**
Taxes Cost(3):	**48,622**	**1.2200**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**226,063**	**0.0000**
Total FRVS PD:		**16.8381**

(1) 80% Capital ($4,601,338) amortized at 9.5645% for 20 years Principal & Interest of $517,014 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1155
(2) 20% ROE ($1,150,334) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5197
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7981**	**40.7981**	**1.7736**	**39.0245**	
Patient Care					
Direct Care	**80.7029**	**80.7029**	**3.5084**	**77.1945**	
Indirect Care	**39.3837**	**39.3837**	**1.7121**	**37.6716**	
Property	**13.6500**	**16.8381**	**0.7320**	**16.1061**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9409**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.5347**	**177.7228**	**7.7261**	**198.7740**	

***Medicaid Trend Adjustment :**

0 253464-00 - 2013/07

200.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Oldsmar FL 34677		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,474**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,375**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,648**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**66.66345%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.43078%**	Cost:	**1.04038050**
Open Date:	**9/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**9/1/1982**	Low Occupancy Adjustment Factor:			**118.99970%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**201693**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	999,898	2,341,968	1,065,100	852,111	0	5,259,077
1a	Audit Adjustments						
2	Cost Per Diem	36.1653	84.7066	38.5236	**30.8200**		190.2155
3	Cost Per Diem Inflated	37.6257	86.9247	40.0792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6257**	**86.9247**	**40.0792**	**30.8200**		195.4496
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		54.2838			
7	Provider Target Rate	**42.9157**		**55.4360**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6257**	**86.9247**	**40.0792**	**13.6500**		178.2796
12/13	Medicaid Adjustment Rate		1.6295	0.7513			
14	Prospective Per Diem 11	**37.6257**	**88.5542**	**40.8305**	**13.6500**		**180.6604**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253464-00 - 2013/07

200.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

West Bay Care & Rehabilitation Center

FRVS

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

Began FRVS:	**10/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,671,022**
FRVS Base Asset:	**2,238,198**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**2,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**425,332**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,736,818**	**10.7898**
20% ROE(2):	**934,204**	**0.3974**
Insurance Cost(3):	**8,977**	**0.2164**
Taxes Cost(3):	**50,385**	**1.2149**
Home Office(3):	**31,091**	**0.7497**
Replacement(3&4):	**54,864**	**0.0000**
Total FRVS PD:		**13.3682**

(1) 80% Capital ($3,736,818) amortized at 9.7500% for 20 years Principal & Interest of $425,332 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7898
(2) 20% ROE ($934,204) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3974
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6257**	**37.6257**	**1.6357**	**35.9900**	
Patient Care					
Direct Care	**88.5542**	**88.5542**	**3.8497**	**84.7045**	
Indirect Care	**40.8305**	**40.8305**	**1.7750**	**39.0555**	
Property	**13.6500**	**13.3682**	**0.5812**	**12.7870**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5514**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.6604**	**180.3786**	**7.8416**	**200.9248**	

***Medicaid Trend Adjustment :**

0 253481-00 - 2013/07

249.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**0**
Deerfield Beach FL 33442		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**19,716**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,317**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,607**	FY Index:	**1.26665332**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**48.72692%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.78142%**	Cost:	**1.04316338**
Open Date:	**3/30/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**3/30/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**6/4/1990**	Low Occupancy Adjustment Factor:			**113.14067%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/11/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**211460**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	486,595	819,148	856,993	437,695	0	2,600,431
1a	Audit Adjustments						
2	Cost Per Diem	50.6500	85.2657	89.2051	**45.5600**		270.6808
3	Cost Per Diem Inflated	52.8362	87.6203	93.0555			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8362**	**87.6203**	**93.0555**	**45.5600**		279.0720
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	94.2447		81.9967			
7	Provider Target Rate	**96.2452**		**83.7372**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.8362**	**87.6203**	**77.6541**	**13.6500**		231.7606
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.8362**	**87.6203**	**77.6541**	**13.6500**		**231.7606**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253481-00 - 2013/07

249.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Forum at Deer Creek

FRVS

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

Began FRVS:	**6/4/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**2,663,146**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**1,731,844.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**281,506**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,130,517**	**14.2824**
20% ROE(2):	**532,629**	**0.4813**
Insurance Cost(3):	**29,291**	**1.4856**
Taxes Cost(3):	**56,423**	**2.8618**
Home Office(3):	**6,571**	**0.3333**
Replacement(3&4):	**351,450**	**0.0000**
Total FRVS PD:		**19.4444**

(1) 80% Capital ($2,130,517) amortized at 12.0000% for 20 years Principal & Interest of $281,506 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.2824
(2) 20% ROE ($532,629) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4813
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8362**	**52.8362**	**2.2970**	**50.5392**	
Patient Care					
Direct Care	**87.6203**	**87.6203**	**3.8091**	**83.8112**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**19.4444**	**0.8453**	**18.5991**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.7486**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.7606**	**237.5550**	**10.3273**	**249.8127**	

***Medicaid Trend Adjustment :**

0 253707-00 - 2013/07

227.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Crawfordville FL 32326		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Wakulla[65]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**38,589**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,621**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,026**		
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**							

Medicaid Utilization	**67.44409%**
Occupancy:	**87.86202%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.72189%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,109,250	2,482,274	1,329,282	424,744	0	5,345,550
1a	Audit Adjustments						
2	Cost Per Diem	42.6208	95.3767	51.0752	**16.3200**		205.3927
3	Cost Per Diem Inflated	44.3418	97.8742	53.1376			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3418**	**97.8742**	**53.1376**	**16.3200**		211.6736
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5794		67.2602			
7	Provider Target Rate	**45.5257**		**68.6879**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.3418**	**96.4205**	**53.1376**	**13.6500**		207.5499
12/13	Medicaid Adjustment Rate		1.8922	1.0428			
14	Prospective Per Diem 11	**44.3418**	**98.3127**	**54.1804**	**13.6500**		**210.4849**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253707-00 - 2013/07

227.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

EDEN SPRINGS NURSING & REHABILITATIO

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	**3,973,988**
FRVS Base Asset:	**1,939,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**361,862**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,179,190**	**9.1797**
20% ROE(2):	**794,798**	**0.3381**
Insurance Cost(3):	**39,284**	**1.0180**
Taxes Cost(3):	**25,560**	**0.6624**
Home Office(3):	**16,457**	**0.4265**
Replacement(3&4):	**171,054**	**0.0000**
Total FRVS PD:		**11.6247**

(1) 80% Capital ($3,179,190) amortized at 9.7500% for 20 years Principal & Interest of $361,862 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1797
(2) 20% ROE ($794,798) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3381
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3418**	**44.3418**	**1.9277**	**42.4141**	
Patient Care					
Direct Care	**98.3127**	**98.3127**	**4.2740**	**94.0387**	
Indirect Care	**54.1804**	**54.1804**	**2.3554**	**51.8250**	
Property	**13.6500**	**11.6247**	**0.5054**	**11.1193**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6999**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.4849**	**208.4596**	**9.0625**	**227.9334**	

***Medicaid Trend Adjustment :**

0 253723-00 - 2013/07

248.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Jackson 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	
1861 NW 8th Ave.		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33136		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**40,948**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,569**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,902**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/7/2000**						
Acquired Date:	**11/6/2000**						
Entered Medicaid	**12/7/2000**						
Med # Active Date:	**1/1/2002**						
Previous Med #	**228460**						

Medicaid Utilization	**68.14008%**
Occupancy:	**93.48859%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.81236%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28775230**
Semester Index:	**1.32132636**
Cost:	**1.02607183**
Target:	**1.01485834**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.01951087**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,851,964	2,962,612	1,795,755	1,106,035	0	7,716,366
1a	Audit Adjustments						
2	Cost Per Diem	66.3739	106.1792	64.3594	**39.6400**		276.5525
3	Cost Per Diem Inflated	68.1044	108.2508	66.0374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.1044**	**108.2508**	**66.0374**	**39.6400**		282.0326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3794		63.0501			
7	Provider Target Rate	**49.4063**		**64.3884**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.4063**	**99.9385**	**61.8071**	**13.6500**		224.8019
12/13	Medicaid Adjustment Rate		2.0395	1.2613			
14	Prospective Per Diem 11	**49.4063**	**101.9780**	**63.0684**	**13.6500**		**228.1027**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253723-00 - 2013/07

248.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Jackson Plaza Nursing & Rehabilitation Center

FRVS

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

Began FRVS:	**7/26/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/07**
Indexed Asset Value	**5,603,453**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

Mortgage Information		
Amount:	**2,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**546,124**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,482,762**	**13.8540**
20% ROE(2):	**1,120,691**	**0.4176**
Insurance Cost(3):	**130,741**	**3.1929**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**28,056**	**0.6852**
Replacement(3&4):	**326,188**	**0.0000**
Total FRVS PD:		**18.1497**

(1) 80% Capital ($4,482,762) amortized at 10.7500% for 20 years Principal & Interest of $546,124 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8540
(2) 20% ROE ($1,120,691) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4176
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2000**	Used Per Bed Standard:	**39,849**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4063**	**49.4063**	**2.1478**	**47.2585**	
Patient Care					
Direct Care	**101.9780**	**101.9780**	**4.4333**	**97.5447**	
Indirect Care	**63.0684**	**63.0684**	**2.7418**	**60.3266**	
Property	**13.6500**	**18.1497**	**0.7890**	**17.3607**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6422**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**228.1027**	**232.6024**	**10.1119**	**248.9691**	

***Medicaid Trend Adjustment :**

0 254177-00 - 2013/07

208.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**206**	Superior:	**0**
Ft. Lauderdale FL 33305		Days In CR	**366**	Maximum:	**75,396**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**75,190**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**51,720**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,196**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,762**		
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 #							

Medicaid Utilization	**44.01005%**
Occupancy:	**68.59781%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**86.44552%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,032,443	1,774,009	1,110,987	300,914	0	4,218,353
1a	Audit Adjustments						
2	Cost Per Diem	45.3582	77.9373	48.8088	**13.2200**		185.3243
3	Cost Per Diem Inflated	47.3160	80.0895	50.9156			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3160**	**80.0895**	**50.9156**	**13.2200**		191.5411
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2930		52.8299			
7	Provider Target Rate	**56.4667**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3160**	**80.0895**	**50.9156**	**13.2200**		191.5411
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.3160**	**80.0895**	**50.9156**	**13.2200**		**191.5411**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254177-00 - 2013/07

208.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor Pines Convalescent Center, LLC

FRVS

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

Began FRVS:	**3/6/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**2,551,710**
FRVS Base Asset:	**2,551,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**375,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5700**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**171,958**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,041,368**	**2.5411**
20% ROE(2):	**510,342**	**0.1343**
Insurance Cost(3):	**126,295**	**2.4419**
Taxes Cost(3):	**183,177**	**3.5417**
Home Office(3):	**67,324**	**1.3017**
Replacement(3&4):	**152,680**	**0.0000**
Total FRVS PD:		**9.9607**

(1) 80% Capital ($2,041,368) amortized at 8.5000% for 20 years Interest of $171,958 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $2.5411
(2) 20% ROE ($510,342) times the ROE factor (0.017810) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $0.1343
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**206**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,113,766**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3160**	**47.3160**	**2.0570**	**45.2590**	
Patient Care					
Direct Care	**80.0895**	**80.0895**	**3.4817**	**76.6078**	
Indirect Care	**50.9156**	**50.9156**	**2.2135**	**48.7021**	
Property	**13.2200**	**9.9607**	**0.4330**	**9.5277**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5518**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.5411**	**188.2818**	**8.1852**	**208.4848**	

***Medicaid Trend Adjustment :**

0 254291-00 - 2013/07

250.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**98**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**35,868**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**35,770**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**32,499**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,787**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**25,294**		
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**						

Medicaid Utilization	**77.83009%**
Occupancy:	**90.60723%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.18133%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,452,580	2,228,548	1,703,588	510,939	0	5,895,655
1a	Audit Adjustments						
2	Cost Per Diem	57.4278	88.1058	67.3515	**20.2000**		233.0851
3	Cost Per Diem Inflated	59.7468	90.4129	70.0712			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.7468**	**90.4129**	**70.0712**	**20.2000**		240.4309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.2760**	**90.4129**	**65.8973**	**13.6500**		226.2362
12/13	Medicaid Adjustment Rate		2.8307	2.0632			
14	Prospective Per Diem 11	**56.2760**	**93.2436**	**67.9605**	**13.6500**		**231.1301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254291-00 - 2013/07

250.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Arch Plaza Nursing & Rehabilitation Center

FRVS

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

Began FRVS:	**5/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**4,481,155**
FRVS Base Asset:	**1,103,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information

Amount:	**1,800,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**436,742**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,584,924**	**13.5664**
20% ROE(2):	**896,231**	**0.4669**
Insurance Cost(3):	**18,080**	**0.5563**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**17,087**	**0.5258**
Replacement(3&4):	**952,606**	**0.0000**
Total FRVS PD:		**15.1154**

(1) 80% Capital ($3,584,924) amortized at 10.7500% for 20 years Principal & Interest of $436,742 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $13.5664
(2) 20% ROE ($896,231) times the ROE factor (0.016770) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.4669
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**118**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.2760**	**56.2760**	**2.4465**	**53.8295**	
Patient Care					
Direct Care	**93.2436**	**93.2436**	**4.0536**	**89.1900**	
Indirect Care	**67.9605**	**67.9605**	**2.9545**	**65.0060**	
Property	**13.6500**	**15.1154**	**0.6571**	**14.4583**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8139**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**231.1301**	**232.5955**	**10.1117**	**250.1341**	

***Medicaid Trend Adjustment :**

0 254762-00 - 2013/07

216.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Seminole FL 33778		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**19,861**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,488**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**8,941**		
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 #							

Medicaid Utilization	**45.01787%**
Occupancy:	**90.68950%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.28502%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	383,270	648,132	514,734	286,380	0	1,832,516
1a	Audit Adjustments						
2	Cost Per Diem	42.8666	72.4899	57.5701	**32.0300**		204.9566
3	Cost Per Diem Inflated	45.1817	74.8361	60.6793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1817**	**74.8361**	**60.6793**	**32.0300**		212.7271
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.9401		59.1031			
7	Provider Target Rate	**52.0214**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1817**	**74.8361**	**60.3576**	**13.6500**		194.0254
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.1817**	**74.8361**	**60.3576**	**13.6500**		**194.0254**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254762-00 - 2013/07

216.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Wrights Healthcare & Rehabilitation Center

FRVS

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

Began FRVS:	**5/21/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2002/01**
Indexed Asset Value	**2,607,531**
FRVS Base Asset:	**2,472,420**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**205,502**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,086,025**	**10.4263**
20% ROE(2):	**521,506**	**0.6395**
Insurance Cost(3):	**70,138**	**3.5314**
Taxes Cost(3):	**17,742**	**0.8933**
Home Office(3):	**6,708**	**0.3377**
Replacement(3&4):	**66,896**	**0.0000**
Total FRVS PD:		**15.8282**

(1) 80% Capital ($2,086,025) amortized at 7.7500% for 20 years Principal & Interest of $205,502 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.4263
(2) 20% ROE ($521,506) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6395
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,472,420**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1817**	**45.1817**	**1.9642**	**43.2175**	
Patient Care					
Direct Care	**74.8361**	**74.8361**	**3.2534**	**71.5827**	
Indirect Care	**60.3576**	**60.3576**	**2.6239**	**57.7337**	
Property	**13.6500**	**15.8282**	**0.6881**	**15.1401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6037**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.0254**	**196.2036**	**8.5296**	**216.1141**	

***Medicaid Trend Adjustment :**

0 254878-00 - 2013/07

202.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32208		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**20,396**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,053**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,314**		
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**						

Medicaid Utilization	**75.08335%**
Occupancy:	**93.13242%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.36352%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	710,646	1,021,038	690,342	285,606	0	2,707,632
1a	Audit Adjustments						
2	Cost Per Diem	46.4050	66.6735	45.0791	**18.6500**		176.8076
3	Cost Per Diem Inflated	48.9112	68.8315	47.5137			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9112**	**68.8315**	**47.5137**	**18.6500**		183.9064
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1427**	**68.8315**	**47.5137**	**13.6500**		176.1379
12/13	Medicaid Adjustment Rate		1.9423	1.3408			
14	Prospective Per Diem 11	**46.1427**	**70.7738**	**48.8545**	**13.6500**		**179.4210**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254878-00 - 2013/07

202.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

EdgeWood Nursing Center

FRVS

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

Began FRVS:	**6/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,846,791**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,353,489.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**245,888**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,277,433**	**12.4753**
20% ROE(2):	**569,358**	**0.6982**
Insurance Cost(3):	**9,816**	**0.4813**
Taxes Cost(3):	**35,343**	**1.7328**
Home Office(3):	**3,266**	**0.1601**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.5477**

(1) 80% Capital ($2,277,433) amortized at 9.0000% for 20 years Principal & Interest of $245,888 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.4753
(2) 20% ROE ($569,358) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6982
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1427**	**46.1427**	**2.0060**	**44.1367**	
Patient Care					
Direct Care	**70.7738**	**70.7738**	**3.0768**	**67.6970**	
Indirect Care	**48.8545**	**48.8545**	**2.1239**	**46.7306**	
Property	**13.6500**	**15.5477**	**0.6759**	**14.8718**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2205**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.4210**	**181.3187**	**7.8826**	**202.4930**	

***Medicaid Trend Adjustment :**

0 255572-00 - 2013/07

166.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Gainesville Fl 32607		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Alachua[1]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**43,448**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,260**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,058**		
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 #							

Medicaid Utilization	**55.37194%**
Occupancy:	**99.19634%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**125.00516%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	754,425	1,525,135	773,540	700,810	0	3,753,910
1a	Audit Adjustments						
2	Cost Per Diem	31.3586	63.3941	32.1531	**29.1300**		156.0358
3	Cost Per Diem Inflated	33.0522	65.4459	33.8896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.0522**	**65.4459**	**33.8896**	**29.1300**		161.5177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.0522**	**65.4459**	**33.8896**	**13.6500**		146.0377
12/13	Medicaid Adjustment Rate		0.3955	0.2048			
14	Prospective Per Diem 11	**33.0522**	**65.8414**	**34.0944**	**13.6500**		**146.6380**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 255572-00 - 2013/07

166.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Woodlands Care Center of Alachua County

FRVS

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

Began FRVS:	**6/27/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2002/01**
Indexed Asset Value	**5,545,565**
FRVS Base Asset:	**4,944,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2400**	**%**
Interest Only:	**False**	
Yearly Payment:	**358,440**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,436,452**	**9.0928**
20% ROE(2):	**1,109,113**	**0.6800**
Insurance Cost(3):	**35,279**	**0.8120**
Taxes Cost(3):	**108,501**	**2.4973**
Home Office(3):	**11,118**	**0.2559**
Replacement(3&4):	**75,211**	**0.0000**
Total FRVS PD:		**13.3380**

(1) 80% Capital ($4,436,452) amortized at 5.2400% for 20 years Principal & Interest of $358,440 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0928
(2) 20% ROE ($1,109,113) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6800
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,944,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.0522**	**33.0522**	**1.4369**	**31.6153**	
Patient Care					
Direct Care	**65.8414**	**65.8414**	**2.8623**	**62.9791**	
Indirect Care	**34.0944**	**34.0944**	**1.4822**	**32.6122**	
Property	**13.6500**	**13.3380**	**0.5798**	**12.7582**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1645**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**146.6380**	**146.3260**	**6.3612**	**166.9657**	

***Medicaid Trend Adjustment :**

0 256269-00 - 2013/07

215.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Citrus[9]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,317**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,714**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,218**		
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**						

Medicaid Utilization	**51.42305%**
Occupancy:	**89.76484%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.11978%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	778,862	1,734,464	1,278,031	402,136	0	4,193,493
1a	Audit Adjustments						
2	Cost Per Diem	38.5232	85.7881	63.2125	**19.8900**		207.4138
3	Cost Per Diem Inflated	40.6037	88.5648	66.6264			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6037**	**88.5648**	**66.6264**	**19.8900**		215.6849
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		56.5765			
7	Provider Target Rate	**40.6830**		**57.7774**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6037**	**88.5648**	**57.7774**	**13.6500**		200.5959
12/13	Medicaid Adjustment Rate		0.1418	0.0925			
14	Prospective Per Diem 11	**40.6037**	**88.7066**	**57.8699**	**13.6500**		**200.8302**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256269-00 - 2013/07

215.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,149,397**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**347,014**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,119,518**	**8.8030**
20% ROE(2):	**1,029,879**	**0.6315**
Insurance Cost(3):	**48,961**	**1.2453**
Taxes Cost(3):	**56,543**	**1.4381**
Home Office(3):	**7,198**	**0.1831**
Replacement(3&4):	**85,186**	**0.0000**
Total FRVS PD:		**12.3010**

(1) 80% Capital ($4,119,518) amortized at 8.5000% for 20 years Interest of $347,014 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8030
(2) 20% ROE ($1,029,879) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6315
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6037**	**40.6037**	**1.7652**	**38.8385**	
Patient Care					
Direct Care	**88.7066**	**88.7066**	**3.8564**	**84.8502**	
Indirect Care	**57.8699**	**57.8699**	**2.5158**	**55.3541**	
Property	**13.6500**	**12.3010**	**0.5348**	**11.7662**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0902**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.8302**	**199.4812**	**8.6722**	**215.7356**	

***Medicaid Trend Adjustment :**

0 256277-00 - 2013/07

234.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Surrev 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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Bradenton FL 34209		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**19,742**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,170**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,494**		
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**						

Medicaid Utilization	**27.82899%**
Occupancy:	**90.14612%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.60025%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	213,123	564,922	382,373	110,759	0	1,271,177
1a	Audit Adjustments						
2	Cost Per Diem	38.7920	102.8253	69.5983	**20.1600**		231.3756
3	Cost Per Diem Inflated	40.8871	106.1534	73.3571			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8871**	**106.1534**	**73.3571**	**20.1600**		240.5576
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		70.8721			
7	Provider Target Rate	**51.2096**		**72.3764**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8871**	**99.6051**	**70.0665**	**13.6500**		224.2087
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.8871**	**99.6051**	**70.0665**	**13.6500**		**224.2087**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256277-00 - 2013/07

234.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Surrev Place Convalescent Center of Bradenton

FRVS

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

Began FRVS:	**2/8/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**2,549,208**
FRVS Base Asset:	**1,778,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**171,789**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,039,366**	**8.7158**
20% ROE(2):	**509,842**	**0.6252**
Insurance Cost(3):	**28,834**	**1.4605**
Taxes Cost(3):	**25,595**	**1.2965**
Home Office(3):	**3,578**	**0.1812**
Replacement(3&4):	**14,335**	**0.0000**
Total FRVS PD:		**12.2792**

(1) 80% Capital ($2,039,366) amortized at 8.5000% for 20 years Interest of $171,789 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.7158
(2) 20% ROE ($509,842) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6252
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8871**	**40.8871**	**1.7775**	**39.1096**	
Patient Care					
Direct Care	**99.6051**	**99.6051**	**4.3302**	**95.2749**	
Indirect Care	**70.0665**	**70.0665**	**3.0460**	**67.0205**	
Property	**13.6500**	**12.2792**	**0.5338**	**11.7454**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.7344**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.2087**	**222.8379**	**9.6875**	**234.7212**	

***Medicaid Trend Adjustment :**

0 256757-00 - 2013/07

203.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	
11411 Armsdale Road		**01/01/2012-12/31/2012**		Number of Beds:	**122**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**366**	Maximum:	**44,652**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**37,639**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,791**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,559**		
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**						

Medicaid Utilization	**62.59199%**
Occupancy:	**84.29410%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.22566%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	892,988	1,882,892	1,116,915	496,153	0	4,388,948
1a	Audit Adjustments						
2	Cost Per Diem	37.9043	79.9224	47.4093	**21.0600**		186.2960
3	Cost Per Diem Inflated	39.0200	81.6172	48.8048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0200**	**81.6172**	**48.8048**	**21.0600**		190.5020
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.2366		48.7710			
7	Provider Target Rate	**41.0907**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.0200**	**81.6172**	**48.8048**	**13.6500**		183.0920
12/13	Medicaid Adjustment Rate		1.1562	0.6914			
14	Prospective Per Diem 11	**39.0200**	**82.7734**	**49.4962**	**13.6500**		**184.9396**
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 Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,199,186**
FRVS Base Asset:	**2,222,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**417,758**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,959,349**	**10.4239**
20% ROE(2):	**1,239,837**	**0.4511**
Insurance Cost(3):	**36,090**	**0.9588**
Taxes Cost(3):	**67,545**	**1.7945**
Home Office(3):	**13,206**	**0.3509**
Replacement(3&4):	**66,121**	**0.0000**
Total FRVS PD:		**13.9792**

(1) 80% Capital ($4,959,349) amortized at 8.5000% for 20 years Interest of $417,758 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $10.4239
(2) 20% ROE ($1,239,837) times the ROE factor (0.014580) divided by annual available days (44,530) 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			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0200**	**39.0200**	**1.6963**	**37.3237**	
Patient Care					
Direct Care	**82.7734**	**82.7734**	**3.5984**	**79.1750**	
Indirect Care	**49.4962**	**49.4962**	**2.1518**	**47.3444**	
Property	**13.6500**	**13.9792**	**0.6077**	**13.3715**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9623**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.9396**	**185.2688**	**8.0542**	**203.0133**	

***Medicaid Trend Adjustment :**

0 256846-00 - 2013/07

201.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Naples FL 33940		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,409**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,293**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,666**		
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**						

Medicaid Utilization	**66.81156%**
Occupancy:	**94.28279%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.81320%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	971,811	2,252,466	1,245,257	656,514	0	5,126,048
1a	Audit Adjustments						
2	Cost Per Diem	35.1265	81.4164	45.0104	**23.7300**		185.2833
3	Cost Per Diem Inflated	36.5449	83.5484	46.8279			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5449**	**83.5484**	**46.8279**	**23.7300**		190.6512
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2318		52.8299			
7	Provider Target Rate	**48.2344**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5449**	**83.5484**	**46.8279**	**13.6500**		180.5712
12/13	Medicaid Adjustment Rate		1.5802	0.8857			
14	Prospective Per Diem 11	**36.5449**	**85.1286**	**47.7136**	**13.6500**		**183.0371**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256846-00 - 2013/07

201.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lakeside Pavillion Care & Rehabilitation Center

FRVS

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

Began FRVS:	**1/1/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**4,301,485**
FRVS Base Asset:	**1,621,501**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**11.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**393,307**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,441,188**	**9.9773**
20% ROE(2):	**860,297**	**0.3660**
Insurance Cost(3):	**7,531**	**0.1819**
Taxes Cost(3):	**23,431**	**0.5658**
Home Office(3):	**28,518**	**0.6887**
Replacement(3&4):	**346,212**	**0.0000**
Total FRVS PD:		**11.7797**

(1) 80% Capital ($3,441,188) amortized at 11.5000% for 20 years Interest of $393,307 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9773
(2) 20% ROE ($860,297) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3660
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5449**	**36.5449**	**1.5887**	**34.9562**	
Patient Care					
Direct Care	**85.1286**	**85.1286**	**3.7008**	**81.4278**	
Indirect Care	**47.7136**	**47.7136**	**2.0743**	**45.6393**	
Property	**13.6500**	**11.7797**	**0.5121**	**11.2676**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5918**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.0371**	**181.1668**	**7.8759**	**201.7191**	

***Medicaid Trend Adjustment :**

0 256935-00 - 2013/07

214.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**09/01/2011-08/31/2012**		Number of Beds:	**116**	Superior:	**0**
Ft. Lauderdale FL 33308		Days In CR	**366**	Maximum:	**42,456**	Standard:	**184**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**42,340**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**28,208**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,429**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**19,153**	FY Index:	**1.27343864**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**67.89918%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**66.44055%**	Cost:	**1.03760505**
Open Date: **1/1/1966**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **7/1/1974**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid **12/1/2002**		Low Occupancy Adjustment Factor:			**83.72700%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **12/1/2002**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	971,075	1,374,925	1,013,950	325,601	0	3,685,551
1a	Audit Adjustments						
2	Cost Per Diem	50.7009	71.7864	52.9395	**17.0000**		192.4268
3	Cost Per Diem Inflated	52.6075	73.5637	54.9303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6075**	**73.5637**	**54.9303**	**17.0000**		198.1015
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.4472		56.0513			
7	Provider Target Rate	**67.8576**		**57.2411**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6075**	**73.5637**	**54.9303**	**13.6500**		194.7515
12/13	Medicaid Adjustment Rate		1.4813	1.1061			
14	Prospective Per Diem 11	**52.6075**	**75.0450**	**56.0364**	**13.6500**		**197.3389**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256935-00 - 2013/07

214.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor Oaks Nursing & Rehab Center

FRVS

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

Began FRVS:	**12/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1974/07**
Indexed Asset Value	**1,660,996**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.2500**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**55,641**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,328,797**	**1.4602**
20% ROE(2):	**332,199**	**0.1390**
Insurance Cost(3):	**94,207**	**3.3397**
Taxes Cost(3):	**100,310**	**3.5561**
Home Office(3):	**36,082**	**1.2791**
Replacement(3&4):	**175,841**	**0.0000**
Total FRVS PD:		**9.7741**

(1) 80% Capital ($1,328,797) amortized at 4.2500% for 20 years Interest of $55,641 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $1.4602
(2) 20% ROE ($332,199) times the ROE factor (0.015940) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.1390
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1974**	Used Per Bed Standard:	**13,088**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,518,208**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6075**	**52.6075**	**2.2870**	**50.3205**	
Patient Care					
Direct Care	**75.0450**	**75.0450**	**3.2624**	**71.7826**	
Indirect Care	**56.0364**	**56.0364**	**2.4361**	**53.6003**	
Property	**13.6500**	**9.7741**	**0.4249**	**9.3492**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8893**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.3389**	**193.4630**	**8.4104**	**214.7783**	

***Medicaid Trend Adjustment :**

0 257249-00 - 2013/07

194.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**41,254**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,529**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,776**	FY Index:	**1.26665332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**67.32923%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.92987%**	Cost:	**1.04316338**
Open Date:	**2/25/1988**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/25/1988**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**2/25/1988**	Low Occupancy Adjustment Factor:			**118.36847%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/29/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**216801**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	967,094	2,017,260	1,245,682	946,606	0	5,176,642
1a	Audit Adjustments						
2	Cost Per Diem	34.8176	72.6260	44.8474	**34.0800**		186.3710
3	Cost Per Diem Inflated	36.3204	74.6316	46.7832			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.3204**	**74.6316**	**46.7832**	**34.0800**		191.8152
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8297		52.8299			
7	Provider Target Rate	**45.7813**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.3204**	**74.6316**	**46.7832**	**13.6500**		171.3852
12/13	Medicaid Adjustment Rate		1.4550	0.9121			
14	Prospective Per Diem 11	**36.3204**	**76.0866**	**47.6953**	**13.6500**		**173.7523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257249-00 - 2013/07

194.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Port St Lucie

FRVS

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

Began FRVS:	**2/25/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,655,892**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**388,998**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,524,714**	**9.8680**
20% ROE(2):	**1,131,178**	**0.5111**
Insurance Cost(3):	**39,200**	**0.9502**
Taxes Cost(3):	**80,756**	**1.9575**
Home Office(3):	**19,894**	**0.4822**
Replacement(3&4):	**43,685**	**0.0000**
Total FRVS PD:		**13.7690**

(1) 80% Capital ($4,524,714) amortized at 6.0000% for 20 years Principal & Interest of $388,998 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8680
(2) 20% ROE ($1,131,178) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5111
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.3204**	**36.3204**	**1.5790**	**34.7414**	
Patient Care					
Direct Care	**76.0866**	**76.0866**	**3.3077**	**72.7789**	
Indirect Care	**47.6953**	**47.6953**	**2.0735**	**45.6218**	
Property	**13.6500**	**13.7690**	**0.5986**	**13.1704**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4401**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.7523**	**173.8713**	**7.5588**	**194.5890**	

***Medicaid Trend Adjustment :**

0 257257-00 - 2013/07

191.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**176**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**366**	Maximum:	**64,416**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**64,240**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**59,125**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,360**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,246**		
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**						

Medicaid Utilization	**57.92135%**
Occupancy:	**91.78620%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.66706%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,087,730	2,551,228	1,317,857	1,196,555	0	6,153,370
1a	Audit Adjustments						
2	Cost Per Diem	31.7622	74.4971	38.4821	**34.9400**		179.6814
3	Cost Per Diem Inflated	33.1332	76.5543	40.1431			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.1332**	**76.5543**	**40.1431**	**34.9400**		184.7706
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.1332**	**76.5543**	**40.1431**	**13.6500**		163.4806
12/13	Medicaid Adjustment Rate		0.6822	0.3577			
14	Prospective Per Diem 11	**33.1332**	**77.2365**	**40.5008**	**13.6500**		**164.5205**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257257-00 - 2013/07

191.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of West Palm Beach

FRVS

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

Began FRVS:	**4/20/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**8,597,401**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**7,515,852.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**717,304**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,877,921**	**12.4067**
20% ROE(2):	**1,719,480**	**0.5297**
Insurance Cost(3):	**73,517**	**1.2434**
Taxes Cost(3):	**164,654**	**2.7848**
Home Office(3):	**29,591**	**0.5005**
Replacement(3&4):	**111,868**	**0.0000**
Total FRVS PD:		**17.4651**

(1) 80% Capital ($6,877,921) amortized at 8.5200% for 20 years Principal & Interest of $717,304 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $12.4067
(2) 20% ROE ($1,719,480) times the ROE factor (0.017810) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $0.5297
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.1332**	**33.1332**	**1.4404**	**31.6928**	
Patient Care					
Direct Care	**77.2365**	**77.2365**	**3.3577**	**73.8788**	
Indirect Care	**40.5008**	**40.5008**	**1.7607**	**38.7401**	
Property	**13.6500**	**17.4651**	**0.7593**	**16.7058**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2220**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**164.5205**	**168.3356**	**7.3181**	**191.0759**	

***Medicaid Trend Adjustment :**

0 257265-00 - 2013/07

186.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32607		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Alachua[1]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,845**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,839**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,868**		
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**						

Medicaid Utilization	**47.47999%**
Occupancy:	**95.27550%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.06420%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	683,670	1,337,416	909,661	684,850	0	3,615,597
1a	Audit Adjustments						
2	Cost Per Diem	34.4106	67.3151	45.7852	**34.4700**		181.9809
3	Cost Per Diem Inflated	35.8959	69.1740	47.7614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8959**	**69.1740**	**47.7614**	**34.4700**		187.3013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4865		58.8403			
7	Provider Target Rate	**44.4096**		**60.0893**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.8959**	**69.1740**	**47.7614**	**13.6500**		166.4813
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**35.8959**	**69.1740**	**47.7614**	**13.6500**		**166.4813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257265-00 - 2013/07

186.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Gainesville

FRVS

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

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,897,254**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,750,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**454,692**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,717,803**	**11.5346**
20% ROE(2):	**1,179,451**	**0.5329**
Insurance Cost(3):	**41,808**	**0.9991**
Taxes Cost(3):	**125,193**	**2.9918**
Home Office(3):	**19,602**	**0.4684**
Replacement(3&4):	**72,783**	**0.0000**
Total FRVS PD:		**16.5268**

(1) 80% Capital ($4,717,803) amortized at 7.4600% for 20 years Principal & Interest of $454,692 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5346
(2) 20% ROE ($1,179,451) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5329
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8959**	**35.8959**	**1.5605**	**34.3354**	
Patient Care					
Direct Care	**69.1740**	**69.1740**	**3.0072**	**66.1668**	
Indirect Care	**47.7614**	**47.7614**	**2.0763**	**45.6851**	
Property	**13.6500**	**16.5268**	**0.7185**	**15.8083**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3472**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**166.4813**	**169.3581**	**7.3625**	**186.1792**	

***Medicaid Trend Adjustment :**

0 257273-00 - 2013/07

194.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**41,936**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,536**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,613**		
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**						

Medicaid Utilization	**63.46099%**
Occupancy:	**95.48270%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.32530%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,035,278	1,790,304	1,123,021	874,503	0	4,823,106
1a	Audit Adjustments						
2	Cost Per Diem	38.9012	67.2718	42.1982	**32.8600**		181.2312
3	Cost Per Diem Inflated	40.5803	69.1295	44.0196			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5803**	**69.1295**	**44.0196**	**32.8600**		186.5894
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4953		53.9466			
7	Provider Target Rate	**44.4185**		**55.0917**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.5803**	**69.1295**	**44.0196**	**13.6500**		167.3794
12/13	Medicaid Adjustment Rate		1.0469	0.6666			
14	Prospective Per Diem 11	**40.5803**	**70.1764**	**44.6862**	**13.6500**		**169.0929**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257273-00 - 2013/07

194.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,064,232**
FRVS Base Asset:	**3,182,438**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,447,445.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**576,928**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,851,386**	**14.6354**
20% ROE(2):	**1,212,846**	**0.5480**
Insurance Cost(3):	**41,189**	**0.9822**
Taxes Cost(3):	**68,287**	**1.6284**
Home Office(3):	**21,376**	**0.5097**
Replacement(3&4):	**37,408**	**0.0000**
Total FRVS PD:		**18.3037**

(1) 80% Capital ($4,851,386) amortized at 10.3900% for 20 years Principal & Interest of $576,928 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6354
(2) 20% ROE ($1,212,846) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5480
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**106**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,182,438**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5803**	**40.5803**	**1.7642**	**38.8161**	
Patient Care					
Direct Care	**70.1764**	**70.1764**	**3.0508**	**67.1256**	
Indirect Care	**44.6862**	**44.6862**	**1.9427**	**42.7435**	
Property	**13.6500**	**18.3037**	**0.7957**	**17.5080**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5067**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.0929**	**173.7466**	**7.5534**	**194.5363**	

***Medicaid Trend Adjustment :**

0 257290-00 - 2013/07

193.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34474		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**62,324**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,585**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**39,942**	FY Index:	**1.26665332**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.04316338**
Open Date:	**6/1/1987**					Target:	**1.01485834**
Acquired Date:	**6/1/1987**					**DC FY Index:**	**1.19500000**
Entered Medicaid	**6/1/1987**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/29/2002**					**DC Inflation:**	**1.02761506**
Previous Med #	**215732**					**PS Target:**	**1.02122620**

Medicaid Utilization	**64.08767%**
Occupancy:	**94.60230%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.21585%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,472,409	2,744,463	1,795,765	1,337,258	0	7,349,895
1a	Audit Adjustments						
2	Cost Per Diem	36.8637	68.7112	44.9593	**33.4800**		184.0142
3	Cost Per Diem Inflated	38.4549	70.6087	46.8999			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.4549**	**70.6087**	**46.8999**	**33.4800**		189.4435
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.1175		52.1029			
7	Provider Target Rate	**43.0115**		**53.2088**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.4549**	**70.6087**	**46.8999**	**13.6500**		169.6135
12/13	Medicaid Adjustment Rate		1.1191	0.7433			
14	Prospective Per Diem 11	**38.4549**	**71.7278**	**47.6432**	**13.6500**		**171.4759**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257290-00 - 2013/07

193.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Ocala

FRVS

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

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,990,624**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**9,386,700.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.5600**	**%**
Interest Only:	**False**	
Yearly Payment:	**807,907**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,192,499**	**13.6632**
20% ROE(2):	**1,798,125**	**0.5416**
Insurance Cost(3):	**61,448**	**0.9859**
Taxes Cost(3):	**101,470**	**1.6281**
Home Office(3):	**29,472**	**0.4729**
Replacement(3&4):	**119,357**	**0.0000**
Total FRVS PD:		**17.2917**

(1) 80% Capital ($7,192,499) amortized at 9.5600% for 20 years Principal & Interest of $807,907 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.6632
(2) 20% ROE ($1,798,125) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5416
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.4549**	**38.4549**	**1.6718**	**36.7831**	
Patient Care					
Direct Care	**71.7278**	**71.7278**	**3.1182**	**68.6096**	
Indirect Care	**47.6432**	**47.6432**	**2.0712**	**45.5720**	
Property	**13.6500**	**17.2917**	**0.7517**	**16.5400**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0704**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**171.4759**	**175.1176**	**7.6129**	**193.4115**	

***Medicaid Trend Adjustment :**

0 257303-00 - 2013/07

198.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32825		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,350**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,869**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,463**		
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**						

Medicaid Utilization	**63.99758%**
Occupancy:	**94.14845%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.64392%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	952,993	1,884,062	1,242,502	879,101	0	4,958,658
1a	Audit Adjustments						
2	Cost Per Diem	36.0123	71.1961	46.9524	**33.2200**		187.3808
3	Cost Per Diem Inflated	37.5667	73.1622	48.9790			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5667**	**73.1622**	**48.9790**	**33.2200**		192.9279
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2035		55.9676			
7	Provider Target Rate	**50.2479**		**57.1556**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5667**	**73.1622**	**48.9790**	**13.6500**		173.3579
12/13	Medicaid Adjustment Rate		1.1521	0.7713			
14	Prospective Per Diem 11	**37.5667**	**74.3143**	**49.7503**	**13.6500**		**175.2813**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257303-00 - 2013/07

198.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,004,922**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,032,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.4600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**498,818**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,803,938**	**12.6539**
20% ROE(2):	**1,200,984**	**0.5426**
Insurance Cost(3):	**42,108**	**1.0183**
Taxes Cost(3):	**72,692**	**1.7580**
Home Office(3):	**22,380**	**0.5412**
Replacement(3&4):	**46,975**	**0.0000**
Total FRVS PD:		**16.5140**

(1) 80% Capital ($4,803,938) amortized at 8.4600% for 20 years Principal & Interest of $498,818 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.6539
(2) 20% ROE ($1,200,984) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5426
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5667**	**37.5667**	**1.6331**	**35.9336**	
Patient Care					
Direct Care	**74.3143**	**74.3143**	**3.2307**	**71.0836**	
Indirect Care	**49.7503**	**49.7503**	**2.1628**	**47.5875**	
Property	**13.6500**	**16.5140**	**0.7179**	**15.7961**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2546**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.2813**	**178.1453**	**7.7445**	**198.4918**	

***Medicaid Trend Adjustment :**

0 257311-00 - 2013/07

186.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**180**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Indian River[31]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**61,450**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,755**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**46,433**		
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**						

Medicaid Utilization	**75.56225%**
Occupancy:	**93.27565%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.54403%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,533,184	3,077,867	1,945,071	1,598,224	0	8,154,346
1a	Audit Adjustments						
2	Cost Per Diem	33.0193	66.2862	41.8898	**34.4200**		175.6153
3	Cost Per Diem Inflated	34.4445	68.1167	43.6979			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.4445**	**68.1167**	**43.6979**	**34.4200**		180.6791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3928		52.8299			
7	Provider Target Rate	**47.3775**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.4445**	**68.1167**	**43.6979**	**13.6500**		159.9091
12/13	Medicaid Adjustment Rate		1.9589	1.2566			
14	Prospective Per Diem 11	**34.4445**	**70.0756**	**44.9545**	**13.6500**		**163.1246**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257311-00 - 2013/07

186.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Vero Beach

FRVS

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

Began FRVS:	**11/25/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**8,791,616**
FRVS Base Asset:	**2,656,745**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**7,717,166.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**733,507**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,033,293**	**12.4050**
20% ROE(2):	**1,758,323**	**0.5296**
Insurance Cost(3):	**55,448**	**0.9023**
Taxes Cost(3):	**107,569**	**1.7505**
Home Office(3):	**29,479**	**0.4797**
Replacement(3&4):	**87,810**	**0.0000**
Total FRVS PD:		**16.0671**

(1) 80% Capital ($7,033,293) amortized at 8.5200% for 20 years Principal & Interest of $733,507 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4050
(2) 20% ROE ($1,758,323) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5296
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**91**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.4445**	**34.4445**	**1.4974**	**32.9471**	
Patient Care					
Direct Care	**70.0756**	**70.0756**	**3.0464**	**67.0292**	
Indirect Care	**44.9545**	**44.9545**	**1.9543**	**43.0002**	
Property	**13.6500**	**16.0671**	**0.6985**	**15.3686**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2310**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**163.1246**	**165.5417**	**7.1966**	**186.4125**	

***Medicaid Trend Adjustment :**

0 257320-00 - 2013/07

185.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,915**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,343**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,233**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1987**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**7/9/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216658**						

Medicaid Utilization	**71.44812%**
Occupancy:	**93.15801%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.39578%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	945,492	1,792,974	1,326,098	999,769	0	5,064,333
1a	Audit Adjustments						
2	Cost Per Diem	32.3433	61.3339	45.3630	**34.2000**		173.2402
3	Cost Per Diem Inflated	33.7393	63.0276	47.3210			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.7393**	**63.0276**	**47.3210**	**34.2000**		178.2879
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		56.5671			
7	Provider Target Rate	**42.9157**		**57.7678**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.7393**	**63.0276**	**47.3210**	**13.6500**		157.7379
12/13	Medicaid Adjustment Rate		1.5208	1.1418			
14	Prospective Per Diem 11	**33.7393**	**64.5484**	**48.4628**	**13.6500**		**160.4005**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257320-00 - 2013/07

185.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Winter Haven

FRVS

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

Began FRVS:	**7/9/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**6,024,979**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,490,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.8000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.8000**	**%**
Interest Only:	**False**	
Yearly Payment:	**512,983**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,819,983**	**13.0133**
20% ROE(2):	**1,204,996**	**0.5444**
Insurance Cost(3):	**46,201**	**1.1292**
Taxes Cost(3):	**75,111**	**1.8358**
Home Office(3):	**20,213**	**0.4940**
Replacement(3&4):	**58,027**	**0.0000**
Total FRVS PD:		**17.0167**

(1) 80% Capital ($4,819,983) amortized at 8.8000% for 20 years Principal & Interest of $512,983 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0133
(2) 20% ROE ($1,204,996) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5444
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.7393**	**33.7393**	**1.4668**	**32.2725**	
Patient Care					
Direct Care	**64.5484**	**64.5484**	**2.8061**	**61.7423**	
Indirect Care	**48.4628**	**48.4628**	**2.1068**	**46.3560**	
Property	**13.6500**	**17.0167**	**0.7398**	**16.2769**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0934**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**160.4005**	**163.7672**	**7.1195**	**185.5775**	

***Medicaid Trend Adjustment :**

0 257419-00 - 2013/07

223.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**111**	Superior:	**0**
Inverness FL 34452		Days In CR	**366**	Maximum:	**40,626**	Standard:	**184**
County: **Citrus[9]**		First Used:	**2013/01**	Max Annualized:	**40,515**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**34,699**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**8,658**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,198**	FY Index:	**1.26384602**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**63.97303%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**85.41082%**	Cost:	**1.04548049**
Open Date:	**7/29/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/29/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid	**7/29/1994**	Low Occupancy Adjustment Factor:			**107.63294%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/11/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med #	**211087**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,102,197	1,838,749	1,283,337	460,165	0	4,684,448
1a	Audit Adjustments						
2	Cost Per Diem	49.6530	82.8340	57.8132	**20.7300**		211.0302
3	Cost Per Diem Inflated	51.9112	85.2167	60.4426			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9112**	**85.2167**	**60.4426**	**20.7300**		218.3005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3723		58.1845			
7	Provider Target Rate	**52.4627**		**59.4195**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**85.2167**	**58.1101**	**13.6500**		206.1160
12/13	Medicaid Adjustment Rate		1.3396	0.9135			
14	Prospective Per Diem 11	**49.1392**	**86.5563**	**59.0236**	**13.6500**		**208.3691**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257419-00 - 2013/07

223.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Citrus Health and Rehabilitation Center

FRVS

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

Began FRVS:	**7/29/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**5,400,987**
FRVS Base Asset:	**3,754,020**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**5,275,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**2.4800**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**2.4800**	**%**
Interest Only:	**False**	
Yearly Payment:	**274,247**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,320,790**	**7.5211**
20% ROE(2):	**1,080,197**	**0.5555**
Insurance Cost(3):	**48,797**	**1.4063**
Taxes Cost(3):	**72**	**0.0021**
Home Office(3):	**70,264**	**2.0250**
Replacement(3&4):	**115,187**	**0.0000**
Total FRVS PD:		**11.5100**

(1) 80% Capital ($4,320,790) amortized at 2.4800% for 20 years Principal & Interest of $274,247 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $7.5211
(2) 20% ROE ($1,080,197) times the ROE factor (0.018750) divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $0.5555
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**111**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**86.5563**	**86.5563**	**3.7629**	**82.7934**	
Indirect Care	**59.0236**	**59.0236**	**2.5659**	**56.4577**	
Property	**13.6500**	**11.5100**	**0.5004**	**11.0096**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8465**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.3691**	**206.2291**	**8.9654**	**223.9466**	

***Medicaid Trend Adjustment :**

0 257460-00 - 2013/07

199.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33761		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,672**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,533**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,395**		
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**						

Medicaid Utilization	**56.14081%**
Occupancy:	**94.88160%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.56781%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	837,098	1,670,592	1,125,860	765,718	0	4,399,268
1a	Audit Adjustments						
2	Cost Per Diem	35.7811	71.4081	48.1240	**32.7300**		188.0432
3	Cost Per Diem Inflated	37.3255	73.3800	50.2012			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3255**	**73.3800**	**50.2012**	**32.7300**		193.6367
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1800		57.1482			
7	Provider Target Rate	**50.2239**		**58.3612**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3255**	**73.3800**	**50.2012**	**13.6500**		174.5567
12/13	Medicaid Adjustment Rate		0.5069	0.3468			
14	Prospective Per Diem 11	**37.3255**	**73.8869**	**50.5480**	**13.6500**		**175.4104**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257460-00 - 2013/07

199.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,962,131**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,374,781.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**590,788**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,769,705**	**14.9870**
20% ROE(2):	**1,192,426**	**0.5387**
Insurance Cost(3):	**40,673**	**0.9760**
Taxes Cost(3):	**65,034**	**1.5606**
Home Office(3):	**23,279**	**0.5586**
Replacement(3&4):	**37,583**	**0.0000**
Total FRVS PD:		**18.6209**

(1) 80% Capital ($4,769,705) amortized at 11.0000% for 20 years Principal & Interest of $590,788 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.9870
(2) 20% ROE ($1,192,426) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5387
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3255**	**37.3255**	**1.6227**	**35.7028**	
Patient Care					
Direct Care	**73.8869**	**73.8869**	**3.2121**	**70.6748**	
Indirect Care	**50.5480**	**50.5480**	**2.1975**	**48.3505**	
Property	**13.6500**	**18.6209**	**0.8095**	**17.8114**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3400**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.4104**	**180.3813**	**7.8418**	**199.7159**	

***Medicaid Trend Adjustment :**

0 257478-00 - 2013/07

201.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**140**	Superior:	**0**
Largo FL 33777		Days In CR	**366**	Maximum:	**51,240**	Standard:	**159**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**51,100**	Conditional:	**25**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**48,145**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,415**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,131**		
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**						

Medicaid Utilization	**62.58386%**
Occupancy:	**93.95980%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.40618%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,033,707	2,273,743	1,364,060	1,022,345	0	5,693,855
1a	Audit Adjustments						
2	Cost Per Diem	34.3071	75.4619	45.2710	**33.9300**		188.9700
3	Cost Per Diem Inflated	35.7879	77.5458	47.2250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.7879**	**77.5458**	**47.2250**	**33.9300**		194.4887
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0482		65.4524			
7	Provider Target Rate	**47.0256**		**66.8417**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.7879**	**77.5458**	**47.2250**	**13.6500**		174.2087
12/13	Medicaid Adjustment Rate		0.9486	0.5777			
14	Prospective Per Diem 11	**35.7879**	**78.4944**	**47.8027**	**13.6500**		**175.7350**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257478-00 - 2013/07

201.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**7,002,717**
FRVS Base Asset:	**2,277,210**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**7,227,441.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**693,900**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,602,174**	**15.0881**
20% ROE(2):	**1,400,543**	**0.5424**
Insurance Cost(3):	**50,946**	**1.0582**
Taxes Cost(3):	**85,414**	**1.7741**
Home Office(3):	**24,143**	**0.5015**
Replacement(3&4):	**90,810**	**0.0000**
Total FRVS PD:		**18.9643**

(1) 80% Capital ($5,602,174) amortized at 11.0000% for 20 years Principal & Interest of $693,900 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $15.0881
(2) 20% ROE ($1,400,543) times the ROE factor (0.017810) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.5424
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**78**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,277,210**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.7879**	**35.7879**	**1.5558**	**34.2321**	
Patient Care					
Direct Care	**78.4944**	**78.4944**	**3.4124**	**75.0820**	
Indirect Care	**47.8027**	**47.8027**	**2.0781**	**45.7246**	
Property	**13.6500**	**18.9643**	**0.8244**	**18.1399**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1297**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.7350**	**181.0493**	**7.8707**	**201.1447**	

***Medicaid Trend Adjustment :**

0 257494-00 - 2013/07

209.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Aventura FL 33180		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**40,863**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**11,806**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**23,439**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.26665332**
Open Date:	**7/13/1988**					Semester Index:	**1.32132636**
Acquired Date:	**7/13/1988**					Cost:	**1.04316338**
Entered Medicaid	**7/13/1988**					Target:	**1.01485834**
Med # Active Date:	**6/29/2002**					**DC FY Index:**	**1.19500000**
Previous Med #	**216780**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02761506**
						PS Target:	**1.02122620**

Medicaid Utilization		**57.35996%**
Occupancy:		**93.03962%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**117.24658%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	900,318	1,763,009	1,271,019	848,961	0	4,783,307
1a	Audit Adjustments						
2	Cost Per Diem	38.4111	75.2169	54.2267	**36.2200**		204.0747
3	Cost Per Diem Inflated	40.0691	77.2940	56.5673			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0691**	**77.2940**	**56.5673**	**36.2200**		210.1504
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3080		66.5659			
7	Provider Target Rate	**49.3334**		**67.9788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0691**	**77.2940**	**56.5673**	**13.6500**		187.5804
12/13	Medicaid Adjustment Rate		0.6400	0.4684			
14	Prospective Per Diem 11	**40.0691**	**77.9340**	**57.0357**	**13.6500**		**188.6888**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257494-00 - 2013/07

209.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,637,199**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5100**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5100**	**%**
Interest Only:	**False**	
Yearly Payment:	**436,295**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,509,759**	**11.0679**
20% ROE(2):	**1,127,440**	**0.5094**
Insurance Cost(3):	**39,520**	**0.9671**
Taxes Cost(3):	**151,900**	**3.7173**
Home Office(3):	**25,307**	**0.6193**
Replacement(3&4):	**61,473**	**0.0000**
Total FRVS PD:		**16.8810**

(1) 80% Capital ($4,509,759) amortized at 7.5100% for 20 years Principal & Interest of $436,295 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0679
(2) 20% ROE ($1,127,440) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5094
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0691**	**40.0691**	**1.7419**	**38.3272**	
Patient Care					
Direct Care	**77.9340**	**77.9340**	**3.3880**	**74.5460**	
Indirect Care	**57.0357**	**57.0357**	**2.4795**	**54.5562**	
Property	**13.6500**	**16.8810**	**0.7339**	**16.1471**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9096**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.6888**	**191.9198**	**8.3433**	**209.3225**	

***Medicaid Trend Adjustment :**

0 257508-00 - 2013/07

201.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Largo FL 33771		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,492**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,115**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,859**		
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**						

Medicaid Utilization	**62.94693%**
Occupancy:	**89.91804%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.31283%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	828,660	1,836,364	1,168,969	860,867	0	4,694,860
1a	Audit Adjustments						
2	Cost Per Diem	33.3344	73.8712	47.0240	**34.6300**		188.8596
3	Cost Per Diem Inflated	34.7732	75.9112	49.0537			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.7732**	**75.9112**	**49.0537**	**34.6300**		194.3681
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2926		50.8005			
7	Provider Target Rate	**44.2115**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.7732**	**75.9112**	**49.0537**	**13.6500**		173.3881
12/13	Medicaid Adjustment Rate		1.1057	0.7145			
14	Prospective Per Diem 11	**34.7732**	**77.0169**	**49.7682**	**13.6500**		**175.2083**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257508-00 - 2013/07

201.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Pinellas

FRVS

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

Began FRVS:	**6/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**6,079,220**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**578,354**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,863,376**	**14.6716**
20% ROE(2):	**1,215,844**	**0.5493**
Insurance Cost(3):	**43,464**	**1.1006**
Taxes Cost(3):	**73,643**	**1.8648**
Home Office(3):	**18,476**	**0.4678**
Replacement(3&4):	**43,685**	**0.0000**
Total FRVS PD:		**18.6541**

(1) 80% Capital ($4,863,376) amortized at 10.3900% for 20 years Principal & Interest of $578,354 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6716
(2) 20% ROE ($1,215,844) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5493
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.7732**	**34.7732**	**1.5117**	**33.2615**	
Patient Care					
Direct Care	**77.0169**	**77.0169**	**3.3482**	**73.6687**	
Indirect Care	**49.7682**	**49.7682**	**2.1636**	**47.6046**	
Property	**13.6500**	**18.6541**	**0.8110**	**17.8431**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0979**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.2083**	**180.2124**	**7.8345**	**201.3122**	

***Medicaid Trend Adjustment :**

0 257516-00 - 2013/07

204.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Sun Citv

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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	**07/01/2011-06/30/2012**	Number of Beds: **120**	Superior: **0**
Sun City Center FL 33573	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Hillsborough[29]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **40,800**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,612**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **22,185**	
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**			

Medicaid Utilization	**54.37500%**
Occupancy:	**92.89618%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.06582%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	871,496	1,702,654	988,882	759,614	0	4,322,646
1a	Audit Adjustments						
2	Cost Per Diem	39.2831	76.7480	44.5744	**34.2400**		194.8455
3	Cost Per Diem Inflated	40.9787	78.8674	46.4984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9787**	**78.8674**	**46.4984**	**34.2400**		200.5845
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3589		54.1119			
7	Provider Target Rate	**48.3641**		**55.2605**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9787**	**78.8674**	**46.4984**	**13.6500**		179.9945
12/13	Medicaid Adjustment Rate		0.3882	0.2289			
14	Prospective Per Diem 11	**40.9787**	**79.2556**	**46.7273**	**13.6500**		**180.6116**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257516-00 - 2013/07

204.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

PG of Sun Citv

FRVS

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

Began FRVS:	**6/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**6,046,885**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,250,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3900**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**10.3900**	**%**
Interest Only:	**False**	
Yearly Payment:	**575,278**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,837,508**	**14.5936**
20% ROE(2):	**1,209,377**	**0.5464**
Insurance Cost(3):	**37,563**	**0.9207**
Taxes Cost(3):	**76,300**	**1.8701**
Home Office(3):	**23,035**	**0.5646**
Replacement(3&4):	**76,595**	**0.0000**
Total FRVS PD:		**18.4954**

(1) 80% Capital ($4,837,508) amortized at 10.3900% for 20 years Principal & Interest of $575,278 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.5936
(2) 20% ROE ($1,209,377) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5464
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9787**	**40.9787**	**1.7815**	**39.1972**	
Patient Care					
Direct Care	**79.2556**	**79.2556**	**3.4455**	**75.8101**	
Indirect Care	**46.7273**	**46.7273**	**2.0314**	**44.6959**	
Property	**13.6500**	**18.4954**	**0.8041**	**17.6913**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1777**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.6116**	**185.4570**	**8.0625**	**204.4086**	

***Medicaid Trend Adjustment :**

0 257524-00 - 2013/07

203.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33613		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**41,557**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,394**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,307**		
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**						

Medicaid Utilization	**68.11608%**
Occupancy:	**94.61976%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.23785%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,030,022	2,153,834	1,265,747	936,962	0	5,386,565
1a	Audit Adjustments						
2	Cost Per Diem	36.3875	76.0884	44.7150	**33.1000**		190.2909
3	Cost Per Diem Inflated	37.9581	78.1896	46.6451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9581**	**78.1896**	**46.6451**	**33.1000**		195.8928
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3380		54.2714			
7	Provider Target Rate	**48.3428**		**55.4234**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9581**	**78.1896**	**46.6451**	**13.6500**		176.4428
12/13	Medicaid Adjustment Rate		1.5936	0.9507			
14	Prospective Per Diem 11	**37.9581**	**79.7832**	**47.5958**	**13.6500**		**178.9871**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257524-00 - 2013/07

203.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,632,584**
FRVS Base Asset:	**3,007,085**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**5,006,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**558,133**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,506,067**	**14.1586**
20% ROE(2):	**1,126,517**	**0.5090**
Insurance Cost(3):	**43,545**	**1.0478**
Taxes Cost(3):	**57,236**	**1.3773**
Home Office(3):	**21,673**	**0.5215**
Replacement(3&4):	**40,260**	**0.0000**
Total FRVS PD:		**17.6142**

(1) 80% Capital ($4,506,067) amortized at 11.0000% for 20 years Principal & Interest of $558,133 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.1586
(2) 20% ROE ($1,126,517) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5090
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**103**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,007,085**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9581**	**37.9581**	**1.6502**	**36.3079**	
Patient Care					
Direct Care	**79.7832**	**79.7832**	**3.4684**	**76.3148**	
Indirect Care	**47.5958**	**47.5958**	**2.0691**	**45.5267**	
Property	**13.6500**	**17.6142**	**0.7657**	**16.8485**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1212**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.9871**	**182.9513**	**7.9534**	**203.9555**	

***Medicaid Trend Adjustment :**

0 258342-00 - 2013/07

204.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Largo FL 33774		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**58,615**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,812**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,479**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**60.52887%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.21613%**	Cost:	**1.05400743**
Open Date:	**7/1/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**8/8/1990**	Low Occupancy Adjustment Factor:			**112.42831%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/1/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**223875**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,198,853	2,793,095	1,662,951	783,731	0	6,438,630
1a	Audit Adjustments						
2	Cost Per Diem	33.7905	78.7253	46.8714	**22.0900**		181.4772
3	Cost Per Diem Inflated	35.6154	81.2734	49.4028			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6154**	**81.2734**	**49.4028**	**22.0900**		188.3816
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2503		50.8005			
7	Provider Target Rate	**43.1471**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6154**	**81.2734**	**49.4028**	**13.6500**		179.9416
12/13	Medicaid Adjustment Rate		0.9627	0.5852			
14	Prospective Per Diem 11	**35.6154**	**82.2361**	**49.9880**	**13.6500**		**181.4895**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258342-00 - 2013/07

204.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oak Manor Healthcare and Rehabilitation Center

FRVS

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

Began FRVS:	**8/8/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**8,342,415**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**8,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6700**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**620,915**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,673,932**	**10.5008**
20% ROE(2):	**1,668,483**	**0.6820**
Insurance Cost(3):	**161,918**	**2.7624**
Taxes Cost(3):	**84,554**	**1.4425**
Home Office(3):	**14,556**	**0.2483**
Replacement(3&4):	**57,176**	**0.0000**
Total FRVS PD:		**15.6360**

(1) 80% Capital ($6,673,932) amortized at 7.0000% for 20 years Principal & Interest of $620,915 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.5008
(2) 20% ROE ($1,668,483) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6820
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6154**	**35.6154**	**1.5483**	**34.0671**	
Patient Care					
Direct Care	**82.2361**	**82.2361**	**3.5751**	**78.6610**	
Indirect Care	**49.9880**	**49.9880**	**2.1731**	**47.8149**	
Property	**13.6500**	**15.6360**	**0.6797**	**14.9563**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2050**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.4895**	**183.4755**	**7.9762**	**204.5407**	

***Medicaid Trend Adjustment :**

0 258750-00 - 2013/07

225.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**173**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**63,318**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**63,145**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**53,104**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,897**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,699**		
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**						

Medicaid Utilization	**65.34159%**
Occupancy:	**83.86872%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.68961%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,579,385	2,853,125	1,811,946	541,651	0	6,786,107
1a	Audit Adjustments						
2	Cost Per Diem	45.5167	82.2250	52.2190	**15.6100**		195.5707
3	Cost Per Diem Inflated	47.4814	84.4956	54.4729			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4814**	**84.4956**	**54.4729**	**15.6100**		202.0599
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6748		60.0308			
7	Provider Target Rate	**47.6655**		**61.3050**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4814**	**84.4956**	**54.4729**	**13.6500**		200.0999
12/13	Medicaid Adjustment Rate		1.4583	0.9402			
14	Prospective Per Diem 11	**47.4814**	**85.9539**	**55.4131**	**13.6500**		**202.4984**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258750-00 - 2013/07

225.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Indigo Manor

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**8,134,353**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,405,700.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.4050**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**715,198**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,507,482**	**12.5848**
20% ROE(2):	**1,626,871**	**0.5098**
Insurance Cost(3):	**60,929**	**1.1474**
Taxes Cost(3):	**4,520**	**0.0851**
Home Office(3):	**42,675**	**0.8036**
Replacement(3&4):	**102,781**	**0.0000**
Total FRVS PD:		**15.1307**

(1) 80% Capital ($6,507,482) amortized at 9.2500% for 20 years Principal & Interest of $715,198 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $12.5848
(2) 20% ROE ($1,626,871) times the ROE factor (0.017810) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $0.5098
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4814**	**47.4814**	**2.0642**	**45.4172**	
Patient Care					
Direct Care	**85.9539**	**85.9539**	**3.7367**	**82.2172**	
Indirect Care	**55.4131**	**55.4131**	**2.4090**	**53.0041**	
Property	**13.6500**	**15.1307**	**0.6578**	**14.4729**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0349**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.4984**	**203.9791**	**8.8677**	**225.9827**	

***Medicaid Trend Adjustment :**

0 258831-00 - 2013/07

219.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Pensacola Fl 32503		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Escambia[17]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2013/07**	Total Patient:	**41,788**	Total:	**184**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**13,287**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**13,438**		
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**							

Medicaid Utilization	**32.15756%**
Occupancy:	**95.14572%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.90064%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	730,342	1,288,000	926,782	158,434	0	3,103,558
1a	Audit Adjustments						
2	Cost Per Diem	54.3490	95.8476	68.9673	**11.7900**		230.9539
3	Cost Per Diem Inflated	56.6949	98.4944	71.9442			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6949**	**98.4944**	**71.9442**	**11.7900**		238.9235
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6968		48.7710			
7	Provider Target Rate	**51.7729**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**49.8062**	**11.7900**		207.1559
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**96.4205**	**49.8062**	**11.7900**		**207.1559**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258831-00 - 2013/07

219.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Haven of Our Ladv 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	**5,731,022**
FRVS Base Asset:	**4,897,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**5.0000**	**%**
Chase Rate:	**5.0000**	**%**
Amortization Rate:	**5.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**226,130**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,584,818**	**5.7364**
20% ROE(2):	**1,146,204**	**0.5179**
Insurance Cost(3):	**8,546**	**0.2045**
Taxes Cost(3):	**3,226**	**0.0772**
Home Office(3):	**43,148**	**1.0325**
Replacement(3&4):	**156,345**	**0.0000**
Total FRVS PD:		**7.5685**

(1) 80% Capital ($4,584,818) amortized at 5.0000% for 20 years Interest of $226,130 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7364
(2) 20% ROE ($1,146,204) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5179
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2001**	Used Per Bed Standard:	**40,815**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,897,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**49.8062**	**49.8062**	**2.1652**	**47.6410**	
Property	**11.7900**	**7.5685**	**0.3290**	**7.2395**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2189**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.1559**	**202.9344**	**8.8221**	**219.1676**	

***Medicaid Trend Adjustment :**

0 259080-00 - 2013/07

226.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lauderhill FL 33319		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**39,282**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,658**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,999**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.27343864**
Open Date:	**12/26/2002**					Semester Index:	**1.32132636**
Acquired Date:	**12/26/2002**					Cost:	**1.03760505**
Entered Medicaid	**1/30/2003**					Target:	**1.01485834**
Med # Active Date:	**1/30/2003**					**DC FY Index:**	**1.19833101**
Previous Med #						**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02475859**
						PS Target:	**1.02122620**

Medicaid Utilization		**45.81997%**
Occupancy:		**89.43989%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**112.71029%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	912,985	1,483,204	1,142,349	859,452	0	4,397,990
1a	Audit Adjustments						
2	Cost Per Diem	50.7242	82.4048	63.4674	**47.7500**		244.3464
3	Cost Per Diem Inflated	52.6317	84.4450	65.8541			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6317**	**84.4450**	**65.8541**	**47.7500**		250.6808
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.2603		56.2821			
7	Provider Target Rate	**68.6880**		**57.4768**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6317**	**84.4450**	**57.4768**	**13.6500**		208.2035
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6317**	**84.4450**	**57.4768**	**13.6500**		**208.2035**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259080-00 - 2013/07

226.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,755,265**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**12,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.1315**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**372,303**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,604,212**	**9.4445**
20% ROE(2):	**1,151,053**	**0.4654**
Insurance Cost(3):	**26,879**	**0.6843**
Taxes Cost(3):	**255,991**	**6.5168**
Home Office(3):	**43,795**	**1.1149**
Replacement(3&4):	**22,439**	**0.0000**
Total FRVS PD:		**18.2259**

(1) 80% Capital ($4,604,212) amortized at 5.2500% for 20 years Principal & Interest of $372,303 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4445
(2) 20% ROE ($1,151,053) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4654
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2002**	Used Per Bed Standard:	**41,631**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,995,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6317**	**52.6317**	**2.2881**	**50.3436**	
Patient Care					
Direct Care	**84.4450**	**84.4450**	**3.6711**	**80.7739**	
Indirect Care	**57.4768**	**57.4768**	**2.4987**	**54.9781**	
Property	**13.6500**	**18.2259**	**0.7923**	**17.4336**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.6958**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.2035**	**212.7794**	**9.2502**	**226.0614**	

***Medicaid Trend Adjustment :**

0 259225-00 - 2013/07

217.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **20**	Superior: **184**
Altoona FL 32702	Days In CR **365**	Maximum: **7,300**	Standard: **0**
County: **Lake[35]**	First Used: **2013/01**	Max Annualized: **7,300**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **5,430**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,026**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **399**	
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**			

Medicaid Utilization	**7.34807%**
Occupancy:	**74.38356%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**93.73661%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	33,568	41,728	34,979	2,697	0	112,972
1a	Audit Adjustments						
2	Cost Per Diem	84.1303	104.5815	87.6667	**6.7594**		283.1379
3	Cost Per Diem Inflated	88.6740	107.9664	92.4014			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**88.6740**	**107.9664**	**92.4014**	**6.7594**		295.8012
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.0955		65.8619			
7	Provider Target Rate	**67.4985**		**67.2599**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6018**	**93.8851**	**63.9360**	**6.7594**		217.1823
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6018**	**93.8851**	**63.9360**	**6.7594**		**217.1823**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259225-00 - 2013/07

217.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lakeview Terrace Skilled Nursing Facility

FRVS

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

Began FRVS:	**5/28/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**511,289**
FRVS Base Asset:	**472,029**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information

Amount:	**240,715.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**11.6400**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**40,599**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**409,031**	**6.1795**
20% ROE(2):	**102,258**	**0.3762**
Insurance Cost(3):	**4,889**	**0.9004**
Taxes Cost(3):	**2,369**	**0.4363**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.8924**

(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 (0.024170) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = $0.3762
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1981**	Used Per Bed Standard:	**23,540**
Comparison Bed	**20**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**470,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**93.8851**	**93.8851**	**4.0815**	**89.8036**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**6.7594**	**7.8924**	**0.3431**	**7.5493**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**217.1823**	**218.3153**	**9.4909**	**217.6608**	

***Medicaid Trend Adjustment :**

0 259331-00 - 2013/07

191.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Milton FL 32570		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Santa Rosa[57]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**41,433**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,801**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,055**		
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 #							

Medicaid Utilization	**62.88466%**
Occupancy:	**94.33743%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.88206%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	964,791	1,813,123	1,077,141	391,346	0	4,246,401
1a	Audit Adjustments						
2	Cost Per Diem	37.0290	69.5883	41.3410	**15.0200**		162.9783
3	Cost Per Diem Inflated	38.6273	71.5100	43.1254			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6273**	**71.5100**	**43.1254**	**15.0200**		168.2827
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		49.0022			
7	Provider Target Rate	**40.6830**		**50.0423**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6273**	**71.5100**	**43.1254**	**13.6500**		166.9127
12/13	Medicaid Adjustment Rate		1.0366	0.6251			
14	Prospective Per Diem 11	**38.6273**	**72.5466**	**43.7505**	**13.6500**		**168.5744**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259331-00 - 2013/07

191.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

UniHealth Post-Acute Care- Santa Rosa

FRVS

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

Began FRVS:	**2/13/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/01**
Indexed Asset Value	**5,874,941**
FRVS Base Asset:	**5,037,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,125,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**445,768**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,699,953**	**11.3082**
20% ROE(2):	**1,174,988**	**0.5309**
Insurance Cost(3):	**43,454**	**1.0488**
Taxes Cost(3):	**50,981**	**1.2304**
Home Office(3):	**48,573**	**1.1723**
Replacement(3&4):	**29,755**	**0.0000**
Total FRVS PD:		**15.2906**

(1) 80% Capital ($4,699,953) amortized at 7.2500% for 20 years Principal & Interest of $445,768 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.3082
(2) 20% ROE ($1,174,988) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5309
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,037,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6273**	**38.6273**	**1.6793**	**36.9480**	
Patient Care					
Direct Care	**72.5466**	**72.5466**	**3.1538**	**69.3928**	
Indirect Care	**43.7505**	**43.7505**	**1.9020**	**41.8485**	
Property	**13.6500**	**15.2906**	**0.6647**	**14.6259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8766**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.5744**	**170.2150**	**7.3998**	**191.5282**	

***Medicaid Trend Adjustment :**

0 259357-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**113**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**366**	Maximum:	**41,358**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**36,921**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,003**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,457**	FY Index:	**1.27343864**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.03760505**
Open Date:	**1/29/2003**					Target:	**1.01485834**
Acquired Date:	**1/29/2003**					**DC FY Index:**	**1.19833101**
Entered Medicaid	**2/11/2003**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/11/2003**					**DC Inflation:**	**1.02475859**
Previous Med #						**PS Target:**	**1.02122620**

Medicaid Utilization	**31.03112%**						
Occupancy:	**89.27172%**						
Statewide Low Occupancy Threshold:	**79.35380%**						
Medicaid Low Occupancy Threshold:	**41.45590%**						
Low Occupancy Adjustment Factor:	**112.49837%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	515,091	953,275	617,273	372,238	0	2,457,877
1a	Audit Adjustments						
2	Cost Per Diem	44.9586	83.2046	53.8774	**32.4900**		214.5306
3	Cost Per Diem Inflated	46.6493	85.2646	55.9035			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6493**	**85.2646**	**55.9035**	**32.4900**		220.3074
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8679		50.8005			
7	Provider Target Rate	**58.0750**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.6493**	**85.2646**	**51.8788**	**13.6500**		197.4427
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.6493**	**85.2646**	**51.8788**	**13.6500**		**197.4427**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259357-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of New Port Richev

FRVS

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

Began FRVS:	**2/11/2003**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/01**
Indexed Asset Value	**5,279,839**
FRVS Base Asset:	**4,743,514**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**8,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.2400**	**%**
Interest Only:	**False**	
Yearly Payment:	**400,307**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,223,871**	**10.7840**
20% ROE(2):	**1,055,968**	**0.4534**
Insurance Cost(3):	**31,939**	**0.8651**
Taxes Cost(3):	**90,810**	**2.4596**
Home Office(3):	**38,150**	**1.0333**
Replacement(3&4):	**75,135**	**0.0000**
Total FRVS PD:		**15.5954**

(1) 80% Capital ($4,223,871) amortized at 7.2400% for 20 years Principal & Interest of $400,307 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $10.7840
(2) 20% ROE ($1,055,968) times the ROE factor (0.015940) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.4534
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**113**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,743,514**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6493**	**46.6493**	**2.0280**	**44.6213**	
Patient Care					
Direct Care	**85.2646**	**85.2646**	**3.7067**	**81.5579**	
Indirect Care	**51.8788**	**51.8788**	**2.2553**	**49.6235**	
Property	**13.6500**	**15.5954**	**0.6780**	**14.9174**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.6084**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.4427**	**199.3881**	**8.6680**	**209.1649**	

***Medicaid Trend Adjustment :**

0 259462-00 - 2013/07

218.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**39,617**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,398**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,693**		
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**						

Medicaid Utilization	**47.18429%**
Occupancy:	**90.44977%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.98292%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	864,235	1,787,658	1,176,724	270,301	0	4,098,918
1a	Audit Adjustments						
2	Cost Per Diem	46.2331	95.6325	62.9500	**14.4600**		219.2756
3	Cost Per Diem Inflated	48.7300	98.7278	66.3498			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7300**	**98.7278**	**66.3498**	**14.4600**		228.2676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2785		60.3411			
7	Provider Target Rate	**52.3669**		**61.6219**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7300**	**98.1795**	**59.9006**	**13.6500**		220.4601
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7300**	**98.1795**	**59.9006**	**13.6500**		**220.4601**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259462-00 - 2013/07

218.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,531,843**
FRVS Base Asset:	**1,558,338**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**13,689,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.4910**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**5.4910**	**%**
Interest Only:	**False**	
Yearly Payment:	**365,037**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,425,474**	**9.2602**
20% ROE(2):	**1,106,369**	**0.6784**
Insurance Cost(3):	**51,572**	**1.3018**
Taxes Cost(3):	**27,195**	**0.6864**
Home Office(3):	**14,470**	**0.3652**
Replacement(3&4):	**62,920**	**0.0000**
Total FRVS PD:		**12.2920**

(1) 80% Capital ($4,425,474) amortized at 5.4910% for 20 years Principal & Interest of $365,037 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2602
(2) 20% ROE ($1,106,369) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6784
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7300**	**48.7300**	**2.1184**	**46.6116**	
Patient Care					
Direct Care	**98.1795**	**98.1795**	**4.2682**	**93.9113**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**12.2920**	**0.5344**	**11.7576**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**220.4601**	**219.1021**	**9.5251**	**218.4134**	

***Medicaid Trend Adjustment :**

0 259586-00 - 2013/07

253.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lantana FL 33462		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Palm Beach[50]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2013/07**	Total Patient:	**37,242**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**8,529**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,481**	FY Index:	**1.27343864**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**46.93894%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**84.79508%**	Cost:	**1.03760505**
Open Date:	**12/28/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/28/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**12/28/1984**	Low Occupancy Adjustment Factor:			**106.85699%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/30/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #	**217361**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	957,875	1,766,707	1,066,465	528,276	0	4,319,323
1a	Audit Adjustments						
2	Cost Per Diem	54.7952	101.0644	61.0071	**30.2200**		247.0867
3	Cost Per Diem Inflated	56.8558	103.5666	63.3013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.8558**	**103.5666**	**63.3013**	**30.2200**		253.9437
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2341		62.0258			
7	Provider Target Rate	**54.3641**		**63.3424**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**		229.4175
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**99.9385**	**61.8071**	**13.6500**		**229.4175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259586-00 - 2013/07

253.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hamlin Place

FRVS

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

Began FRVS:	**7/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,937,608**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**2,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**607,876**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,750,086**	**15.4205**
20% ROE(2):	**1,187,522**	**0.4802**
Insurance Cost(3):	**78,277**	**2.1018**
Taxes Cost(3):	**92,968**	**2.4963**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**8,692**	**0.0000**
Total FRVS PD:		**20.4988**

(1) 80% Capital ($4,750,086) amortized at 11.5000% for 20 years Principal & Interest of $607,876 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.4205
(2) 20% ROE ($1,187,522) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4802
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**20.4988**	**0.8911**	**19.6077**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3340**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.4175**	**236.2663**	**10.2712**	**253.1655**	

***Medicaid Trend Adjustment :**

0 259870-00 - 2013/07

221.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at St. Cloud

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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 Avanue		**06/01/2011-05/31/2012**		Number of Beds:	**131**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**366**	Maximum:	**47,946**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2013/01**	Max Annualized:	**47,815**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,943**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,179**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,178**		
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**						

Medicaid Utilization	**73.04909%**
Occupancy:	**83.30830%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.98339%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,147,632	2,527,407	1,530,164	143,556	0	5,348,759
1a	Audit Adjustments						
2	Cost Per Diem	39.3321	86.6203	52.4424	**4.9200**		183.3148
3	Cost Per Diem Inflated	41.1209	89.1119	54.8275			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1209**	**89.1119**	**54.8275**	**4.9200**		189.9803
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7192		70.6769			
7	Provider Target Rate	**49.7533**		**72.1771**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1209**	**89.1119**	**54.8275**	**4.9200**		189.9803
12/13	Medicaid Adjustment Rate		2.3107	1.4217			
14	Prospective Per Diem 11	**41.1209**	**91.4226**	**56.2492**	**4.9200**		**193.7127**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259870-00 - 2013/07

221.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Avante at St. Cloud

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	**3,506,150**
FRVS Base Asset:	**1,771,947**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**348,728**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,804,920**	**8.1036**
20% ROE(2):	**701,230**	**0.3055**
Insurance Cost(3):	**45,974**	**1.1510**
Taxes Cost(3):	**54,206**	**1.3571**
Home Office(3):	**28,348**	**0.7097**
Replacement(3&4):	**24,959**	**0.0000**
Total FRVS PD:		**11.6269**

(1) 80% Capital ($2,804,920) amortized at 12.5000% for 20 years Interest of $348,728 divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = $8.1036
(2) 20% ROE ($701,230) times the ROE factor (0.018750) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = $0.3055
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**131**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,733,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1209**	**41.1209**	**1.7877**	**39.3332**	
Patient Care					
Direct Care	**91.4226**	**91.4226**	**3.9744**	**87.4482**	
Indirect Care	**56.2492**	**56.2492**	**2.4453**	**53.8039**	
Property	**4.9200**	**11.6269**	**0.5055**	**11.1214**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6967**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.7127**	**200.4196**	**8.7129**	**221.2398**	

***Medicaid Trend Adjustment :**

0 259942-00 - 2013/07

223.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**110**	Superior:	**0**
Bradenton FL 34208		Days In CR	**366**	Maximum:	**40,260**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**38,584**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,272**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,009**	FY Index:	**1.27343864**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**70.00052%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.83706%**	Cost:	**1.03760505**
Open Date:	**12/1/1972**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/1/1972**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**12/1/1972**	Low Occupancy Adjustment Factor:			**120.77186%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/28/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #	**204960**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,453,115	2,083,372	1,423,583	600,140	0	5,560,210
1a	Audit Adjustments						
2	Cost Per Diem	53.8011	77.1362	52.7077	**22.2200**		205.8650
3	Cost Per Diem Inflated	55.8243	79.0460	54.6898			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.8243**	**79.0460**	**54.6898**	**22.2200**		211.7801
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9652		59.5313			
7	Provider Target Rate	**50.0045**		**60.7949**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0045**	**79.0460**	**54.6898**	**13.6500**		197.3903
12/13	Medicaid Adjustment Rate		1.7786	1.2306			
14	Prospective Per Diem 11	**50.0045**	**80.8246**	**55.9204**	**13.6500**		**200.3995**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259942-00 - 2013/07

223.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Riverfront Nursing and Rehab Center

FRVS

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

Began FRVS:	**7/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1972/07**
Indexed Asset Value	**4,777,616**
FRVS Base Asset:	**912,347**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**1,901,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**427,523**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,822,093**	**11.8313**
20% ROE(2):	**955,523**	**0.4215**
Insurance Cost(3):	**107,496**	**2.7860**
Taxes Cost(3):	**35,384**	**0.9171**
Home Office(3):	**799**	**0.0207**
Replacement(3&4):	**25,135**	**0.0000**
Total FRVS PD:		**15.9766**

(1) 80% Capital ($3,822,093) amortized at 9.5000% for 20 years Principal & Interest of $427,523 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $11.8313
(2) 20% ROE ($955,523) times the ROE factor (0.015940) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.4215
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0045**	**50.0045**	**2.1739**	**47.8306**	
Patient Care					
Direct Care	**80.8246**	**80.8246**	**3.5137**	**77.3109**	
Indirect Care	**55.9204**	**55.9204**	**2.4310**	**53.4894**	
Property	**13.6500**	**15.9766**	**0.6946**	**15.2820**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5308**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.3995**	**202.7261**	**8.8132**	**223.2801**	

***Medicaid Trend Adjustment :**

0 260355-00 - 2013/07

217.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Sarasota Memorial Nursing & Rehabilitation Faci

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.		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34238		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**39,883**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**9,343**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,509**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**48.91558%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.80829%**	Cost:	**1.03483699**
Open Date:	**7/1/1987**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1987**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**7/1/1987**	Low Occupancy Adjustment Factor:			**114.43471%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**212547**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	690,667	2,074,010	987,275	208,356	0	3,960,308
1a	Audit Adjustments						
2	Cost Per Diem	35.4025	106.3104	50.6061	**10.6800**		202.9990
3	Cost Per Diem Inflated	36.6358	108.7910	52.3691			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.6358**	**108.7910**	**52.3691**	**10.6800**		208.4759
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.6358**	**99.9385**	**52.3691**	**10.6800**		199.6234
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.6358**	**99.9385**	**52.3691**	**10.6800**		**199.6234**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260355-00 - 2013/07

217.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sarasota Memorial Nursing & Rehabilitation Faci

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,740,972**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**478,872**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,592,778**	**12.1479**
20% ROE(2):	**1,148,194**	**0.4491**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**430,869**	**0.0000**
Total FRVS PD:		**12.5970**

(1) 80% Capital ($4,592,778) amortized at 10.5000% for 20 years Interest of $478,872 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1479
(2) 20% ROE ($1,148,194) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4491
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.6358**	**36.6358**	**1.5927**	**35.0431**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**52.3691**	**52.3691**	**2.2767**	**50.0924**	
Property	**10.6800**	**12.5970**	**0.4643**	**10.2157**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2093**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.6234**	**201.5404**	**8.6783**	**217.9908**	

***Medicaid Trend Adjustment :**

0 260371-00 - 2013/07

227.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**139**	Superior:	**0**
Ormond Beach FL 32174		Days In CR	**365**	Maximum:	**50,735**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/01**	Max Annualized:	**50,735**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**43,984**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,867**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**37,661**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**2/1/1982**					Target:	**1.01485834**
Acquired Date:	**2/1/1982**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**2/1/1982**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/1/2003**					**DC Inflation:**	**1.03236654**
Previous Med #	**206539**					**PS Target:**	**1.02122620**

Medicaid Utilization	**85.62432%**
Occupancy:	**86.69360%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.24947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,504,307	3,297,947	1,938,497	1,217,204	0	7,957,955
1a	Audit Adjustments						
2	Cost Per Diem	39.9434	87.5693	51.4723	**32.3200**		211.3050
3	Cost Per Diem Inflated	42.1006	90.4036	54.2522			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1006**	**90.4036**	**54.2522**	**32.3200**		219.0764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0853		54.2844			
7	Provider Target Rate	**42.9786**		**55.4367**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.1006**	**90.4036**	**54.2522**	**13.6500**		200.4064
12/13	Medicaid Adjustment Rate		3.6231	2.1743			
14	Prospective Per Diem 11	**42.1006**	**94.0267**	**56.4265**	**13.6500**		**206.2038**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260371-00 - 2013/07

227.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,877,864**
FRVS Base Asset:	**3,114,685**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,604,537.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**412,444**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,702,291**	**9.0326**
20% ROE(2):	**1,175,573**	**0.6223**
Insurance Cost(3):	**51,227**	**1.1647**
Taxes Cost(3):	**44,568**	**1.0133**
Home Office(3):	**55,443**	**1.2605**
Replacement(3&4):	**72,704**	**0.0000**
Total FRVS PD:		**13.0934**

(1) 80% Capital ($4,702,291) amortized at 6.2500% for 20 years Principal & Interest of $412,444 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $9.0326
(2) 20% ROE ($1,175,573) times the ROE factor (0.024170) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $0.6223
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**143**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,075,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1006**	**42.1006**	**1.8302**	**40.2704**	
Patient Care					
Direct Care	**94.0267**	**94.0267**	**4.0876**	**89.9391**	
Indirect Care	**56.4265**	**56.4265**	**2.4530**	**53.9735**	
Property	**13.6500**	**13.0934**	**0.5692**	**12.5242**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2300**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.2038**	**205.6472**	**8.9400**	**227.7736**	

***Medicaid Trend Adjustment :**

0 260444-00 - 2013/07

220.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayview 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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Eustis FL 32726		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Lake[35]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,006**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,784**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,153**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**77.30349%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.05479%**	Cost:	**1.05400743**
Open Date:	**2/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**2/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**2/1/1983**	Low Occupancy Adjustment Factor:			**112.22500%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**207209**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,297,535	2,380,420	1,590,992	939,869	0	6,208,816
1a	Audit Adjustments						
2	Cost Per Diem	43.0317	78.9447	52.7640	**31.1700**		205.9104
3	Cost Per Diem Inflated	45.3557	81.4999	55.6136			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3557**	**81.4999**	**55.6136**	**31.1700**		213.6392
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8278		55.3553			
7	Provider Target Rate	**51.9067**		**56.5303**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.3557**	**81.4999**	**55.6136**	**13.6500**		196.1192
12/13	Medicaid Adjustment Rate		2.5034	1.7083			
14	Prospective Per Diem 11	**45.3557**	**84.0033**	**57.3219**	**13.6500**		**200.3309**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260444-00 - 2013/07

220.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayview Center, LLC

FRVS

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

Began FRVS:	**9/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,965,435**
FRVS Base Asset:	**2,863,939**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,526,316.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**348,420**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,972,348**	**8.8387**
20% ROE(2):	**993,087**	**0.6089**
Insurance Cost(3):	**46,762**	**1.1988**
Taxes Cost(3):	**43,698**	**1.1203**
Home Office(3):	**50,549**	**1.2959**
Replacement(3&4):	**141,327**	**0.0000**
Total FRVS PD:		**13.0626**

(1) 80% Capital ($3,972,348) amortized at 6.2500% for 20 years Principal & Interest of $348,420 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8387
(2) 20% ROE ($993,087) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6089
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3557**	**45.3557**	**1.9718**	**43.3839**	
Patient Care					
Direct Care	**84.0033**	**84.0033**	**3.6519**	**80.3514**	
Indirect Care	**57.3219**	**57.3219**	**2.4920**	**54.8299**	
Property	**13.6500**	**13.0626**	**0.5679**	**12.4947**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2538**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.3309**	**199.7435**	**8.6836**	**220.1501**	

***Medicaid Trend Adjustment :**

0 260452-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **138**	Superior: **0**
Eustis FL 32726	Days In CR **365**	Maximum: **50,370**	Standard: **184**
County: **Lake[35]**	First Used: **2013/01**	Max Annualized: **50,370**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **47,069**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **12,903**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **26,991**	
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**			

Medicaid Utilization	**57.34347%**
Occupancy:	**93.44649%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.75932%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,009,389	2,289,163	1,504,656	452,099	18,587	5,273,894
1a	Audit Adjustments						
2	Cost Per Diem	37.3972	84.8121	55.7466	**16.7500**	**0.6886**	195.3945
3	Cost Per Diem Inflated	39.4169	87.5572	58.7573			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.4169**	**87.5572**	**58.7573**	**16.7500**	**0.6886**	203.1700
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.4930		60.9343			
7	Provider Target Rate	**47.4799**		**62.2277**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.4169**	**87.5572**	**58.1101**	**13.6500**	**0.6886**	199.4228
12/13	Medicaid Adjustment Rate		0.7233	0.4801			
14	Prospective Per Diem 11	**39.4169**	**88.2805**	**58.5902**	**13.6500**	**0.6886**	**200.6262**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260452-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ruleme Center, LLC

FRVS

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

Began FRVS:	**6/1/2011**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**4,167,251**
FRVS Base Asset:	**1,464,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**889,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**359,941**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,333,801**	**7.9399**
20% ROE(2):	**833,450**	**0.4444**
Insurance Cost(3):	**53,776**	**1.1425**
Taxes Cost(3):	**54,140**	**1.1502**
Home Office(3):	**60,576**	**1.2870**
Replacement(3&4):	**82,276**	**0.0000**
Total FRVS PD:		**11.9640**

(1) 80% Capital ($3,333,801) amortized at 9.0000% for 20 years Principal & Interest of $359,941 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $7.9399
(2) 20% ROE ($833,450) times the ROE factor (0.024170) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.4444
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**135**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,847,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.4169**	**39.4169**	**1.7136**	**37.7033**	
Patient Care					
Direct Care	**88.2805**	**88.2805**	**3.8378**	**84.4427**	
Indirect Care	**58.5902**	**58.5902**	**2.5471**	**56.0431**	
Property	**13.6500**	**11.9640**	**0.5201**	**11.4439**	
ROE	**0.6886**	**0.5021**	**0.0218**	**0.4803**	
ROE Adjustment	**-0.5021**	**-0.5021**	**-0.0218**	**-0.4803**	
Quality Assess-Medicaid Share				**$17.2612**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.1241**	**198.2516**	**8.6186**	**215.7306**	

***Medicaid Trend Adjustment :**

0 260568-00 - 2013/07

215.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Largo FL 33771		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,669**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,280**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,373**		
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**						

Medicaid Utilization	**84.89045%**
Occupancy:	**95.13471%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.88677%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,353,519	2,948,948	1,724,602	1,056,945	0	7,084,014
1a	Audit Adjustments						
2	Cost Per Diem	38.2642	83.3672	48.7548	**29.8800**		200.2662
3	Cost Per Diem Inflated	40.3308	86.0655	51.3879			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3308**	**86.0655**	**51.3879**	**29.8800**		207.6642
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1213		54.1746			
7	Provider Target Rate	**50.1640**		**55.3245**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.3308**	**86.0655**	**51.3879**	**13.6500**		191.4342
12/13	Medicaid Adjustment Rate		3.3782	2.0171			
14	Prospective Per Diem 11	**40.3308**	**89.4437**	**53.4050**	**13.6500**		**196.8295**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260568-00 - 2013/07

215.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,420,562**
FRVS Base Asset:	**1,907,752**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,595,285.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**240,018**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,736,450**	**6.0887**
20% ROE(2):	**684,112**	**0.4195**
Insurance Cost(3):	**44,224**	**1.0613**
Taxes Cost(3):	**42,475**	**1.0193**
Home Office(3):	**51,450**	**1.2347**
Replacement(3&4):	**124,863**	**0.0000**
Total FRVS PD:		**9.8235**

(1) 80% Capital ($2,736,450) amortized at 6.2500% for 20 years Principal & Interest of $240,018 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.0887
(2) 20% ROE ($684,112) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4195
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.3308**	**40.3308**	**1.7533**	**38.5775**	
Patient Care					
Direct Care	**89.4437**	**89.4437**	**3.8884**	**85.5553**	
Indirect Care	**53.4050**	**53.4050**	**2.3217**	**51.0833**	
Property	**13.6500**	**9.8235**	**0.4271**	**9.3964**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9081**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**196.8295**	**193.0030**	**8.3905**	**215.3570**	

***Medicaid Trend Adjustment :**

0 260576-00 - 2013/07

225.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**179**	Superior:	**0**
Lakeland FL 33813		Days In CR	**365**	Maximum:	**65,335**	Standard:	**184**
County:	**Polk[53]**	First Used:	**2013/01**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**62,097**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,013**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**34,128**		
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**						

Medicaid Utilization	**54.95918%**
Occupancy:	**95.04400%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.77247%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,303,389	3,074,776	1,979,605	1,028,277	0	7,386,047
1a	Audit Adjustments						
2	Cost Per Diem	38.1912	90.0954	58.0053	**30.1300**		216.4219
3	Cost Per Diem Inflated	40.2538	93.0115	61.1380			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2538**	**93.0115**	**61.1380**	**30.1300**		224.5333
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.8997		62.8532			
7	Provider Target Rate	**76.4895**		**64.1873**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.2538**	**93.0115**	**59.9006**	**13.6500**		206.8159
12/13	Medicaid Adjustment Rate		0.5189	0.3342			
14	Prospective Per Diem 11	**40.2538**	**93.5304**	**60.2348**	**13.6500**		**207.6690**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260576-00 - 2013/07

225.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Highlands Lake Center, LLC

FRVS

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

Began FRVS:	**9/29/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**8,327,664**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,105,263.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**584,345**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,662,131**	**9.9376**
20% ROE(2):	**1,665,533**	**0.6846**
Insurance Cost(3):	**84,334**	**1.3581**
Taxes Cost(3):	**82,206**	**1.3238**
Home Office(3):	**87,220**	**1.4046**
Replacement(3&4):	**114,190**	**0.0000**
Total FRVS PD:		**14.7087**

(1) 80% Capital ($6,662,131) amortized at 6.2500% for 20 years Principal & Interest of $584,345 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $9.9376
(2) 20% ROE ($1,665,533) times the ROE factor (0.024170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.6846
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.2538**	**40.2538**	**1.7500**	**38.5038**	
Patient Care					
Direct Care	**93.5304**	**93.5304**	**4.0661**	**89.4643**	
Indirect Care	**60.2348**	**60.2348**	**2.6186**	**57.6162**	
Property	**13.6500**	**14.7087**	**0.6394**	**14.0693**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8819**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.6690**	**208.7277**	**9.0741**	**225.3719**	

***Medicaid Trend Adjustment :**

0 260649-00 - 2013/07

232.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Ormond Beach FL 32074		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,143**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,605**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,138**		
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**						

Medicaid Utilization	**60.66120%**
Occupancy:	**87.08447%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.74203%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	956,192	2,149,608	1,270,044	757,075	0	5,132,919
1a	Audit Adjustments						
2	Cost Per Diem	41.3256	92.9038	54.8900	**32.7200**		221.8394
3	Cost Per Diem Inflated	43.5575	95.9108	57.8545			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5575**	**95.9108**	**57.8545**	**32.7200**		230.0428
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2942		59.7505			
7	Provider Target Rate	**50.3405**		**61.0188**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5575**	**95.9108**	**57.8545**	**13.6500**		210.9728
12/13	Medicaid Adjustment Rate		1.1503	0.6939			
14	Prospective Per Diem 11	**43.5575**	**97.0611**	**58.5484**	**13.6500**		**212.8170**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260649-00 - 2013/07

232.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,077,415**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,464,793.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**426,447**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,861,932**	**10.8180**
20% ROE(2):	**1,215,483**	**0.7453**
Insurance Cost(3):	**56,179**	**1.4729**
Taxes Cost(3):	**56,520**	**1.4818**
Home Office(3):	**52,945**	**1.3881**
Replacement(3&4):	**70,093**	**0.0000**
Total FRVS PD:		**15.9061**

(1) 80% Capital ($4,861,932) amortized at 6.2500% for 20 years Principal & Interest of $426,447 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8180
(2) 20% ROE ($1,215,483) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7453
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5575**	**43.5575**	**1.8936**	**41.6639**	
Patient Care					
Direct Care	**97.0611**	**97.0611**	**4.2196**	**92.8415**	
Indirect Care	**58.5484**	**58.5484**	**2.5453**	**56.0031**	
Property	**13.6500**	**15.9061**	**0.6915**	**15.2146**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7918**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.8170**	**215.0731**	**9.3500**	**232.3513**	

***Medicaid Trend Adjustment :**

0 260657-00 - 2013/07

227.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Longwood FL 32750		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,457**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,415**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,606**		
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**						

Medicaid Utilization	**58.34837%**
Occupancy:	**92.36758%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.39969%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	983,682	2,062,248	1,289,059	714,554	0	5,049,543
1a	Audit Adjustments						
2	Cost Per Diem	41.6708	87.3612	54.6073	**30.2700**		213.9093
3	Cost Per Diem Inflated	43.9213	90.1888	57.5565			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.9213**	**90.1888**	**57.5565**	**30.2700**		221.9366
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4761		57.3881			
7	Provider Target Rate	**45.4202**		**58.6062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.9213**	**90.1888**	**57.5565**	**13.6500**		205.3166
12/13	Medicaid Adjustment Rate		0.8470	0.5406			
14	Prospective Per Diem 11	**43.9213**	**91.0358**	**58.0971**	**13.6500**		**206.7042**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260657-00 - 2013/07

227.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,613,703**
FRVS Base Asset:	**3,527,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,949,390.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**393,909**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,490,962**	**9.9926**
20% ROE(2):	**1,122,741**	**0.6884**
Insurance Cost(3):	**44,224**	**1.0931**
Taxes Cost(3):	**55,756**	**1.3782**
Home Office(3):	**55,452**	**1.3706**
Replacement(3&4):	**97,938**	**0.0000**
Total FRVS PD:		**14.5229**

(1) 80% Capital ($4,490,962) amortized at 6.2500% for 20 years Principal & Interest of $393,909 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9926
(2) 20% ROE ($1,122,741) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6884
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**119**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,527,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9213**	**43.9213**	**1.9094**	**42.0119**	
Patient Care					
Direct Care	**91.0358**	**91.0358**	**3.9576**	**87.0782**	
Indirect Care	**58.0971**	**58.0971**	**2.5257**	**55.5714**	
Property	**13.6500**	**14.5229**	**0.6314**	**13.8915**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0094**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.7042**	**207.5771**	**9.0241**	**227.3988**	

***Medicaid Trend Adjustment :**

0 260665-00 - 2013/07

227.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**179**	Superior:	**0**
West Melbourne FL 32904		Days In CR	**365**	Maximum:	**65,335**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**61,234**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,131**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,075**		
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**						

Medicaid Utilization	**63.81259%**
Occupancy:	**93.72312%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.10791%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,585,927	3,543,481	2,021,243	1,164,826	0	8,315,477
1a	Audit Adjustments						
2	Cost Per Diem	40.5867	90.6841	51.7273	**29.8100**		212.8081
3	Cost Per Diem Inflated	42.7787	93.6192	54.5210			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7787**	**93.6192**	**54.5210**	**29.8100**		220.7289
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2323		55.8477			
7	Provider Target Rate	**43.1287**		**57.0331**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7787**	**93.6192**	**54.5210**	**13.6500**		204.5689
12/13	Medicaid Adjustment Rate		1.4548	0.8472			
14	Prospective Per Diem 11	**42.7787**	**95.0740**	**55.3682**	**13.6500**		**206.8709**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260665-00 - 2013/07

227.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Indian River Center LLC

FRVS

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

Began FRVS:	**8/29/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**8,382,812**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,992,402.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**588,214**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,706,250**	**10.0034**
20% ROE(2):	**1,676,562**	**0.6891**
Insurance Cost(3):	**65,968**	**1.0773**
Taxes Cost(3):	**69,599**	**1.1366**
Home Office(3):	**80,011**	**1.3066**
Replacement(3&4):	**143,892**	**0.0000**
Total FRVS PD:		**14.2130**

(1) 80% Capital ($6,706,250) amortized at 6.2500% for 20 years Principal & Interest of $588,214 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $10.0034
(2) 20% ROE ($1,676,562) times the ROE factor (0.024170) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.6891
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7787**	**42.7787**	**1.8597**	**40.9190**	
Patient Care					
Direct Care	**95.0740**	**95.0740**	**4.1332**	**90.9408**	
Indirect Care	**55.3682**	**55.3682**	**2.4070**	**52.9612**	
Property	**13.6500**	**14.2130**	**0.6179**	**13.5951**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6224**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.8709**	**207.4339**	**9.0178**	**227.8749**	

***Medicaid Trend Adjustment :**

0 260673-00 - 2013/07

213.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**240**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**87,600**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**77,750**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,843**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**63,041**		
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**						

Medicaid Utilization	**81.08167%**
Occupancy:	**88.75571%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.84809%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,462,814	5,834,697	3,392,461	2,010,377	0	13,700,349
1a	Audit Adjustments						
2	Cost Per Diem	39.0669	92.5540	53.8136	**31.8900**		217.3245
3	Cost Per Diem Inflated	41.1768	95.5497	56.7199			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1768**	**95.5497**	**56.7199**	**31.8900**		225.3364
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9765		54.1579			
7	Provider Target Rate	**48.9949**		**55.3075**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1768**	**95.5497**	**55.3075**	**13.6500**		205.6840
12/13	Medicaid Adjustment Rate		3.3411	1.9339			
14	Prospective Per Diem 11	**41.1768**	**98.8908**	**57.2414**	**13.6500**		**210.9590**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260673-00 - 2013/07

213.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**10,120,281**
FRVS Base Asset:	**4,690,816**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,922,517.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**710,131**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,096,225**	**9.0072**
20% ROE(2):	**2,024,056**	**0.6205**
Insurance Cost(3):	**94,752**	**1.2187**
Taxes Cost(3):	**112,913**	**1.4523**
Home Office(3):	**93,337**	**1.2005**
Replacement(3&4):	**173,277**	**0.0000**
Total FRVS PD:		**13.4992**

(1) 80% Capital ($8,096,225) amortized at 6.2500% for 20 years Principal & Interest of $710,131 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $9.0072
(2) 20% ROE ($2,024,056) times the ROE factor (0.024170) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.6205
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1768**	**41.1768**	**1.7901**	**39.3867**	
Patient Care					
Direct Care	**98.8908**	**98.8908**	**4.2991**	**94.5917**	
Indirect Care	**57.2414**	**57.2414**	**2.4885**	**54.7529**	
Property	**13.6500**	**13.4992**	**0.5869**	**12.9123**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1649**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.9590**	**210.8082**	**9.1646**	**213.6449**	

***Medicaid Trend Adjustment :**

0 260690-00 - 2013/07

231.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33613		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,342**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,893**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,477**		
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**						

Medicaid Utilization	**73.06777%**
Occupancy:	**92.10503%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.06883%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,341,220	2,576,175	1,598,679	900,522	0	6,416,596
1a	Audit Adjustments						
2	Cost Per Diem	45.5006	87.3961	54.2348	**30.5500**		217.6815
3	Cost Per Diem Inflated	47.9580	90.2248	57.1639			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9580**	**90.2248**	**57.1639**	**30.5500**		225.8967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1199		55.7201			
7	Provider Target Rate	**49.1413**		**56.9028**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.9580**	**90.2248**	**56.9028**	**13.6500**		208.7356
12/13	Medicaid Adjustment Rate		2.3414	1.4767			
14	Prospective Per Diem 11	**47.9580**	**92.5662**	**58.3795**	**13.6500**		**212.5537**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260690-00 - 2013/07

231.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Fairway Oaks Center, LLC

FRVS

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

Began FRVS:	**7/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**5,013,536**
FRVS Base Asset:	**2,511,048**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,099,769.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1087**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**351,795**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,010,829**	**8.9243**
20% ROE(2):	**1,002,707**	**0.6148**
Insurance Cost(3):	**44,224**	**1.0962**
Taxes Cost(3):	**43,185**	**1.0705**
Home Office(3):	**53,294**	**1.3211**
Replacement(3&4):	**533,419**	**0.0000**
Total FRVS PD:		**13.0269**

(1) 80% Capital ($4,010,829) amortized at 6.2500% for 20 years Principal & Interest of $351,795 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9243
(2) 20% ROE ($1,002,707) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6148
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9580**	**47.9580**	**2.0849**	**45.8731**	
Patient Care					
Direct Care	**92.5662**	**92.5662**	**4.0241**	**88.5421**	
Indirect Care	**58.3795**	**58.3795**	**2.5379**	**55.8416**	
Property	**13.6500**	**13.0269**	**0.5663**	**12.4606**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3063**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.5537**	**211.9306**	**9.2132**	**231.8601**	

***Medicaid Trend Adjustment :**

0 260771-00 - 2013/07

253.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sinai Plaza Nursing 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	
201 NE 112th Street		**08/01/2011-07/31/2012**		Number of Beds:	**150**	Superior:	**0**
Miami FL 33161		Days In CR	**366**	Maximum:	**54,900**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**49,758**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,369**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,233**		
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**						

Medicaid Utilization	**66.78926%**
Occupancy:	**90.63388%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.21492%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,941,053	3,420,194	2,418,213	618,466	0	8,397,926
1a	Audit Adjustments						
2	Cost Per Diem	58.4074	102.9156	72.7654	**18.6100**		252.6984
3	Cost Per Diem Inflated	60.7659	105.6105	75.7037			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.7659**	**105.6105**	**75.7037**	**18.6100**		260.6901
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5828		65.9262			
7	Provider Target Rate	**55.7414**		**67.3256**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**99.9385**	**61.8071**	**13.6500**		229.4175
12/13	Medicaid Adjustment Rate		1.8876	1.1674			
14	Prospective Per Diem 11	**54.0219**	**101.8261**	**62.9745**	**13.6500**		**232.4725**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260771-00 - 2013/07

253.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sinai Plaza Nursing and Rehabilitation Center

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	**7,602,244**
FRVS Base Asset:	**4,526,100**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information

Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**753,307**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**6,081,795**	**15.2878**
20% ROE(2):	**1,520,449**	**0.5175**
Insurance Cost(3):	**25,056**	**0.5036**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**27,258**	**0.5478**
Replacement(3&4):	**986,742**	**0.0000**
Total FRVS PD:		**16.8567**

(1) 80% Capital ($6,081,795) amortized at 11.0000% for 20 years Principal & Interest of $753,307 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $15.2878
(2) 20% ROE ($1,520,449) times the ROE factor (0.016770) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.5175
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,526,100**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**101.8261**	**101.8261**	**4.4267**	**97.3994**	
Indirect Care	**62.9745**	**62.9745**	**2.7377**	**60.2368**	
Property	**13.6500**	**16.8567**	**0.7328**	**16.1239**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8245**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**232.4725**	**235.6792**	**10.2457**	**253.0944**	

***Medicaid Trend Adjustment :**

0 261254-00 - 2013/07

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**18,497**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,234**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,219**		
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**						

Medicaid Utilization	**49.84051%**
Occupancy:	**84.46119%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.43623%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	525,578	747,051	575,655	184,657	6,145	2,039,086
1a	Audit Adjustments						
2	Cost Per Diem	57.0103	81.0338	62.4422	**20.0300**	**0.6666**	221.1829
3	Cost Per Diem Inflated	60.0893	83.6566	65.8145			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.0893**	**83.6566**	**65.8145**	**20.0300**	**0.6666**	230.2570
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.2671		60.5849			
7	Provider Target Rate	**59.5039**		**61.8709**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.3150**	**83.6566**	**61.8709**	**13.6500**	**0.6666**	219.1591
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.3150**	**83.6566**	**61.8709**	**13.6500**	**0.6666**	**219.1591**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261254-00 - 2013/07

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Alhambra Health & Rehab Center

FRVS

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

Began FRVS:	**4/13/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**1,085,929**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**458,612.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**71,712**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**868,743**	**3.6384**
20% ROE(2):	**217,186**	**0.2663**
Insurance Cost(3):	**35,262**	**1.9064**
Taxes Cost(3):	**19,056**	**1.0302**
Home Office(3):	**15,123**	**0.8176**
Replacement(3&4):	**32,584**	**0.0000**
Total FRVS PD:		**7.6589**

(1) 80% Capital ($868,743) amortized at 5.5000% for 20 years Principal & Interest of $71,712 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $3.6384
(2) 20% ROE ($217,186) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2663
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.3150**	**59.3150**	**2.5786**	**56.7364**	
Patient Care					
Direct Care	**83.6566**	**83.6566**	**3.6368**	**80.0198**	
Indirect Care	**61.8709**	**61.8709**	**2.6897**	**59.1812**	
Property	**13.6500**	**7.6589**	**0.3330**	**7.3259**	
ROE	**0.6666**	**0.6516**	**0.0283**	**0.6233**	
ROE Adjustment	**-0.6516**	**-0.6516**	**-0.0283**	**-0.6233**	
Quality Assess-Medicaid Share				**$17.0511**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.5075**	**212.5014**	**9.2381**	**229.1508**	

***Medicaid Trend Adjustment :**

0 261611-00 - 2013/07

206.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**115**	Superior:	**0**
Orlando FL 32806		Days In CR	**365**	Maximum:	**41,975**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**41,975**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**34,806**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,595**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,286**		
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**						

Medicaid Utilization	**78.39453%**
Occupancy:	**82.92078%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.49504%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	944,089	2,069,853	1,306,792	771,648	0	5,092,382
1a	Audit Adjustments						
2	Cost Per Diem	34.5998	75.8577	47.8924	**28.2800**		186.6299
3	Cost Per Diem Inflated	36.4684	78.3130	50.4789			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4684**	**78.3130**	**50.4789**	**28.2800**		193.5403
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9998		52.1310			
7	Provider Target Rate	**55.1460**		**53.2375**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4684**	**78.3130**	**50.4789**	**13.6500**		178.9103
12/13	Medicaid Adjustment Rate		2.5016	1.6125			
14	Prospective Per Diem 11	**36.4684**	**80.8146**	**52.0914**	**13.6500**		**183.0244**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261611-00 - 2013/07

206.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Terra Vista Rehabilitation and 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:	**1972/01**
Indexed Asset Value	**3,994,236**
FRVS Base Asset:	**2,053,427**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,107,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**422,208**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,195,389**	**11.1762**
20% ROE(2):	**798,847**	**0.5111**
Insurance Cost(3):	**49,001**	**1.4078**
Taxes Cost(3):	**80,543**	**2.3141**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**28,464**	**0.0000**
Total FRVS PD:		**15.4092**

(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 (0.024170) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.5111
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**115**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,277,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4684**	**36.4684**	**1.5854**	**34.8830**	
Patient Care					
Direct Care	**80.8146**	**80.8146**	**3.5133**	**77.3013**	
Indirect Care	**52.0914**	**52.0914**	**2.2646**	**49.8268**	
Property	**13.6500**	**15.4092**	**0.6699**	**14.7393**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3238**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.0244**	**184.7836**	**8.0332**	**206.9106**	

***Medicaid Trend Adjustment :**

0 261629-00 - 2013/07

196.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**95**	Superior:	**0**
Lake City FL 32025		Days In CR	**365**	Maximum:	**34,675**	Standard:	**184**
County:	**Columbia[12]**	First Used:	**2012/07**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**28,930**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,292**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**21,254**		
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**						

Medicaid Utilization	**73.46699%**
Occupancy:	**83.43187%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.13910%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	725,679	1,606,658	908,073	378,321	0	3,618,731
1a	Audit Adjustments						
2	Cost Per Diem	34.1432	75.5932	42.7248	**17.8000**		170.2612
3	Cost Per Diem Inflated	35.9872	78.0399	45.0323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.9872**	**78.0399**	**45.0323**	**17.8000**		176.8594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.9872**	**78.0399**	**45.0323**	**13.6500**		172.7094
12/13	Medicaid Adjustment Rate		2.0603	1.1889			
14	Prospective Per Diem 11	**35.9872**	**80.1002**	**46.2212**	**13.6500**		**175.9586**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261629-00 - 2013/07

196.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,516,182**
FRVS Base Asset:	**1,393,413**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.8040**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.8040**	**%**
Interest Only:	**False**	
Yearly Payment:	**314,583**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,012,946**	**10.0804**
20% ROE(2):	**503,236**	**0.3898**
Insurance Cost(3):	**35,785**	**1.2370**
Taxes Cost(3):	**39,817**	**1.3763**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,770**	**0.0000**
Total FRVS PD:		**13.0835**

(1) 80% Capital ($2,012,946) amortized at 14.8040% for 20 years Principal & Interest of $314,583 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $10.0804
(2) 20% ROE ($503,236) times the ROE factor (0.024170) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.3898
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**95**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,707,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.9872**	**35.9872**	**1.5645**	**34.4227**	
Patient Care					
Direct Care	**80.1002**	**80.1002**	**3.4822**	**76.6180**	
Indirect Care	**46.2212**	**46.2212**	**2.0094**	**44.2118**	
Property	**13.6500**	**13.0835**	**0.5688**	**12.5147**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4301**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.9586**	**175.3921**	**7.6249**	**196.0337**	

***Medicaid Trend Adjustment :**

0 261637-00 - 2013/07

212.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**40,613**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,754**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,093**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**7/1/1987**					Target:	**1.01485834**
Acquired Date:	**7/1/1987**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/1/1987**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/1/2003**					**DC Inflation:**	**1.03236654**
Previous Med #	**216011**					**PS Target:**	**1.02122620**

Medicaid Utilization	**56.86110%**
Occupancy:	**92.72375%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.84853%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	829,575	1,817,378	1,297,755	603,651	0	4,548,359
1a	Audit Adjustments						
2	Cost Per Diem	35.9232	78.6982	56.1969	**26.1400**		196.9583
3	Cost Per Diem Inflated	37.8633	81.2454	59.2320			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8633**	**81.2454**	**59.2320**	**26.1400**		204.4807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		57.9559			
7	Provider Target Rate	**45.1484**		**59.1861**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8633**	**81.2454**	**59.1861**	**13.6500**		191.9448
12/13	Medicaid Adjustment Rate		0.6271	0.4568			
14	Prospective Per Diem 11	**37.8633**	**81.8725**	**59.6429**	**13.6500**		**193.0287**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261637-00 - 2013/07

212.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,998,736**
FRVS Base Asset:	**2,656,745**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,139,792.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**475,882**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,998,989**	**12.0721**
20% ROE(2):	**999,747**	**0.6130**
Insurance Cost(3):	**55,452**	**1.3654**
Taxes Cost(3):	**94,810**	**2.3345**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**78,272**	**0.0000**
Total FRVS PD:		**16.3850**

(1) 80% Capital ($3,998,989) amortized at 10.4000% for 20 years Principal & Interest of $475,882 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0721
(2) 20% ROE ($999,747) times the ROE factor (0.024170) divided by annual available days (43,800) 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			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**91**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8633**	**37.8633**	**1.6460**	**36.2173**	
Patient Care					
Direct Care	**81.8725**	**81.8725**	**3.5593**	**78.3132**	
Indirect Care	**59.6429**	**59.6429**	**2.5929**	**57.0500**	
Property	**13.6500**	**16.3850**	**0.7123**	**15.6727**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3122**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.0287**	**195.7637**	**8.5105**	**212.4018**	

***Medicaid Trend Adjustment :**

0 261670-00 - 2013/07

205.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,803**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,796**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,008**		
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**						

Medicaid Utilization	**44.13401%**
Occupancy:	**92.90301%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.07443%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	646,170	1,497,527	851,036	649,729	0	3,644,462
1a	Audit Adjustments						
2	Cost Per Diem	35.8824	83.1590	47.2588	**36.0800**		202.3802
3	Cost Per Diem Inflated	37.4312	85.4554	49.2986			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4312**	**85.4554**	**49.2986**	**36.0800**		208.2652
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		51.7450			
7	Provider Target Rate	**42.9157**		**52.8433**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.4312**	**85.4554**	**49.2986**	**13.6500**		185.8352
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.4312**	**85.4554**	**49.2986**	**13.6500**		**185.8352**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261670-00 - 2013/07

205.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hawthorne Health & Rehab of Brandon

FRVS

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

Began FRVS:	**3/27/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**6,000,115**
FRVS Base Asset:	**3,092,490**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,977,200.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7965**	**%**
Chase Rate:	**8.3356**	**%**
Amortization Rate:	**8.7965**	**%**
Interest Only:	**False**	
Yearly Payment:	**510,739**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,800,092**	**12.9563**
20% ROE(2):	**1,200,023**	**0.5422**
Insurance Cost(3):	**80,448**	**1.9716**
Taxes Cost(3):	**80,400**	**1.9704**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**66,195**	**0.0000**
Total FRVS PD:		**17.4405**

(1) 80% Capital ($4,800,092) amortized at 8.7965% for 20 years Principal & Interest of $510,739 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.9563
(2) 20% ROE ($1,200,023) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5422
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,092,490**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4312**	**37.4312**	**1.6273**	**35.8039**	
Patient Care					
Direct Care	**85.4554**	**85.4554**	**3.7150**	**81.7404**	
Indirect Care	**49.2986**	**49.2986**	**2.1432**	**47.1554**	
Property	**13.6500**	**17.4405**	**0.7582**	**16.6823**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7397**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.8352**	**189.6257**	**8.2437**	**205.9581**	

***Medicaid Trend Adjustment :**

0 263389-00 - 2013/07

212.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,709**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,480**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,476**		
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**						

Medicaid Utilization	**57.66784%**
Occupancy:	**92.94292%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.12474%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	988,969	1,954,032	1,067,009	921,433	0	4,931,443
1a	Audit Adjustments						
2	Cost Per Diem	42.1268	83.2353	45.4511	**39.2500**		210.0632
3	Cost Per Diem Inflated	44.4020	85.9293	47.9058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.4020**	**85.9293**	**47.9058**	**39.2500**		217.4871
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9632		55.8710			
7	Provider Target Rate	**53.0662**		**57.0569**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.4020**	**85.9293**	**47.9058**	**13.6500**		191.8871
12/13	Medicaid Adjustment Rate		0.7413	0.4133			
14	Prospective Per Diem 11	**44.4020**	**86.6706**	**48.3191**	**13.6500**		**193.0417**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263389-00 - 2013/07

212.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Atlantic Shores Nursing and Rehab

FRVS

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

Began FRVS:	**12/8/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,596,180**
FRVS Base Asset:	**2,094,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,190,261.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**392,679**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,476,944**	**9.9614**
20% ROE(2):	**1,119,236**	**0.6862**
Insurance Cost(3):	**32,130**	**0.7893**
Taxes Cost(3):	**75,635**	**1.8579**
Home Office(3):	**12,727**	**0.3126**
Replacement(3&4):	**37,580**	**0.0000**
Total FRVS PD:		**13.6074**

(1) 80% Capital ($4,476,944) amortized at 6.2500% for 20 years Principal & Interest of $392,679 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9614
(2) 20% ROE ($1,119,236) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6862
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,094,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.4020**	**44.4020**	**1.9303**	**42.4717**	
Patient Care					
Direct Care	**86.6706**	**86.6706**	**3.7678**	**82.9028**	
Indirect Care	**48.3191**	**48.3191**	**2.1006**	**46.2185**	
Property	**13.6500**	**13.6074**	**0.5916**	**13.0158**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8264**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.0417**	**192.9991**	**8.3903**	**212.2716**	

***Medicaid Trend Adjustment :**

0 263443-00 - 2013/07

193.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Bonifay FL 32425		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Holmes[30]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**58,387**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,386**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**43,708**		
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**						

Medicaid Utilization	**74.85913%**
Occupancy:	**88.86910%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.99099%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,166,177	3,113,587	1,705,096	1,752,691	0	8,737,551
1a	Audit Adjustments						
2	Cost Per Diem	49.5602	71.2361	39.0111	**40.1000**		199.9074
3	Cost Per Diem Inflated	52.2368	73.5418	41.1180			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2368**	**73.5418**	**41.1180**	**40.1000**		206.9966
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7725		48.7710			
7	Provider Target Rate	**43.6804**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6804**	**73.5418**	**41.1180**	**13.6500**		171.9902
12/13	Medicaid Adjustment Rate		2.0567	1.1499			
14	Prospective Per Diem 11	**43.6804**	**75.5985**	**42.2679**	**13.6500**		**175.1968**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263443-00 - 2013/07

193.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bonifay 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	**6,897,536**
FRVS Base Asset:	**1,432,662**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,325,551.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**483,994**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,518,029**	**8.1853**
20% ROE(2):	**1,379,507**	**0.5639**
Insurance Cost(3):	**55,005**	**0.9421**
Taxes Cost(3):	**56,783**	**0.9725**
Home Office(3):	**18,254**	**0.3126**
Replacement(3&4):	**39,438**	**0.0000**
Total FRVS PD:		**10.9764**

(1) 80% Capital ($5,518,029) amortized at 6.2500% for 20 years Principal & Interest of $483,994 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.1853
(2) 20% ROE ($1,379,507) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5639
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6804**	**43.6804**	**1.8989**	**41.7815**	
Patient Care					
Direct Care	**75.5985**	**75.5985**	**3.2865**	**72.3120**	
Indirect Care	**42.2679**	**42.2679**	**1.8375**	**40.4304**	
Property	**13.6500**	**10.9764**	**0.4772**	**10.4992**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5500**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.1968**	**172.5232**	**7.5001**	**193.4095**	

***Medicaid Trend Adjustment :**

0 263451-00 - 2013/07

215.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Riviera Palms 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	
926 Haben Blvd.		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Palmetto FL 34221		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**38,763**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,729**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,825**		
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**						

Medicaid Utilization	**69.20259%**
Occupancy:	**88.50000%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.52585%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,152,637	2,293,151	1,201,511	1,064,416	0	5,711,715
1a	Audit Adjustments						
2	Cost Per Diem	42.9688	85.4856	44.7907	**39.6800**		212.9251
3	Cost Per Diem Inflated	45.2894	88.2525	47.2097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2894**	**88.2525**	**47.2097**	**39.6800**		220.4316
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6523		55.0485			
7	Provider Target Rate	**49.6850**		**56.2170**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2894**	**88.2525**	**47.2097**	**13.6500**		194.4016
12/13	Medicaid Adjustment Rate		1.9065	1.0199			
14	Prospective Per Diem 11	**45.2894**	**90.1590**	**48.2296**	**13.6500**		**197.3280**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263451-00 - 2013/07

215.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Riviera Palms Rehabilitation Center

FRVS

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

Began FRVS:	**3/7/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,164,578**
FRVS Base Asset:	**2,648,070**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,899,682.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**362,394**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,131,662**	**9.1932**
20% ROE(2):	**1,032,916**	**0.6333**
Insurance Cost(3):	**38,040**	**0.9813**
Taxes Cost(3):	**57,307**	**1.4784**
Home Office(3):	**12,119**	**0.3126**
Replacement(3&4):	**36,174**	**0.0000**
Total FRVS PD:		**12.5988**

(1) 80% Capital ($4,131,662) amortized at 6.2500% for 20 years Principal & Interest of $362,394 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1932
(2) 20% ROE ($1,032,916) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6333
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2894**	**45.2894**	**1.9689**	**43.3205**	
Patient Care					
Direct Care	**90.1590**	**90.1590**	**3.9195**	**86.2395**	
Indirect Care	**48.2296**	**48.2296**	**2.0967**	**46.1329**	
Property	**13.6500**	**12.5988**	**0.5477**	**12.0511**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4250**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**197.3280**	**196.2768**	**8.5328**	**215.0054**	

***Medicaid Trend Adjustment :**

0 263460-00 - 2013/07

221.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Boynton 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		**01/01/2011-12/31/2011**		Number of Beds:	**168**	Superior:	**0**
Boynton Beach FL 33436		Days In CR	**365**	Maximum:	**61,320**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**61,320**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**52,403**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,864**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,257**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**52.01420%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.45825%**	Cost:	**1.05400743**
Open Date:	**6/1/1977**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/1/1984**	Low Occupancy Adjustment Factor:			**107.69269%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**211257**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,159,667	2,412,065	1,364,982	1,659,951	0	6,596,665
1a	Audit Adjustments						
2	Cost Per Diem	42.5457	88.4934	50.0782	**60.9000**		242.0173
3	Cost Per Diem Inflated	44.8435	91.3576	52.7828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8435**	**91.3576**	**52.7828**	**60.9000**		249.8839
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6471		60.4352			
7	Provider Target Rate	**46.6160**		**61.7180**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8435**	**91.3576**	**52.7828**	**13.6500**		202.6339
12/13	Medicaid Adjustment Rate		0.2070	0.1196			
14	Prospective Per Diem 11	**44.8435**	**91.5646**	**52.9024**	**13.6500**		**202.9605**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263460-00 - 2013/07

221.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boynton Beach Rehabilitation Center

FRVS

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

Began FRVS:	**7/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**8,061,309**
FRVS Base Asset:	**1,235,042**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,365,423.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**565,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,449,047**	**10.2496**
20% ROE(2):	**1,612,262**	**0.7061**
Insurance Cost(3):	**79,734**	**1.5216**
Taxes Cost(3):	**152,153**	**2.9035**
Home Office(3):	**16,383**	**0.3126**
Replacement(3&4):	**48,321**	**0.0000**
Total FRVS PD:		**15.6934**

(1) 80% Capital ($6,449,047) amortized at 6.2500% for 20 years Principal & Interest of $565,655 divided by annual available days (61,320) divided by Occup. Adj. (0.9000) = $10.2496
(2) 20% ROE ($1,612,262) times the ROE factor (0.024170) divided by annual available days (61,320) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**168**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,788,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8435**	**44.8435**	**1.9495**	**42.8940**	
Patient Care					
Direct Care	**91.5646**	**91.5646**	**3.9806**	**87.5840**	
Indirect Care	**52.9024**	**52.9024**	**2.2998**	**50.6026**	
Property	**13.6500**	**15.6934**	**0.6822**	**15.0112**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5811**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.9605**	**205.0039**	**8.9121**	**221.5093**	

***Medicaid Trend Adjustment :**

0 263478-00 - 2013/07

199.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Arbor Trail Rehab and Skilled 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	
611 Turner Camp Road		**01/01/2011-12/31/2011**		Number of Beds:	**116**	Superior:	**0**
Inverness FL 34453		Days In CR	**365**	Maximum:	**42,340**	Standard:	**184**
County: **Citrus[9]**		First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,356**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,882**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**18,679**		
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**						

Medicaid Utilization	**47.46163%**
Occupancy:	**92.95229%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.13654%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	764,512	1,490,354	751,306	945,531	0	3,951,703
1a	Audit Adjustments						
2	Cost Per Diem	40.9290	79.7877	40.2220	**50.6200**		211.5587
3	Cost Per Diem Inflated	43.1395	82.3702	42.3943			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1395**	**82.3702**	**42.3943**	**50.6200**		218.5240
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6115		53.0307			
7	Provider Target Rate	**45.5584**		**54.1563**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1395**	**82.3702**	**42.3943**	**13.6500**		181.5540
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.1395**	**82.3702**	**42.3943**	**13.6500**		**181.5540**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263478-00 - 2013/07

199.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Arbor Trail Rehab and Skilled Nursing Center

FRVS

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

Began FRVS:	**7/17/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**5,280,075**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,025,253.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,498**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,224,060**	**9.7228**
20% ROE(2):	**1,056,015**	**0.6698**
Insurance Cost(3):	**48,590**	**1.2346**
Taxes Cost(3):	**76,497**	**1.9437**
Home Office(3):	**12,304**	**0.3126**
Replacement(3&4):	**34,293**	**0.0000**
Total FRVS PD:		**13.8835**

(1) 80% Capital ($4,224,060) amortized at 6.2500% for 20 years Principal & Interest of $370,498 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.7228
(2) 20% ROE ($1,056,015) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6698
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1395**	**43.1395**	**1.8754**	**41.2641**	
Patient Care					
Direct Care	**82.3702**	**82.3702**	**3.5809**	**78.7893**	
Indirect Care	**42.3943**	**42.3943**	**1.8430**	**40.5513**	
Property	**13.6500**	**13.8835**	**0.6036**	**13.2799**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2048**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.5540**	**181.7875**	**7.9029**	**199.9258**	

***Medicaid Trend Adjustment :**

0 263486-00 - 2013/07

229.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 South		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**18,464**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,464**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**13,631**		
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**						

Medicaid Utilization	**73.82474%**
Occupancy:	**84.31050%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.24633%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,921	1,092,090	688,428	249,447	0	2,763,886
1a	Audit Adjustments						
2	Cost Per Diem	53.8421	80.1181	50.5046	**18.3000**		202.7648
3	Cost Per Diem Inflated	56.7500	82.7112	53.2322			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7500**	**82.7112**	**53.2322**	**18.3000**		210.9934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3610		59.1031			
7	Provider Target Rate	**62.6635**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.7500**	**82.7112**	**53.2322**	**13.6500**		206.3434
12/13	Medicaid Adjustment Rate		2.2169	1.4268			
14	Prospective Per Diem 11	**56.7500**	**84.9281**	**54.6590**	**13.6500**		**209.9871**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263486-00 - 2013/07

229.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Pinellas Point Nursing and Rehab

FRVS

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

Began FRVS:	**3/8/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**2,787,185**
FRVS Base Asset:	**1,604,692**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,040,258.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**195,574**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,229,748**	**9.9226**
20% ROE(2):	**557,437**	**0.6836**
Insurance Cost(3):	**22,401**	**1.2132**
Taxes Cost(3):	**27,936**	**1.5130**
Home Office(3):	**5,773**	**0.3127**
Replacement(3&4):	**24,708**	**0.0000**
Total FRVS PD:		**13.6451**

(1) 80% Capital ($2,229,748) amortized at 6.2500% for 20 years Principal & Interest of $195,574 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.9226
(2) 20% ROE ($557,437) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6836
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,061,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.7500**	**56.7500**	**2.4671**	**54.2829**	
Patient Care					
Direct Care	**84.9281**	**84.9281**	**3.6921**	**81.2360**	
Indirect Care	**54.6590**	**54.6590**	**2.3762**	**52.2828**	
Property	**13.6500**	**13.6451**	**0.5932**	**13.0519**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3187**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.9871**	**209.9822**	**9.1286**	**229.0087**	

***Medicaid Trend Adjustment :**

0 263494-00 - 2013/07

213.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**163**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**365**	Maximum:	**59,495**	Standard:	**184**
County: **Duval[16]**		First Used:	**2013/01**	Max Annualized:	**59,495**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**56,306**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,165**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**41,192**	FY Index:	**1.25362148**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**73.15739%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**94.63989%**	Cost:	**1.05400743**
Open Date:	**10/1/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**10/31/1990**	Low Occupancy Adjustment Factor:			**119.26321%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**212725**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,749,823	3,506,815	1,758,732	968,012	0	7,983,382
1a	Audit Adjustments						
2	Cost Per Diem	42.4797	85.1334	42.6960	**23.5000**		193.8091
3	Cost Per Diem Inflated	44.7739	87.8889	45.0019			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7739**	**87.8889**	**45.0019**	**23.5000**		201.1647
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2586		50.5725			
7	Provider Target Rate	**45.1980**		**51.6460**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7739**	**87.8889**	**45.0019**	**13.6500**		191.3147
12/13	Medicaid Adjustment Rate		2.2897	1.1724			
14	Prospective Per Diem 11	**44.7739**	**90.1786**	**46.1743**	**13.6500**		**194.7768**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263494-00 - 2013/07

213.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**7,012,484**
FRVS Base Asset:	**3,017,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,227,709.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**492,060**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,609,987**	**9.1896**
20% ROE(2):	**1,402,497**	**0.6331**
Insurance Cost(3):	**46,664**	**0.8288**
Taxes Cost(3):	**45,873**	**0.8147**
Home Office(3):	**17,603**	**0.3126**
Replacement(3&4):	**43,937**	**0.0000**
Total FRVS PD:		**11.7788**

(1) 80% Capital ($5,609,987) amortized at 6.2500% for 20 years Principal & Interest of $492,060 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $9.1896
(2) 20% ROE ($1,402,497) times the ROE factor (0.024170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.6331
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**100**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,017,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7739**	**44.7739**	**1.9465**	**42.8274**	
Patient Care					
Direct Care	**90.1786**	**90.1786**	**3.9204**	**86.2582**	
Indirect Care	**46.1743**	**46.1743**	**2.0073**	**44.1670**	
Property	**13.6500**	**11.7788**	**0.5121**	**11.2667**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3316**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.7768**	**192.9056**	**8.3863**	**213.6873**	

***Medicaid Trend Adjustment :**

0 263508-00 - 2013/07

222.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Port Orange FL 32127	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Volusia[64]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **39,104**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **14,309**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **14,414**	
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**			

Medicaid Utilization	**36.86068%**
Occupancy:	**89.27854%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.50695%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	616,135	1,291,134	765,733	853,597	0	3,526,599
1a	Audit Adjustments						
2	Cost Per Diem	42.7456	89.5750	53.1243	**59.2200**		244.6649
3	Cost Per Diem Inflated	45.0542	92.4742	55.9934			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0542**	**92.4742**	**55.9934**	**59.2200**		252.7418
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5409		58.3719			
7	Provider Target Rate	**49.5712**		**59.6109**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0542**	**92.4742**	**55.9934**	**13.6500**		207.1718
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.0542**	**92.4742**	**55.9934**	**13.6500**		**207.1718**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263508-00 - 2013/07

222.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Port Orange Nursing and Rehab

FRVS

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

Began FRVS:	**10/9/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/07**
Indexed Asset Value	**5,513,472**
FRVS Base Asset:	**3,793,080**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,905,038.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**386,876**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,410,778**	**9.8142**
20% ROE(2):	**1,102,694**	**0.6761**
Insurance Cost(3):	**58,375**	**1.4928**
Taxes Cost(3):	**66,944**	**1.7119**
Home Office(3):	**12,225**	**0.3126**
Replacement(3&4):	**26,584**	**0.0000**
Total FRVS PD:		**14.0076**

(1) 80% Capital ($4,410,778) amortized at 6.2500% for 20 years Principal & Interest of $386,876 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8142
(2) 20% ROE ($1,102,694) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6761
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,793,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0542**	**45.0542**	**1.9587**	**43.0955**	
Patient Care					
Direct Care	**92.4742**	**92.4742**	**4.0201**	**88.4541**	
Indirect Care	**55.9934**	**55.9934**	**2.4342**	**53.5592**	
Property	**13.6500**	**14.0076**	**0.6090**	**13.3986**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0784**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.1718**	**207.5294**	**9.0220**	**222.4222**	

***Medicaid Trend Adjustment :**

0 263516-00 - 2013/07

205.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
MacClenny FL 32063		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Baker[2]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,762**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,111**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,679**		
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**						

Medicaid Utilization	**70.35720%**
Occupancy:	**93.06393%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.27722%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,244,144	2,183,037	1,210,870	955,011	0	5,593,062
1a	Audit Adjustments						
2	Cost Per Diem	43.3817	76.1197	42.2215	**33.3000**		195.0229
3	Cost Per Diem Inflated	45.7246	78.5834	44.5018			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7246**	**78.5834**	**44.5018**	**33.3000**		202.1098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3554		49.5245			
7	Provider Target Rate	**49.3818**		**50.5757**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7246**	**78.5834**	**44.5018**	**13.6500**		182.4598
12/13	Medicaid Adjustment Rate		1.7997	1.0192			
14	Prospective Per Diem 11	**45.7246**	**80.3831**	**45.5210**	**13.6500**		**185.2787**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263516-00 - 2013/07

205.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Macclenny Nursing and Rehab

FRVS

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

Began FRVS:	**8/27/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,479,841**
FRVS Base Asset:	**3,917,950**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,102,079.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,516**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,383,873**	**9.7543**
20% ROE(2):	**1,095,968**	**0.6720**
Insurance Cost(3):	**34,394**	**0.8438**
Taxes Cost(3):	**62,570**	**1.5350**
Home Office(3):	**12,744**	**0.3126**
Replacement(3&4):	**14,892**	**0.0000**
Total FRVS PD:		**13.1177**

(1) 80% Capital ($4,383,873) amortized at 6.2500% for 20 years Principal & Interest of $384,516 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7543
(2) 20% ROE ($1,095,968) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6720
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7246**	**45.7246**	**1.9878**	**43.7368**	
Patient Care					
Direct Care	**80.3831**	**80.3831**	**3.4945**	**76.8886**	
Indirect Care	**45.5210**	**45.5210**	**1.9789**	**43.5421**	
Property	**13.6500**	**13.1177**	**0.5703**	**12.5474**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2149**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.2787**	**184.7464**	**8.0315**	**205.7662**	

***Medicaid Trend Adjustment :**

0 263524-00 - 2013/07

209.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**117**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**365**	Maximum:	**42,705**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**33,183**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,644**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,232**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**66.99816%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**77.70284%**	Cost:	**1.05400743**
Open Date:	**7/1/1978**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1978**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/1/1978**	Low Occupancy Adjustment Factor:			**97.91950%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**260096**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,109,329	1,747,384	953,224	212,093	0	4,022,030
1a	Audit Adjustments						
2	Cost Per Diem	49.8978	78.5977	42.8762	**9.5400**		180.9117
3	Cost Per Diem Inflated	52.5927	81.1416	45.1918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5927**	**81.1416**	**45.1918**	**9.5400**		188.4661
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.5511		65.6415			
7	Provider Target Rate	**67.9637**		**67.0348**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.5927**	**81.1416**	**45.1918**	**9.5400**		188.4661
12/13	Medicaid Adjustment Rate		1.5517	0.8642			
14	Prospective Per Diem 11	**52.5927**	**82.6933**	**46.0560**	**9.5400**		**190.8820**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263524-00 - 2013/07

209.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Medicana Nursing and Rehab

FRVS

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

Began FRVS:	**2/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**2,083,718**
FRVS Base Asset:	**1,241,751**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,343,842.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**146,213**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,666,974**	**3.8042**
20% ROE(2):	**416,744**	**0.2621**
Insurance Cost(3):	**19,672**	**0.5928**
Taxes Cost(3):	**56,885**	**1.7143**
Home Office(3):	**10,374**	**0.3126**
Replacement(3&4):	**8,888**	**0.0000**
Total FRVS PD:		**6.6860**

(1) 80% Capital ($1,666,974) amortized at 6.2500% for 20 years Principal & Interest of $146,213 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $3.8042
(2) 20% ROE ($416,744) times the ROE factor (0.024170) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.2621
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**117**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,334,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.5927**	**52.5927**	**2.2864**	**50.3063**	
Patient Care					
Direct Care	**82.6933**	**82.6933**	**3.5949**	**79.0984**	
Indirect Care	**46.0560**	**46.0560**	**2.0022**	**44.0538**	
Property	**9.5400**	**6.6860**	**0.2907**	**6.3953**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1686**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.8820**	**188.0280**	**8.1742**	**209.8588**	

***Medicaid Trend Adjustment :**

0 263532-00 - 2013/07

215.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**39,863**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,228**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,320**		
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**						

Medicaid Utilization	**66.02614%**
Occupancy:	**91.01142%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.69069%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,244,617	2,127,867	1,160,244	1,169,661	0	5,702,389
1a	Audit Adjustments						
2	Cost Per Diem	47.2879	80.8460	44.0822	**44.4400**		216.6561
3	Cost Per Diem Inflated	49.8418	83.4627	46.4630			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8418**	**83.4627**	**46.4630**	**44.4400**		224.2075
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1395		57.6856			
7	Provider Target Rate	**54.2674**		**58.9100**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8418**	**83.4627**	**46.4630**	**13.6500**		193.4175
12/13	Medicaid Adjustment Rate		1.5048	0.8377			
14	Prospective Per Diem 11	**49.8418**	**84.9675**	**47.3007**	**13.6500**		**195.7600**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263532-00 - 2013/07

215.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,267,360**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,903,365.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**369,606**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,213,888**	**9.3761**
20% ROE(2):	**1,053,472**	**0.6459**
Insurance Cost(3):	**36,630**	**0.9189**
Taxes Cost(3):	**80,255**	**2.0133**
Home Office(3):	**12,463**	**0.3126**
Replacement(3&4):	**15,405**	**0.0000**
Total FRVS PD:		**13.2668**

(1) 80% Capital ($4,213,888) amortized at 6.2500% for 20 years Principal & Interest of $369,606 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3761
(2) 20% ROE ($1,053,472) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6459
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8418**	**49.8418**	**2.1668**	**47.6750**	
Patient Care					
Direct Care	**84.9675**	**84.9675**	**3.6938**	**81.2737**	
Indirect Care	**47.3007**	**47.3007**	**2.0563**	**45.2444**	
Property	**13.6500**	**13.2668**	**0.5768**	**12.6900**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4682**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.7600**	**195.3768**	**8.4937**	**215.1877**	

***Medicaid Trend Adjustment :**

0 263541-00 - 2013/07

222.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32835		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,606**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,157**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,581**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.16331%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.42466%**	Cost:	**1.05400743**
Open Date:	**10/21/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1995**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**10/21/1994**	Low Occupancy Adjustment Factor:			**113.95127%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**212041**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,423,071	2,375,601	1,321,851	637,356	0	5,757,879
1a	Audit Adjustments						
2	Cost Per Diem	49.7908	83.1182	46.2493	**22.3000**		201.4583
3	Cost Per Diem Inflated	52.4799	85.8084	48.7471			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4799**	**85.8084**	**48.7471**	**22.3000**		209.3354
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2314		56.6595			
7	Provider Target Rate	**50.2764**		**57.8622**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2764**	**85.8084**	**48.7471**	**13.6500**		198.4819
12/13	Medicaid Adjustment Rate		2.1395	1.2154			
14	Prospective Per Diem 11	**50.2764**	**87.9479**	**49.9625**	**13.6500**		**201.8368**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263541-00 - 2013/07

222.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Metrowest Nursing and Rehab

FRVS

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

Began FRVS:	**10/21/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/07**
Indexed Asset Value	**5,330,696**
FRVS Base Asset:	**4,070,662**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,974,992.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,050**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,264,557**	**9.4888**
20% ROE(2):	**1,066,139**	**0.6537**
Insurance Cost(3):	**32,954**	**0.8320**
Taxes Cost(3):	**94,770**	**2.3928**
Home Office(3):	**12,382**	**0.3126**
Replacement(3&4):	**9,330**	**0.0000**
Total FRVS PD:		**13.6799**

(1) 80% Capital ($4,264,557) amortized at 6.2500% for 20 years Principal & Interest of $374,050 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4888
(2) 20% ROE ($1,066,139) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6537
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2764**	**50.2764**	**2.1857**	**48.0907**	
Patient Care					
Direct Care	**87.9479**	**87.9479**	**3.8234**	**84.1245**	
Indirect Care	**49.9625**	**49.9625**	**2.1720**	**47.7905**	
Property	**13.6500**	**13.6799**	**0.5947**	**13.0852**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0833**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.8368**	**201.8667**	**8.7758**	**222.0106**	

***Medicaid Trend Adjustment :**

0 263559-00 - 2013/07

208.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32086		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **St Johns[55]**		First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**39,884**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**13,913**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**21,391**		
Class at 1/94: **North Large [2]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.25362148**
Open Date:	**12/9/1986**					Semester Index:	**1.32132636**
Acquired Date:	**12/9/1986**					Cost:	**1.05400743**
Entered Medicaid	**12/9/1986**					Target:	**1.01485834**
Med # Active Date:	**10/1/2003**					**DC FY Index:**	**1.18950000**
Previous Med #	**212300**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.03236654**
						PS Target:	**1.02122620**

Medicaid Utilization		**53.63304%**
Occupancy:		**91.05936%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**114.75111%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	975,725	1,726,799	978,805	1,187,628	0	4,868,957
1a	Audit Adjustments						
2	Cost Per Diem	45.6138	80.7255	45.7578	**55.5200**		227.6171
3	Cost Per Diem Inflated	48.0773	83.3383	48.2291			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0773**	**83.3383**	**48.2291**	**55.5200**		235.1647
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7669		51.7438			
7	Provider Target Rate	**50.8233**		**52.8421**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0773**	**83.3383**	**48.2291**	**13.6500**		193.2947
12/13	Medicaid Adjustment Rate		0.3406	0.1971			
14	Prospective Per Diem 11	**48.0773**	**83.6789**	**48.4262**	**13.6500**		**193.8324**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263559-00 - 2013/07

208.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Moultrie Creek Nursing and Rehab

FRVS

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

Began FRVS:	**5/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**5,375,122**
FRVS Base Asset:	**1,629,898**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,102,200.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**377,168**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,300,098**	**9.5679**
20% ROE(2):	**1,075,024**	**0.6591**
Insurance Cost(3):	**47,706**	**1.1961**
Taxes Cost(3):	**24,188**	**0.6065**
Home Office(3):	**12,469**	**0.3126**
Replacement(3&4):	**47,227**	**0.0000**
Total FRVS PD:		**12.3422**

(1) 80% Capital ($4,300,098) amortized at 6.2500% for 20 years Principal & Interest of $377,168 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5679
(2) 20% ROE ($1,075,024) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6591
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0773**	**48.0773**	**2.0901**	**45.9872**	
Patient Care					
Direct Care	**83.6789**	**83.6789**	**3.6378**	**80.0411**	
Indirect Care	**48.4262**	**48.4262**	**2.1052**	**46.3210**	
Property	**13.6500**	**12.3422**	**0.5366**	**11.8056**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4847**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.8324**	**192.5246**	**8.3697**	**208.4760**	

***Medicaid Trend Adjustment :**

0 263567-00 - 2013/07

215.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
DeBary FL 32713	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Volusia[64]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **40,002**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,552**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **21,665**	
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**			

Medicaid Utilization	**54.15979%**
Occupancy:	**91.32877%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.09061%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	944,597	1,820,781	1,069,425	1,001,356	0	4,836,159
1a	Audit Adjustments						
2	Cost Per Diem	43.6001	84.0425	49.3619	**46.2200**		223.2245
3	Cost Per Diem Inflated	45.9548	86.7627	52.0278			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9548**	**86.7627**	**52.0278**	**46.2200**		230.9653
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3323		50.7912			
7	Provider Target Rate	**48.3370**		**51.8693**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9548**	**86.7627**	**51.8693**	**13.6500**		198.2368
12/13	Medicaid Adjustment Rate		0.4060	0.2427			
14	Prospective Per Diem 11	**45.9548**	**87.1687**	**52.1120**	**13.6500**		**198.8855**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263567-00 - 2013/07

215.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,294,875**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,937,265.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**371,537**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,235,900**	**9.4251**
20% ROE(2):	**1,058,975**	**0.6493**
Insurance Cost(3):	**35,281**	**0.8820**
Taxes Cost(3):	**56,787**	**1.4196**
Home Office(3):	**12,506**	**0.3126**
Replacement(3&4):	**15,259**	**0.0000**
Total FRVS PD:		**12.6886**

(1) 80% Capital ($4,235,900) amortized at 6.2500% for 20 years Principal & Interest of $371,537 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4251
(2) 20% ROE ($1,058,975) times the ROE factor (0.024170) 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			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9548**	**45.9548**	**1.9978**	**43.9570**	
Patient Care					
Direct Care	**87.1687**	**87.1687**	**3.7895**	**83.3792**	
Indirect Care	**52.1120**	**52.1120**	**2.2655**	**49.8465**	
Property	**13.6500**	**12.6886**	**0.5516**	**12.1370**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5071**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.8855**	**197.9241**	**8.6044**	**215.6632**	

***Medicaid Trend Adjustment :**

0 263575-00 - 2013/07

210.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2012-12/31/2012**		Number of Beds:	**117**	Superior:	**0**
Tampa FL 33611		Days In CR	**366**	Maximum:	**42,822**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**39,097**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,928**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,215**		
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**						

Medicaid Utilization	**56.82022%**
Occupancy:	**91.30120%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.05587%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,033,303	1,859,140	1,028,750	623,131	0	4,544,324
1a	Audit Adjustments						
2	Cost Per Diem	46.5138	83.6885	46.3088	**28.0500**		204.5611
3	Cost Per Diem Inflated	47.8829	85.4632	47.6719			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8829**	**85.4632**	**47.6719**	**28.0500**		209.0680
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3178		54.2432			
7	Provider Target Rate	**46.2797**		**55.3946**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2797**	**85.4632**	**47.6719**	**13.6500**		193.0648
12/13	Medicaid Adjustment Rate		0.6557	0.3658			
14	Prospective Per Diem 11	**46.2797**	**86.1189**	**48.0377**	**13.6500**		**194.0863**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263575-00 - 2013/07

210.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayshore Pointe Nursing and Rehab

FRVS

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

Began FRVS:	**1/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,695,448**
FRVS Base Asset:	**683,039**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,925,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**384,080**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,756,358**	**9.9931**
20% ROE(2):	**939,090**	**0.3562**
Insurance Cost(3):	**37,874**	**0.9687**
Taxes Cost(3):	**123,666**	**3.1631**
Home Office(3):	**10,545**	**0.2697**
Replacement(3&4):	**47,668**	**0.0000**
Total FRVS PD:		**14.7508**

(1) 80% Capital ($3,756,358) amortized at 8.2500% for 20 years Principal & Interest of $384,080 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $9.9931
(2) 20% ROE ($939,090) times the ROE factor (0.014580) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.3562
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**75**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2797**	**46.2797**	**2.0119**	**44.2678**	
Patient Care					
Direct Care	**86.1189**	**86.1189**	**3.7439**	**82.3750**	
Indirect Care	**48.0377**	**48.0377**	**2.0884**	**45.9493**	
Property	**13.6500**	**14.7508**	**0.6413**	**14.1095**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3086**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.0863**	**195.1871**	**8.4855**	**210.8466**	

***Medicaid Trend Adjustment :**

0 263583-00 - 2013/07

202.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval 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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Titusville FL 32780		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,869**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,455**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,601**		
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**						

Medicaid Utilization	**47.96056%**
Occupancy:	**93.30822%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.58506%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	817,065	1,555,665	857,693	1,076,683	0	4,307,106
1a	Audit Adjustments						
2	Cost Per Diem	41.6849	79.3666	43.7576	**54.9300**		219.7391
3	Cost Per Diem Inflated	43.9362	81.9354	46.1208			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.9362**	**81.9354**	**46.1208**	**54.9300**		226.9224
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7410		52.0506			
7	Provider Target Rate	**46.7119**		**53.1554**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.9362**	**81.9354**	**46.1208**	**13.6500**		185.6424
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.9362**	**81.9354**	**46.1208**	**13.6500**		**185.6424**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263583-00 - 2013/07

202.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval 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	**5,138,423**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,912,325.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,110,738**	**9.1466**
20% ROE(2):	**1,027,685**	**0.6301**
Insurance Cost(3):	**53,029**	**1.2975**
Taxes Cost(3):	**63,462**	**1.5528**
Home Office(3):	**12,777**	**0.3126**
Replacement(3&4):	**12,200**	**0.0000**
Total FRVS PD:		**12.9396**

(1) 80% Capital ($4,110,738) amortized at 6.2500% for 20 years Principal & Interest of $360,559 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1466
(2) 20% ROE ($1,027,685) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6301
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9362**	**43.9362**	**1.9100**	**42.0262**	
Patient Care					
Direct Care	**81.9354**	**81.9354**	**3.5620**	**78.3734**	
Indirect Care	**46.1208**	**46.1208**	**2.0050**	**44.1158**	
Property	**13.6500**	**12.9396**	**0.5625**	**12.3771**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1148**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.6424**	**184.9320**	**8.0395**	**202.8437**	

***Medicaid Trend Adjustment :**

0 263591-00 - 2013/07

216.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**98**	Superior:	**0**
Winter Springs FL 32708		Days In CR	**365**	Maximum:	**35,770**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2012/07**	Max Annualized:	**35,770**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**32,712**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,520**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**15,359**		
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**						

Medicaid Utilization	**46.95219%**
Occupancy:	**91.45094%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.24456%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,751	1,310,977	792,596	877,767	0	3,670,091
1a	Audit Adjustments						
2	Cost Per Diem	44.8435	85.3556	51.6047	**57.1500**		238.9538
3	Cost Per Diem Inflated	47.2654	88.1183	54.3917			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2654**	**88.1183**	**54.3917**	**57.1500**		246.9254
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2654**	**88.1183**	**54.3917**	**13.6500**		203.4254
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.2654**	**88.1183**	**54.3917**	**13.6500**		**203.4254**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263591-00 - 2013/07

216.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,909,734**
FRVS Base Asset:	**3,043,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,981,982.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**274,343**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,127,787**	**8.5218**
20% ROE(2):	**781,947**	**0.5871**
Insurance Cost(3):	**48,204**	**1.4736**
Taxes Cost(3):	**64,151**	**1.9611**
Home Office(3):	**10,227**	**0.3126**
Replacement(3&4):	**38,044**	**0.0000**
Total FRVS PD:		**12.8562**

(1) 80% Capital ($3,127,787) amortized at 6.2500% for 20 years Principal & Interest of $274,343 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $8.5218
(2) 20% ROE ($781,947) times the ROE factor (0.024170) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.5871
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2654**	**47.2654**	**2.0548**	**45.2106**	
Patient Care					
Direct Care	**88.1183**	**88.1183**	**3.8308**	**84.2875**	
Indirect Care	**54.3917**	**54.3917**	**2.3646**	**52.0271**	
Property	**13.6500**	**12.8562**	**0.5589**	**12.2973**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9516**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.4254**	**202.6316**	**8.8091**	**216.6105**	

***Medicaid Trend Adjustment :**

0 263605-00 - 2013/07

237.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Bovd.		**01/01/2011-12/31/2011**		Number of Beds:	**116**	Superior:	**0**
Orlando FL 32837		Days In CR	**365**	Maximum:	**42,340**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**38,900**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,428**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,820**		
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**						

Medicaid Utilization	**58.66324%**
Occupancy:	**91.87530%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.77933%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,071,636	2,098,833	1,605,991	1,331,775	0	6,108,235
1a	Audit Adjustments						
2	Cost Per Diem	46.9604	91.9734	70.3765	**58.3600**		267.6703
3	Cost Per Diem Inflated	49.4966	94.9503	74.1774			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4966**	**94.9503**	**74.1774**	**58.3600**		276.9843
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.0461		76.4897			
7	Provider Target Rate	**50.0872**		**78.1133**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.4966**	**94.9503**	**59.9006**	**13.6500**		217.9975
12/13	Medicaid Adjustment Rate		0.9254	0.5838			
14	Prospective Per Diem 11	**49.4966**	**95.8757**	**60.4844**	**13.6500**		**219.5067**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263605-00 - 2013/07

237.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hunter's Creek Nursing and Rehab

FRVS

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

Began FRVS:	**5/26/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,403,958**
FRVS Base Asset:	**4,343,620**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,052,231.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**379,191**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,323,166**	**9.9510**
20% ROE(2):	**1,080,792**	**0.6855**
Insurance Cost(3):	**58,766**	**1.5107**
Taxes Cost(3):	**141,997**	**3.6503**
Home Office(3):	**12,162**	**0.3126**
Replacement(3&4):	**24,574**	**0.0000**
Total FRVS PD:		**16.1101**

(1) 80% Capital ($4,323,166) amortized at 6.2500% for 20 years Principal & Interest of $379,191 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.9510
(2) 20% ROE ($1,080,792) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6855
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,343,620**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4966**	**49.4966**	**2.1518**	**47.3448**	
Patient Care					
Direct Care	**95.8757**	**95.8757**	**4.1680**	**91.7077**	
Indirect Care	**60.4844**	**60.4844**	**2.6295**	**57.8549**	
Property	**13.6500**	**16.1101**	**0.7004**	**15.4097**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1826**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.5067**	**221.9668**	**9.6497**	**237.3361**	

***Medicaid Trend Adjustment :**

0 263613-00 - 2013/07

204.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Boulevar		**01/01/2011-12/31/2011**		Number of Beds:	**167**	Superior:	**0**
Boynton Beach FL 33435		Days In CR	**365**	Maximum:	**60,955**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**55,997**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,150**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,893**		
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**						

Medicaid Utilization	**49.81160%**
Occupancy:	**91.86613%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.76778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,160,064	2,272,295	1,197,550	962,866	0	5,592,775
1a	Audit Adjustments						
2	Cost Per Diem	41.5898	81.4647	42.9337	**34.5200**		200.5082
3	Cost Per Diem Inflated	43.8360	84.1014	45.2524			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8360**	**84.1014**	**45.2524**	**34.5200**		207.7098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5307		59.8342			
7	Provider Target Rate	**53.6457**		**61.1043**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8360**	**84.1014**	**45.2524**	**13.6500**		186.8398
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.8360**	**84.1014**	**45.2524**	**13.6500**		**186.8398**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263613-00 - 2013/07

204.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boulevard Rehabilitation Center

FRVS

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

Began FRVS:	**9/29/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1975/01**
Indexed Asset Value	**5,171,614**
FRVS Base Asset:	**1,533,066**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,011,868.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**362,888**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,137,291**	**6.6149**
20% ROE(2):	**1,034,323**	**0.4557**
Insurance Cost(3):	**48,769**	**0.8709**
Taxes Cost(3):	**126,770**	**2.2639**
Home Office(3):	**17,507**	**0.3126**
Replacement(3&4):	**46,810**	**0.0000**
Total FRVS PD:		**10.5180**

(1) 80% Capital ($4,137,291) amortized at 6.2500% for 20 years Principal & Interest of $362,888 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $6.6149
(2) 20% ROE ($1,034,323) times the ROE factor (0.024170) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $0.4557
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8360**	**43.8360**	**1.9057**	**41.9303**	
Patient Care					
Direct Care	**84.1014**	**84.1014**	**3.6562**	**80.4452**	
Indirect Care	**45.2524**	**45.2524**	**1.9673**	**43.2851**	
Property	**13.6500**	**10.5180**	**0.4573**	**10.0607**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8943**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.8398**	**183.7078**	**7.9865**	**204.4520**	

***Medicaid Trend Adjustment :**

0 263621-00 - 2013/07

220.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Palm City FL 34990	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Martin[43]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2013/07**	Total Patient: **41,278**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **11,709**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **22,834**	
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**			

Medicaid Utilization	**55.31760%**
Occupancy:	**94.24201%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.76181%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,027,991	2,044,632	1,066,598	1,271,169	0	5,410,390
1a	Audit Adjustments						
2	Cost Per Diem	45.0202	89.5433	46.7110	**55.6700**		236.9445
3	Cost Per Diem Inflated	47.4516	92.4415	49.2337			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4516**	**92.4415**	**49.2337**	**55.6700**		244.7968
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9513		55.7419			
7	Provider Target Rate	**49.9904**		**56.9251**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4516**	**92.4415**	**49.2337**	**13.6500**		202.7768
12/13	Medicaid Adjustment Rate		0.5530	0.2945			
14	Prospective Per Diem 11	**47.4516**	**92.9945**	**49.5282**	**13.6500**		**203.6243**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263621-00 - 2013/07

220.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,043,995**
FRVS Base Asset:	**3,930,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,785,633.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0700**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**353,933**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,035,196**	**8.9785**
20% ROE(2):	**1,008,799**	**0.6185**
Insurance Cost(3):	**53,538**	**1.2970**
Taxes Cost(3):	**90,978**	**2.2040**
Home Office(3):	**12,905**	**0.3126**
Replacement(3&4):	**13,361**	**0.0000**
Total FRVS PD:		**13.4106**

(1) 80% Capital ($4,035,196) amortized at 6.2500% for 20 years Principal & Interest of $353,933 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9785
(2) 20% ROE ($1,008,799) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6185
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4516**	**47.4516**	**2.0629**	**45.3887**	
Patient Care					
Direct Care	**92.9945**	**92.9945**	**4.0428**	**88.9517**	
Indirect Care	**49.5282**	**49.5282**	**2.1531**	**47.3751**	
Property	**13.6500**	**13.4106**	**0.5830**	**12.8276**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0345**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.6243**	**203.3849**	**8.8418**	**220.4140**	

***Medicaid Trend Adjustment :**

0 263834-00 - 2013/07

211.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Bay Pointe Nursing Pavilion

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,179**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,091**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,734**		
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**						

Medicaid Utilization	**78.44509%**
Occupancy:	**89.44977%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.72273%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,651,311	2,248,924	1,553,866	678,914	0	6,133,015
1a	Audit Adjustments						
2	Cost Per Diem	53.7291	73.1738	50.5585	**22.0900**		199.5514
3	Cost Per Diem Inflated	56.6309	75.5422	53.2890			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6309**	**75.5422**	**53.2890**	**22.0900**		207.5521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**75.5422**	**51.8788**	**13.6500**		183.9867
12/13	Medicaid Adjustment Rate		2.4174	1.6602			
14	Prospective Per Diem 11	**42.9157**	**77.9596**	**53.5390**	**13.6500**		**188.0643**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263834-00 - 2013/07

211.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bay Pointe Nursing Pavilion

FRVS

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

Began FRVS:	**1/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,133,315**
FRVS Base Asset:	**3,072,207**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**435,491**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,106,652**	**11.0475**
20% ROE(2):	**1,026,663**	**0.6295**
Insurance Cost(3):	**89,919**	**2.2951**
Taxes Cost(3):	**57,602**	**1.4702**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**171,245**	**0.0000**
Total FRVS PD:		**15.4423**

(1) 80% Capital ($4,106,652) amortized at 8.7500% for 20 years Principal & Interest of $435,491 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0475
(2) 20% ROE ($1,026,663) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6295
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**77.9596**	**77.9596**	**3.3892**	**74.5704**	
Indirect Care	**53.5390**	**53.5390**	**2.3275**	**51.2115**	
Property	**13.6500**	**15.4423**	**0.6713**	**14.7710**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2969**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.0643**	**189.8566**	**8.2537**	**211.7362**	

***Medicaid Trend Adjustment :**

0 263842-00 - 2013/07

201.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33486		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**36,582**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,147**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,956**		
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**						

Medicaid Utilization	**57.28500%**
Occupancy:	**83.29235%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.96328%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	848,436	1,577,836	1,092,771	628,051	0	4,147,094
1a	Audit Adjustments						
2	Cost Per Diem	40.4865	75.2928	52.1460	**29.9700**		197.8953
3	Cost Per Diem Inflated	41.6782	76.8894	53.6809			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6782**	**76.8894**	**53.6809**	**29.9700**		202.2185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6782**	**76.8894**	**53.6809**	**13.6500**		185.8985
12/13	Medicaid Adjustment Rate		0.6302	0.4399			
14	Prospective Per Diem 11	**41.6782**	**77.5196**	**54.1208**	**13.6500**		**186.9686**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263842-00 - 2013/07

201.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Boca Raton Rehabilitation Center

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**2,681,762**
FRVS Base Asset:	**1,240,709**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,700,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**227,511**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,145,410**	**5.7715**
20% ROE(2):	**536,352**	**0.1984**
Insurance Cost(3):	**94,218**	**2.5755**
Taxes Cost(3):	**89,929**	**2.4583**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**292,491**	**0.0000**
Total FRVS PD:		**11.0037**

(1) 80% Capital ($2,145,410) amortized at 8.7500% for 20 years Principal & Interest of $227,511 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7715
(2) 20% ROE ($536,352) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1984
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6782**	**41.6782**	**1.8119**	**39.8663**	
Patient Care					
Direct Care	**77.5196**	**77.5196**	**3.3700**	**74.1496**	
Indirect Care	**54.1208**	**54.1208**	**2.3528**	**51.7680**	
Property	**13.6500**	**11.0037**	**0.4784**	**10.5253**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5339**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.9686**	**184.3223**	**8.0131**	**201.6795**	

***Medicaid Trend Adjustment :**

0 263851-00 - 2013/07

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**194**	Superior:	**0**
Pompano Beach FL 33064		Days In CR	**365**	Maximum:	**70,810**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**70,810**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**55,000**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,293**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,883**		
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**						

Medicaid Utilization	**63.42364%**
Occupancy:	**77.67264%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.88144%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,363,155	2,530,821	1,934,060	1,015,793	0	6,843,829
1a	Audit Adjustments						
2	Cost Per Diem	39.0779	72.5517	55.4442	**29.1200**		196.1938
3	Cost Per Diem Inflated	41.1884	74.8999	58.4386			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1884**	**74.8999**	**58.4386**	**29.1200**		203.6469
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.3969		60.7080			
7	Provider Target Rate	**52.4879**		**61.9966**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1884**	**74.8999**	**58.4386**	**13.6500**		188.1769
12/13	Medicaid Adjustment Rate		1.1311	0.8825			
14	Prospective Per Diem 11	**41.1884**	**76.0310**	**59.3211**	**13.6500**		**190.1905**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263851-00 - 2013/07

214.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Deerfield Beach Health and Rehabilitation Center

FRVS

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

Began FRVS:	**10/26/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**7,768,477**
FRVS Base Asset:	**2,135,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7100**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**659,048**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,214,782**	**10.3414**
20% ROE(2):	**1,553,695**	**0.5893**
Insurance Cost(3):	**150,415**	**2.7348**
Taxes Cost(3):	**200,247**	**3.6409**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**218,386**	**0.0000**
Total FRVS PD:		**17.3064**

(1) 80% Capital ($6,214,782) amortized at 8.7500% for 20 years Principal & Interest of $659,048 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $10.3414
(2) 20% ROE ($1,553,695) times the ROE factor (0.024170) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $0.5893
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1978**	Used Per Bed Standard:	**17,795**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,135,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1884**	**41.1884**	**1.7906**	**39.3978**	
Patient Care					
Direct Care	**76.0310**	**76.0310**	**3.3053**	**72.7257**	
Indirect Care	**59.3211**	**59.3211**	**2.5789**	**56.7422**	
Property	**13.6500**	**17.3064**	**0.7524**	**16.5540**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1944**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.1905**	**193.8469**	**8.4272**	**214.4505**	

***Medicaid Trend Adjustment :**

0 263869-00 - 2013/07

205.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation and Healthcare Center of Cape Cor

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 S	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Cape Coral FL 33904	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Lee[36]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2013/07**	Total Patient: **42,064**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **11,088**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **26,863**	
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**			

Medicaid Utilization	**63.86221%**
Occupancy:	**96.03653%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.02323%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,018,342	2,084,107	1,424,993	669,157	0	5,196,599
1a	Audit Adjustments						
2	Cost Per Diem	37.9087	77.5828	53.0467	**24.9100**		193.4482
3	Cost Per Diem Inflated	39.9561	80.0939	55.9116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9561**	**80.0939**	**55.9116**	**24.9100**		200.8716
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9561**	**80.0939**	**53.9513**	**13.6500**		187.6513
12/13	Medicaid Adjustment Rate		1.2491	0.8414			
14	Prospective Per Diem 11	**39.9561**	**81.3430**	**54.7927**	**13.6500**		**189.7418**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263869-00 - 2013/07

205.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation and Healthcare Center of Cape Cor

FRVS

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

Began FRVS:	**12/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**2,719,755**
FRVS Base Asset:	**1,715,226**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**230,734**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,175,804**	**5.8532**
20% ROE(2):	**543,951**	**0.3335**
Insurance Cost(3):	**97,556**	**2.3192**
Taxes Cost(3):	**98,129**	**2.3328**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**973,591**	**0.0000**
Total FRVS PD:		**10.8387**

(1) 80% Capital ($2,175,804) amortized at 8.7500% for 20 years Principal & Interest of $230,734 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8532
(2) 20% ROE ($543,951) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3335
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9561**	**39.9561**	**1.7370**	**38.2191**	
Patient Care					
Direct Care	**81.3430**	**81.3430**	**3.5362**	**77.8068**	
Indirect Care	**54.7927**	**54.7927**	**2.3820**	**52.4107**	
Property	**13.6500**	**10.8387**	**0.4712**	**10.3675**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5116**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.7418**	**186.9305**	**8.1264**	**205.1521**	

***Medicaid Trend Adjustment :**

0 263877-00 - 2013/07

195.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33625		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**42,216**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**12,054**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,530**		
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**						

Medicaid Utilization	**60.47470%**
Occupancy:	**96.12022%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.12869%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	880,954	1,876,863	1,297,141	480,985	0	4,535,943
1a	Audit Adjustments						
2	Cost Per Diem	34.5066	73.5160	50.8085	**18.8400**		177.6711
3	Cost Per Diem Inflated	35.5223	75.0750	52.3040			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.5223**	**75.0750**	**52.3040**	**18.8400**		181.7413
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.5223**	**75.0750**	**51.8788**	**13.6500**		176.1261
12/13	Medicaid Adjustment Rate		0.8847	0.6113			
14	Prospective Per Diem 11	**35.5223**	**75.9597**	**52.4901**	**13.6500**		**177.6221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263877-00 - 2013/07

195.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Carrollwood Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,442,099**
FRVS Base Asset:	**3,057,712**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**5,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**461,687**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,353,679**	**11.7120**
20% ROE(2):	**1,088,420**	**0.4026**
Insurance Cost(3):	**97,072**	**2.2994**
Taxes Cost(3):	**38,293**	**0.9071**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**30,534**	**0.0000**
Total FRVS PD:		**15.3211**

(1) 80% Capital ($4,353,679) amortized at 8.7500% for 20 years Principal & Interest of $461,687 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7120
(2) 20% ROE ($1,088,420) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4026
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.5223**	**35.5223**	**1.5443**	**33.9780**	
Patient Care					
Direct Care	**75.9597**	**75.9597**	**3.3022**	**72.6575**	
Indirect Care	**52.4901**	**52.4901**	**2.2819**	**50.2082**	
Property	**13.6500**	**15.3211**	**0.5934**	**13.0566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9901**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.6221**	**179.2932**	**7.7218**	**195.7268**	

***Medicaid Trend Adjustment :**

0 263885-00 - 2013/07

209.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Street West		**01/01/2012-12/31/2012**		Number of Beds:	**240**	Superior:	**0**
Bradenton FL 34209		Days In CR	**366**	Maximum:	**87,840**	Standard:	**180**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**4**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**65,564**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,686**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**50,184**		
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**						

Medicaid Utilization	**76.54200%**
Occupancy:	**74.64026%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.06009%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,035,415	4,131,774	2,324,825	1,395,617	0	9,887,631
1a	Audit Adjustments						
2	Cost Per Diem	40.5590	82.3325	46.3260	**27.8100**		197.0275
3	Cost Per Diem Inflated	41.7528	84.0784	47.6896			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7528**	**84.0784**	**47.6896**	**27.8100**		201.3308
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7528**	**84.0784**	**47.6896**	**13.6500**		187.1708
12/13	Medicaid Adjustment Rate		2.4560	1.3930			
14	Prospective Per Diem 11	**41.7528**	**86.5344**	**49.0826**	**13.6500**		**191.0198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263885-00 - 2013/07

209.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Casa Mora Rehabilitation and Extended Care

FRVS

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

Began FRVS:	**6/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/01**
Indexed Asset Value	**6,136,473**
FRVS Base Asset:	**3,474,070**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**520,595**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,909,178**	**6.6032**
20% ROE(2):	**1,227,295**	**0.2270**
Insurance Cost(3):	**192,189**	**2.9313**
Taxes Cost(3):	**91,770**	**1.3997**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**138,962**	**0.0000**
Total FRVS PD:		**11.1612**

(1) 80% Capital ($4,909,178) amortized at 8.7500% for 20 years Principal & Interest of $520,595 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.6032
(2) 20% ROE ($1,227,295) times the ROE factor (0.014580) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.2270
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7528**	**41.7528**	**1.8151**	**39.9377**	
Patient Care					
Direct Care	**86.5344**	**86.5344**	**3.7619**	**82.7725**	
Indirect Care	**49.0826**	**49.0826**	**2.1338**	**46.9488**	
Property	**13.6500**	**11.1612**	**0.4852**	**10.6760**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6296**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.0198**	**188.5310**	**8.1960**	**209.8010**	

***Medicaid Trend Adjustment :**

0 263893-00 - 2013/07

201.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Evergreen Woods Health and Rehabilitation Cente

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Springhill FL 34608	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Hernando[27]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **41,583**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **11,347**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **23,486**	
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**			

Medicaid Utilization	**56.47981%**
Occupancy:	**94.93836%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.63934%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	948,223	1,678,629	1,240,561	515,048	0	4,382,461
1a	Audit Adjustments						
2	Cost Per Diem	40.3740	71.4736	52.8213	**21.9300**		186.5989
3	Cost Per Diem Inflated	42.5545	73.7870	55.6740			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5545**	**73.7870**	**55.6740**	**21.9300**		193.9455
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8514		48.7710			
7	Provider Target Rate	**43.7610**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.5545**	**73.7870**	**49.8062**	**13.6500**		179.7977
12/13	Medicaid Adjustment Rate		0.5379	0.3631			
14	Prospective Per Diem 11	**42.5545**	**74.3249**	**50.1693**	**13.6500**		**180.6987**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263893-00 - 2013/07

201.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Evergreen Woods Health and Rehabilitation Cente

FRVS

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

Began FRVS:	**1/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,414,060**
FRVS Base Asset:	**1,541,932**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**459,308**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,331,248**	**11.6516**
20% ROE(2):	**1,082,812**	**0.6639**
Insurance Cost(3):	**89,919**	**2.1624**
Taxes Cost(3):	**96,533**	**2.3215**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**67,025**	**0.0000**
Total FRVS PD:		**16.7994**

(1) 80% Capital ($4,331,248) amortized at 8.7500% for 20 years Principal & Interest of $459,308 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6516
(2) 20% ROE ($1,082,812) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6639
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.5545**	**42.5545**	**1.8500**	**40.7045**	
Patient Care					
Direct Care	**74.3249**	**74.3249**	**3.2311**	**71.0938**	
Indirect Care	**50.1693**	**50.1693**	**2.1810**	**47.9883**	
Property	**13.6500**	**16.7994**	**0.7303**	**16.0691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2910**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.6987**	**183.8481**	**7.9924**	**201.9831**	

***Medicaid Trend Adjustment :**

0 263907-00 - 2013/07

199.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Avenue	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Clearwater FL 33756	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Pinellas[52]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **38,285**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **4,179**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **31,603**	
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**			

Medicaid Utilization	**82.54669%**
Occupancy:	**87.40867%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.15059%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,013,703	2,500,663	1,449,434	952,198	0	5,915,998
1a	Audit Adjustments						
2	Cost Per Diem	32.0762	79.1274	45.8638	**30.1300**		187.1974
3	Cost Per Diem Inflated	33.8086	81.6885	48.3408			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.8086**	**81.6885**	**48.3408**	**30.1300**		193.9679
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.8086**	**81.6885**	**48.3408**	**13.6500**		177.4879
12/13	Medicaid Adjustment Rate		2.9910	1.7700			
14	Prospective Per Diem 11	**33.8086**	**84.6795**	**50.1108**	**13.6500**		**182.2489**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263907-00 - 2013/07

199.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Highland Pines 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	**1,921,301**
FRVS Base Asset:	**1,236,839**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**162,996**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,537,041**	**4.1349**
20% ROE(2):	**384,260**	**0.2356**
Insurance Cost(3):	**117,821**	**3.0775**
Taxes Cost(3):	**58,186**	**1.5198**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**42,051**	**0.0000**
Total FRVS PD:		**8.9678**

(1) 80% Capital ($1,537,041) amortized at 8.7500% for 20 years Principal & Interest of $162,996 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.1349
(2) 20% ROE ($384,260) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2356
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.8086**	**33.8086**	**1.4698**	**32.3388**	
Patient Care					
Direct Care	**84.6795**	**84.6795**	**3.6813**	**80.9982**	
Indirect Care	**50.1108**	**50.1108**	**2.1785**	**47.9323**	
Property	**13.6500**	**8.9678**	**0.3899**	**8.5779**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1843**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.2489**	**177.5667**	**7.7195**	**199.8679**	

***Medicaid Trend Adjustment :**

0 263915-00 - 2013/07

213.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation Center of The 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 Northpointe Parkway		**01/01/2012-12/31/2012**		Number of Beds:	**99**	Superior:	**0**
West Palm Beach FL 33407		Days In CR	**366**	Maximum:	**36,234**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**34,862**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,889**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**23,139**		
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**						

Medicaid Utilization	**66.37313%**
Occupancy:	**96.21350%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.24624%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,014,831	1,665,983	1,218,004	598,606	0	4,497,424
1a	Audit Adjustments						
2	Cost Per Diem	43.8580	71.9989	52.6386	**25.8700**		194.3655
3	Cost Per Diem Inflated	45.1490	73.5257	54.1880			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1490**	**73.5257**	**54.1880**	**25.8700**		198.7327
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1490**	**73.5257**	**54.1880**	**13.6500**		186.5127
12/13	Medicaid Adjustment Rate		1.3543	0.9981			
14	Prospective Per Diem 11	**45.1490**	**74.8800**	**55.1861**	**13.6500**		**188.8651**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263915-00 - 2013/07

213.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation Center of The 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	**4,372,989**
FRVS Base Asset:	**1,055,594**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**370,988**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,498,391**	**11.4075**
20% ROE(2):	**874,598**	**0.3921**
Insurance Cost(3):	**85,207**	**2.4441**
Taxes Cost(3):	**132,049**	**3.7878**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**59,494**	**0.0000**
Total FRVS PD:		**18.0315**

(1) 80% Capital ($3,498,391) amortized at 8.7500% for 20 years Principal & Interest of $370,988 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.4075
(2) 20% ROE ($874,598) times the ROE factor (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3921
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1490**	**45.1490**	**1.9628**	**43.1862**	
Patient Care					
Direct Care	**74.8800**	**74.8800**	**3.2553**	**71.6247**	
Indirect Care	**55.1861**	**55.1861**	**2.3991**	**52.7870**	
Property	**13.6500**	**18.0315**	**0.7839**	**17.2476**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7630**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.8651**	**193.2466**	**8.4011**	**213.4449**	

***Medicaid Trend Adjustment :**

0 263923-00 - 2013/07

209.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **127**	Superior: **0**
Pompano Beach FL 33064	Days In CR **365**	Maximum: **46,355**	Standard: **184**
County: **Broward[6]**	First Used: **2013/01**	Max Annualized: **46,355**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2013/07**	Total Patient: **42,192**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,395**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **33,265**	
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**			

Medicaid Utilization	**78.84196%**
Occupancy:	**91.01931%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.70063%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,315,877	2,423,365	1,617,515	811,333	0	6,168,090
1a	Audit Adjustments						
2	Cost Per Diem	39.5574	72.8503	48.6251	**24.3900**		185.4228
3	Cost Per Diem Inflated	41.6938	75.2082	51.2512			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6938**	**75.2082**	**51.2512**	**24.3900**		192.5432
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6938**	**75.2082**	**51.2512**	**13.6500**		181.8032
12/13	Medicaid Adjustment Rate		2.4403	1.6630			
14	Prospective Per Diem 11	**41.6938**	**77.6485**	**52.9142**	**13.6500**		**185.9065**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263923-00 - 2013/07

209.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Pompano Health and Rehabilitation Center

FRVS

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

Began FRVS:	**11/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,316,815**
FRVS Base Asset:	**3,642,614**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**451,059**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,253,452**	**10.8117**
20% ROE(2):	**1,063,363**	**0.6161**
Insurance Cost(3):	**94,747**	**2.2456**
Taxes Cost(3):	**110,498**	**2.6189**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**137,776**	**0.0000**
Total FRVS PD:		**16.2923**

(1) 80% Capital ($4,253,452) amortized at 8.7500% for 20 years Principal & Interest of $451,059 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $10.8117
(2) 20% ROE ($1,063,363) times the ROE factor (0.024170) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $0.6161
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**127**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,614**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6938**	**41.6938**	**1.8126**	**39.8812**	
Patient Care					
Direct Care	**77.6485**	**77.6485**	**3.3756**	**74.2729**	
Indirect Care	**52.9142**	**52.9142**	**2.3003**	**50.6139**	
Property	**13.6500**	**16.2923**	**0.7083**	**15.5840**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1757**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.9065**	**188.5488**	**8.1968**	**209.3641**	

***Medicaid Trend Adjustment :**

0 263931-00 - 2013/07

188.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**114**	Superior:	**0**
Sanford FL 32771		Days In CR	**365**	Maximum:	**41,610**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2013/01**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,757**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,903**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,054**		
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**						

Medicaid Utilization	**68.04839%**
Occupancy:	**95.54675%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.40602%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	867,991	2,068,944	1,172,546	606,010	0	4,715,491
1a	Audit Adjustments						
2	Cost Per Diem	32.0836	76.4746	43.3409	**22.4000**		174.2991
3	Cost Per Diem Inflated	33.8164	78.9498	45.6816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.8164**	**78.9498**	**45.6816**	**22.4000**		180.8478
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.8164**	**78.9498**	**45.6816**	**13.6500**		172.0978
12/13	Medicaid Adjustment Rate		1.6030	0.9275			
14	Prospective Per Diem 11	**33.8164**	**80.5528**	**46.6091**	**13.6500**		**174.6283**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263931-00 - 2013/07

188.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,824,344**
FRVS Base Asset:	**952,106**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,200,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**154,770**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,459,475**	**4.1328**
20% ROE(2):	**364,869**	**0.2355**
Insurance Cost(3):	**85,063**	**2.1396**
Taxes Cost(3):	**33,397**	**0.8400**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**849,946**	**0.0000**
Total FRVS PD:		**7.3479**

(1) 80% Capital ($1,459,475) amortized at 8.7500% for 20 years Principal & Interest of $154,770 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $4.1328
(2) 20% ROE ($364,869) times the ROE factor (0.024170) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $0.2355
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**114**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.8164**	**33.8164**	**1.4701**	**32.3463**	
Patient Care					
Direct Care	**80.5528**	**80.5528**	**3.5019**	**77.0509**	
Indirect Care	**46.6091**	**46.6091**	**2.0262**	**44.5829**	
Property	**13.6500**	**7.3479**	**0.3194**	**7.0285**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0529**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.6283**	**168.3262**	**7.3176**	**188.8979**	

***Medicaid Trend Adjustment :**

0 263940-00 - 2013/07

199.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation and Healthcare Center 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		**01/01/2011-12/31/2011**		Number of Beds:	**174**	Superior:	**0**
Tampa FL 33614		Days In CR	**365**	Maximum:	**63,510**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2012/07**	Max Annualized:	**63,510**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**59,804**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**13,471**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,993**		
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**						

Medicaid Utilization	**66.87345%**
Occupancy:	**94.16470%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.66438%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,936,840	2,893,805	1,955,914	924,238	0	7,710,797
1a	Audit Adjustments						
2	Cost Per Diem	48.4295	72.3578	48.9064	**23.1100**		192.8037
3	Cost Per Diem Inflated	51.0451	74.6998	51.5477			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0451**	**74.6998**	**51.5477**	**23.1100**		200.4026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**74.6998**	**51.5477**	**13.6500**		182.8132
12/13	Medicaid Adjustment Rate		1.4180	0.9785			
14	Prospective Per Diem 11	**42.9157**	**76.1178**	**52.5262**	**13.6500**		**185.2097**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263940-00 - 2013/07

199.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Rehabilitation and Healthcare Center 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	**0.024170**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**221,751**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,091,096**	**3.8795**
20% ROE(2):	**522,774**	**0.2211**
Insurance Cost(3):	**130,172**	**2.1766**
Taxes Cost(3):	**117,052**	**1.9573**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**70,899**	**0.0000**
Total FRVS PD:		**8.2345**

(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 (0.024170) divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = $0.2211
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**174**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,959,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**76.1178**	**76.1178**	**3.3091**	**72.8087**	
Indirect Care	**52.5262**	**52.5262**	**2.2835**	**50.2427**	
Property	**13.6500**	**8.2345**	**0.3580**	**7.8765**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4235**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.2097**	**179.7942**	**7.8163**	**199.2378**	

***Medicaid Trend Adjustment :**

0 263958-00 - 2013/07

209.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Abbey 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 Martin Luther King Jr. S		**01/01/2012-12/31/2012**		Number of Beds:	**152**	Superior:	**0**
St. Petersburg FL 33702		Days In CR	**366**	Maximum:	**55,632**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**38,678**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,486**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,697**	FY Index:	**1.28354541**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**84.53643%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**69.52474%**	Cost:	**1.02943484**
Open Date:	**8/1/1977**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/1/1977**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**8/1/1977**	Low Occupancy Adjustment Factor:			**87.61362%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**211711**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,337,809	2,535,839	1,756,058	944,289	0	6,573,995
1a	Audit Adjustments						
2	Cost Per Diem	40.9153	77.5557	53.7070	**28.8800**		201.0580
3	Cost Per Diem Inflated	42.1196	79.2003	55.2879			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1196**	**79.2003**	**55.2879**	**28.8800**		205.4878
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.1196**	**79.2003**	**51.8788**	**13.6500**		186.8487
12/13	Medicaid Adjustment Rate		3.0772	2.0157			
14	Prospective Per Diem 11	**42.1196**	**82.2775**	**53.8945**	**13.6500**		**191.9416**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263958-00 - 2013/07

209.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Abbey 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:	**1977/07**
Indexed Asset Value	**2,714,346**
FRVS Base Asset:	**1,258,236**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**230,275**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,171,477**	**4.6118**
20% ROE(2):	**542,869**	**0.1585**
Insurance Cost(3):	**128,227**	**3.3152**
Taxes Cost(3):	**47,134**	**1.2186**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**700,794**	**0.0000**
Total FRVS PD:		**9.3041**

(1) 80% Capital ($2,171,477) amortized at 8.7500% for 20 years Principal & Interest of $230,275 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $4.6118
(2) 20% ROE ($542,869) times the ROE factor (0.014580) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.1585
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**146**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1196**	**42.1196**	**1.8311**	**40.2885**	
Patient Care					
Direct Care	**82.2775**	**82.2775**	**3.5769**	**78.7006**	
Indirect Care	**53.8945**	**53.8945**	**2.3430**	**51.5515**	
Property	**13.6500**	**9.3041**	**0.4045**	**8.8996**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6367**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**191.9416**	**187.5957**	**8.1555**	**209.9133**	

***Medicaid Trend Adjustment :**

0 263966-00 - 2013/07

202.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

The Oaks at Avon 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	
1010 US 27 N		**01/01/2011-12/31/2011**		Number of Beds:	**104**	Superior:	**0**
Avon Park FL 33825		Days In CR	**365**	Maximum:	**37,960**	Standard:	**184**
County:	**Highlands[28]**	First Used:	**2013/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**33,899**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,274**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,866**		
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**						

Medicaid Utilization	**58.60350%**
Occupancy:	**89.30190%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.53638%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	919,100	1,400,811	940,784	586,246	0	3,846,941
1a	Audit Adjustments						
2	Cost Per Diem	46.2650	70.5130	47.3565	**29.5100**		193.6445
3	Cost Per Diem Inflated	48.7637	72.7953	49.9141			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7637**	**72.7953**	**49.9141**	**29.5100**		200.9831
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0706		50.8005			
7	Provider Target Rate	**42.9636**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9636**	**72.7953**	**49.9141**	**13.6500**		179.3230
12/13	Medicaid Adjustment Rate		0.7046	0.4831			
14	Prospective Per Diem 11	**42.9636**	**73.4999**	**50.3972**	**13.6500**		**180.5107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263966-00 - 2013/07

202.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Oaks at Avon Park

FRVS

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

Began FRVS:	**1/5/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**4,777,648**
FRVS Base Asset:	**2,781,592**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,764,618.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**383,637**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,822,118**	**11.2293**
20% ROE(2):	**955,530**	**0.6760**
Insurance Cost(3):	**77,658**	**2.2909**
Taxes Cost(3):	**119,817**	**3.5345**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**19,055**	**0.0000**
Total FRVS PD:		**17.7307**

(1) 80% Capital ($3,822,118) amortized at 8.0000% for 20 years Principal & Interest of $383,637 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $11.2293
(2) 20% ROE ($955,530) times the ROE factor (0.024170) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.6760
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**88**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,781,592**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9636**	**42.9636**	**1.8678**	**41.0958**	
Patient Care					
Direct Care	**73.4999**	**73.4999**	**3.1953**	**70.3046**	
Indirect Care	**50.3972**	**50.3972**	**2.1909**	**48.2063**	
Property	**13.6500**	**17.7307**	**0.7708**	**16.9599**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2743**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.5107**	**184.5914**	**8.0248**	**202.6773**	

***Medicaid Trend Adjustment :**

0 263974-00 - 2013/07

215.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**157**	Superior:	**0**
Titusville FL 32796		Days In CR	**366**	Maximum:	**57,462**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**57,305**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,757**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,258**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,225**		
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**						

Medicaid Utilization	**74.77788%**
Occupancy:	**72.66889%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**91.57582%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,337,779	2,640,798	1,667,032	874,612	0	6,520,221
1a	Audit Adjustments						
2	Cost Per Diem	42.8432	84.5732	53.3877	**28.0100**		208.8141
3	Cost Per Diem Inflated	44.1043	86.3666	54.9592			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1043**	**86.3666**	**54.9592**	**28.0100**		213.4401
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9157**	**86.3666**	**51.8788**	**13.6500**		194.8111
12/13	Medicaid Adjustment Rate		2.4075	1.4461			
14	Prospective Per Diem 11	**42.9157**	**88.7741**	**53.3249**	**13.6500**		**198.6647**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263974-00 - 2013/07

215.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,324,449**
FRVS Base Asset:	**1,729,005**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**282,034**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,659,559**	**5.4685**
20% ROE(2):	**664,890**	**0.1880**
Insurance Cost(3):	**123,231**	**2.9511**
Taxes Cost(3):	**49,834**	**1.1934**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**38,157**	**0.0000**
Total FRVS PD:		**9.8010**

(1) 80% Capital ($2,659,559) amortized at 8.7500% for 20 years Principal & Interest of $282,034 divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = $5.4685
(2) 20% ROE ($664,890) times the ROE factor (0.014580) divided by annual available days (57,305) divided by Occup. Adj. (0.9000) = $0.1880
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**157**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,474,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9157**	**42.9157**	**1.8657**	**41.0500**	
Patient Care					
Direct Care	**88.7741**	**88.7741**	**3.8593**	**84.9148**	
Indirect Care	**53.3249**	**53.3249**	**2.3182**	**51.0067**	
Property	**13.6500**	**9.8010**	**0.4261**	**9.3749**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7856**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.6647**	**194.8157**	**8.4693**	**215.9684**	

***Medicaid Trend Adjustment :**

0 263982-00 - 2013/07

202.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 South		**01/01/2011-12/31/2011**		Number of Beds:	**169**	Superior:	**0**
Sarasota FL 34239		Days In CR	**365**	Maximum:	**61,685**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**61,685**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**46,173**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,164**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**39,716**		
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**						

Medicaid Utilization	**86.01564%**
Occupancy:	**74.85288%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.32804%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,287,962	3,010,111	1,863,619	1,036,190	0	7,197,882
1a	Audit Adjustments						
2	Cost Per Diem	32.4293	75.7909	46.9236	**26.0900**		181.2338
3	Cost Per Diem Inflated	34.1807	78.2440	49.4578			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.1807**	**78.2440**	**49.4578**	**26.0900**		187.9725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.1807**	**78.2440**	**49.4578**	**13.6500**		175.5325
12/13	Medicaid Adjustment Rate		3.1703	2.0039			
14	Prospective Per Diem 11	**34.1807**	**81.4143**	**51.4617**	**13.6500**		**180.7067**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263982-00 - 2013/07

202.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sarasota 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	**5,787,185**
FRVS Base Asset:	**3,074,906**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**490,963**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,629,748**	**8.8436**
20% ROE(2):	**1,157,437**	**0.5039**
Insurance Cost(3):	**126,564**	**2.7411**
Taxes Cost(3):	**65,137**	**1.4107**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**105,049**	**0.0000**
Total FRVS PD:		**13.4993**

(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 (0.024170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $0.5039
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**169**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,816,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.1807**	**34.1807**	**1.4859**	**32.6948**	
Patient Care					
Direct Care	**81.4143**	**81.4143**	**3.5393**	**77.8750**	
Indirect Care	**51.4617**	**51.4617**	**2.2372**	**49.2245**	
Property	**13.6500**	**13.4993**	**0.5869**	**12.9124**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1204**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.7067**	**180.5560**	**7.8493**	**202.6635**	

***Medicaid Trend Adjustment :**

0 263991-00 - 2013/07

195.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**103**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**37,595**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/01**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**34,913**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,942**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,344**		
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**						

Medicaid Utilization	**58.27056%**
Occupancy:	**92.86608%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.02789%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	705,605	1,376,353	972,983	436,175	0	3,491,116
1a	Audit Adjustments						
2	Cost Per Diem	34.6837	67.6540	47.8265	**21.4400**		171.6042
3	Cost Per Diem Inflated	36.5569	69.8437	50.4095			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5569**	**69.8437**	**50.4095**	**21.4400**		178.2501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5569**	**69.8437**	**50.4095**	**13.6500**		170.4601
12/13	Medicaid Adjustment Rate		0.6499	0.4690			
14	Prospective Per Diem 11	**36.5569**	**70.4936**	**50.8785**	**13.6500**		**171.5790**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263991-00 - 2013/07

195.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Windsor Woods Rehabilitation and Healthcare Ce

FRVS

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

Began FRVS:	**9/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**4,541,359**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**385,272**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,633,087**	**11.3866**
20% ROE(2):	**908,272**	**0.6488**
Insurance Cost(3):	**86,856**	**2.4878**
Taxes Cost(3):	**38,760**	**1.1102**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**55,277**	**0.0000**
Total FRVS PD:		**15.6334**

(1) 80% Capital ($3,633,087) amortized at 8.7500% for 20 years Principal & Interest of $385,272 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $11.3866
(2) 20% ROE ($908,272) times the ROE factor (0.024170) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.6488
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5569**	**36.5569**	**1.5892**	**34.9677**	
Patient Care					
Direct Care	**70.4936**	**70.4936**	**3.0646**	**67.4290**	
Indirect Care	**50.8785**	**50.8785**	**2.2119**	**48.6666**	
Property	**13.6500**	**15.6334**	**0.6796**	**14.9538**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4139**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**171.5790**	**173.5624**	**7.5453**	**195.2674**	

***Medicaid Trend Adjustment :**

0 264008-00 - 2013/07

208.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Fort Myers FL 33916		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,919**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,193**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,568**		
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**						

Medicaid Utilization	**77.14754%**
Occupancy:	**93.42238%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.72892%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,298,182	2,301,598	1,421,805	745,636	0	5,767,221
1a	Audit Adjustments						
2	Cost Per Diem	41.1234	72.9092	45.0394	**23.6200**		182.6920
3	Cost Per Diem Inflated	43.3444	75.2690	47.4719			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3444**	**75.2690**	**47.4719**	**23.6200**		189.7053
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3444**	**75.2690**	**47.4719**	**13.6500**		179.7353
12/13	Medicaid Adjustment Rate		2.2988	1.4498			
14	Prospective Per Diem 11	**43.3444**	**77.5678**	**48.9217**	**13.6500**		**183.4839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264008-00 - 2013/07

208.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,337,411**
FRVS Base Asset:	**4,098,639**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,300,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**452,806**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,269,929**	**11.4867**
20% ROE(2):	**1,067,482**	**0.6545**
Insurance Cost(3):	**91,152**	**2.2276**
Taxes Cost(3):	**96,623**	**2.3613**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,062,004**	**0.0000**
Total FRVS PD:		**16.7301**

(1) 80% Capital ($4,269,929) amortized at 8.7500% for 20 years Principal & Interest of $452,806 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4867
(2) 20% ROE ($1,067,482) times the ROE factor (0.024170) divided by annual available days (43,800) 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			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3444**	**43.3444**	**1.8843**	**41.4601**	
Patient Care					
Direct Care	**77.5678**	**77.5678**	**3.3721**	**74.1957**	
Indirect Care	**48.9217**	**48.9217**	**2.1268**	**46.7949**	
Property	**13.6500**	**16.7301**	**0.7273**	**16.0028**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7621**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.4839**	**186.5640**	**8.1105**	**208.0520**	

***Medicaid Trend Adjustment :**

0 264482-00 - 2013/07

185.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**11/01/2011-10/31/2012**		Number of Beds:	**60**	Superior:	**0**
Mayo FL 32066		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Lafayette[34]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**20,572**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,027**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,355**		
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**						

Medicaid Utilization	**74.64029%**
Occupancy:	**93.67942%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.05284%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27907452**
Semester Index:	**1.32132636**
Cost:	**1.03303313**
Target:	**1.01485834**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02262367**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	647,893	926,427	561,996	412,282	0	2,548,598
1a	Audit Adjustments						
2	Cost Per Diem	42.1943	60.3339	36.6002	**26.8500**		165.9784
3	Cost Per Diem Inflated	43.5881	61.6989	37.8092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5881**	**61.6989**	**37.8092**	**26.8500**		169.9462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5881**	**61.6989**	**37.8092**	**13.6500**		156.7462
12/13	Medicaid Adjustment Rate		1.7103	1.0481			
14	Prospective Per Diem 11	**43.5881**	**63.4092**	**38.8573**	**13.6500**		**159.5046**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264482-00 - 2013/07

185.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lafayette Healthcare Center

FRVS

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

Began FRVS:	**7/15/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**2,734,197**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015210**

Mortgage Information		
Amount:	**2,510,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.6630**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**9.6630**	**%**
Interest Only:	**False**	
Yearly Payment:	**247,469**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,187,358**	**12.5555**
20% ROE(2):	**546,839**	**0.4220**
Insurance Cost(3):	**20,243**	**0.9840**
Taxes Cost(3):	**34,169**	**1.6609**
Home Office(3):	**7,670**	**0.3728**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.9952**

(1) 80% Capital ($2,187,358) amortized at 9.6630% for 20 years Principal & Interest of $247,469 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.5555
(2) 20% ROE ($546,839) times the ROE factor (0.015210) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4220
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5881**	**43.5881**	**1.8949**	**41.6932**	
Patient Care					
Direct Care	**63.4092**	**63.4092**	**2.7566**	**60.6526**	
Indirect Care	**38.8573**	**38.8573**	**1.6893**	**37.1680**	
Property	**13.6500**	**15.9952**	**0.6954**	**15.2998**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4369**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**159.5046**	**161.8498**	**7.0362**	**185.0869**	

***Medicaid Trend Adjustment :**

0 264491-00 - 2013/07

228.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Springfield FL 32404		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**43,749**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,723**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**9,161**	FY Index:	**1.26665332**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**20.93991%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**99.61066%**	Cost:	**1.04316338**
Open Date:	**10/20/2003**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/20/2003**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**11/5/2003**	Low Occupancy Adjustment Factor:			**125.52727%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/5/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	444,086	882,459	489,180	111,215	0	1,926,940
1a	Audit Adjustments						
2	Cost Per Diem	48.4757	96.3278	53.3981	**12.1401**		210.3417
3	Cost Per Diem Inflated	50.5681	98.9879	55.7029			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5681**	**98.9879**	**55.7029**	**12.1401**		217.3990
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.5716		53.7814			
7	Provider Target Rate	**61.8573**		**54.9230**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**54.9230**	**12.1401**		212.6228
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**96.4205**	**54.9230**	**12.1401**		**212.6228**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264491-00 - 2013/07

228.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,377,593**
FRVS Base Asset:	**5,104,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**169,474**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,302,074**	**4.2992**
20% ROE(2):	**1,075,519**	**0.4859**
Insurance Cost(3):	**9,109**	**0.2082**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**44,477**	**1.0166**
Replacement(3&4):	**63,478**	**0.0000**
Total FRVS PD:		**6.0099**

(1) 80% Capital ($4,302,074) amortized at 4.0000% for 20 years Interest of $169,474 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.2992
(2) 20% ROE ($1,075,519) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4859
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,104,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**54.9230**	**54.9230**	**2.3877**	**52.5353**	
Property	**12.1401**	**6.0099**	**0.2613**	**5.7486**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2999**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.6228**	**206.4926**	**8.9769**	**228.6520**	

***Medicaid Trend Adjustment :**

0 264512-00 - 2013/07

225.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32812		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**40,162**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,129**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,720**		
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**						

Medicaid Utilization	**46.61122%**
Occupancy:	**91.69406%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.55095%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	933,132	1,565,760	1,048,196	343,138	0	3,890,226
1a	Audit Adjustments						
2	Cost Per Diem	49.8468	83.6410	55.9934	**18.3300**		207.8112
3	Cost Per Diem Inflated	52.5389	86.3482	59.0175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5389**	**86.3482**	**59.0175**	**18.3300**		216.2346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1869		62.4567			
7	Provider Target Rate	**52.2734**		**63.7824**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**86.3482**	**59.0175**	**13.6500**		210.5963
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**86.3482**	**59.0175**	**13.6500**		**210.5963**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264512-00 - 2013/07

225.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Conway Lakes Health & Rehabilitation Center

FRVS

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

Began FRVS:	**12/23/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**5,397,790**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,146,031.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5900**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,305**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,318,232**	**10.6622**
20% ROE(2):	**1,079,558**	**0.6619**
Insurance Cost(3):	**49,255**	**1.2264**
Taxes Cost(3):	**54,565**	**1.3586**
Home Office(3):	**16,383**	**0.4079**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.3170**

(1) 80% Capital ($4,318,232) amortized at 7.5900% for 20 years Principal & Interest of $420,305 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6622
(2) 20% ROE ($1,079,558) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6619
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**86.3482**	**86.3482**	**3.7538**	**82.5944**	
Indirect Care	**59.0175**	**59.0175**	**2.5657**	**56.4518**	
Property	**13.6500**	**14.3170**	**0.6224**	**13.6946**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8221**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.5963**	**211.2633**	**9.1843**	**225.7375**	

***Medicaid Trend Adjustment :**

0 264521-00 - 2013/07

221.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33756		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,416**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,289**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,355**		
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**						

Medicaid Utilization	**55.31225%**
Occupancy:	**92.27397%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.28174%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,103	1,950,333	1,365,047	435,252	0	4,812,735
1a	Audit Adjustments						
2	Cost Per Diem	47.5108	87.2437	61.0623	**19.4700**		215.2868
3	Cost Per Diem Inflated	50.0767	90.0675	64.3601			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.0767**	**90.0675**	**64.3601**	**19.4700**		223.9743
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0478		51.1949			
7	Provider Target Rate	**47.0252**		**52.2816**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0252**	**90.0675**	**52.2816**	**13.6500**		203.0243
12/13	Medicaid Adjustment Rate		0.5383	0.3124			
14	Prospective Per Diem 11	**47.0252**	**90.6058**	**52.5940**	**13.6500**		**203.8750**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264521-00 - 2013/07

221.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,461,348**
FRVS Base Asset:	**2,648,565**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,852,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**413,309**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,569,078**	**10.4848**
20% ROE(2):	**892,270**	**0.5471**
Insurance Cost(3):	**52,652**	**1.3028**
Taxes Cost(3):	**52,333**	**1.2949**
Home Office(3):	**16,105**	**0.3985**
Replacement(3&4):	**173,238**	**0.0000**
Total FRVS PD:		**14.0281**

(1) 80% Capital ($3,569,078) amortized at 10.0000% for 20 years Principal & Interest of $413,309 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4848
(2) 20% ROE ($892,270) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5471
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0252**	**47.0252**	**2.0443**	**44.9809**	
Patient Care					
Direct Care	**90.6058**	**90.6058**	**3.9389**	**86.6669**	
Indirect Care	**52.5940**	**52.5940**	**2.2864**	**50.3076**	
Property	**13.6500**	**14.0281**	**0.6098**	**13.4183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7261**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.8750**	**204.2531**	**8.8794**	**221.9362**	

***Medicaid Trend Adjustment :**

0 264539-00 - 2013/07

226.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Clearwater FL 33764	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Pinellas[52]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **40,850**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,886**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **22,132**	
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**			

Medicaid Utilization	**54.17870%**
Occupancy:	**93.26484%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.53041%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,531	1,918,904	1,200,797	269,789	0	4,440,021
1a	Audit Adjustments						
2	Cost Per Diem	47.4666	86.7027	54.2561	**12.1900**		200.6154
3	Cost Per Diem Inflated	50.0301	89.5090	57.1863			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.0301**	**89.5090**	**57.1863**	**12.1900**		208.9154
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1129		52.7751			
7	Provider Target Rate	**51.1766**		**53.8953**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.0301**	**89.5090**	**53.8953**	**12.1900**		205.6244
12/13	Medicaid Adjustment Rate		0.4208	0.2534			
14	Prospective Per Diem 11	**50.0301**	**89.9298**	**54.1487**	**12.1900**		**206.2986**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264539-00 - 2013/07

226.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

East Bay Rehabilitation Center

FRVS

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

Began FRVS:	**7/26/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,700,755**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**464,596**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,560,604**	**11.7858**
20% ROE(2):	**1,140,151**	**0.6991**
Insurance Cost(3):	**49,854**	**1.2204**
Taxes Cost(3):	**62,184**	**1.5223**
Home Office(3):	**15,765**	**0.3859**
Replacement(3&4):	**201,940**	**0.0000**
Total FRVS PD:		**15.6135**

(1) 80% Capital ($4,560,604) amortized at 8.2000% for 20 years Principal & Interest of $464,596 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7858
(2) 20% ROE ($1,140,151) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6991
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0301**	**50.0301**	**2.1750**	**47.8551**	
Patient Care					
Direct Care	**89.9298**	**89.9298**	**3.9095**	**86.0203**	
Indirect Care	**54.1487**	**54.1487**	**2.3540**	**51.7947**	
Property	**12.1900**	**15.6135**	**0.6788**	**14.9347**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4429**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.2986**	**209.7221**	**9.1173**	**226.8841**	

***Medicaid Trend Adjustment :**

0 264547-00 - 2013/07

231.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**41,706**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,622**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,741**		
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**						

Medicaid Utilization	**54.52693%**
Occupancy:	**95.21918%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.99322%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,124,825	2,018,193	1,281,967	380,912	0	4,805,897
1a	Audit Adjustments						
2	Cost Per Diem	49.4624	88.7469	56.3725	**16.7500**		211.3318
3	Cost Per Diem Inflated	52.1337	91.6193	59.4170			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.1337**	**91.6193**	**59.4170**	**16.7500**		219.9200
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0647		51.9014			
7	Provider Target Rate	**51.1274**		**53.0031**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.1274**	**91.6193**	**53.0031**	**13.6500**		209.3998
12/13	Medicaid Adjustment Rate		0.4666	0.2699			
14	Prospective Per Diem 11	**51.1274**	**92.0859**	**53.2730**	**13.6500**		**210.1363**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264547-00 - 2013/07

231.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

MELBOURNE TERRACE RESTORATIVE CAR

FRVS

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

Began FRVS:	**2/9/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**5,953,464**
FRVS Base Asset:	**3,557,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,782,837.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.6200**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.6200**	**%**
Interest Only:	**False**	
Yearly Payment:	**575,221**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,762,771**	**14.5921**
20% ROE(2):	**1,190,693**	**0.7301**
Insurance Cost(3):	**44,750**	**1.0730**
Taxes Cost(3):	**51,163**	**1.2268**
Home Office(3):	**17,122**	**0.4105**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**18.0325**

(1) 80% Capital ($4,762,771) amortized at 10.6200% for 20 years Principal & Interest of $575,221 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.5921
(2) 20% ROE ($1,190,693) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7301
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,557,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1274**	**51.1274**	**2.2227**	**48.9047**	
Patient Care					
Direct Care	**92.0859**	**92.0859**	**4.0033**	**88.0826**	
Indirect Care	**53.2730**	**53.2730**	**2.3159**	**50.9571**	
Property	**13.6500**	**18.0325**	**0.7839**	**17.2486**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1533**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.1363**	**214.5188**	**9.3258**	**231.1827**	

***Medicaid Trend Adjustment :**

0 264563-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Tallahassee FL 32308	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Leon[37]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2013/07**	Total Patient: **41,507**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **16,147**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **17,404**	
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**			

Medicaid Utilization	**41.93028%**
Occupancy:	**94.76484%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.42067%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	818,303	1,420,487	1,029,745	244,178	0	3,512,713
1a	Audit Adjustments						
2	Cost Per Diem	47.0181	81.6184	59.1671	**14.0300**		201.8336
3	Cost Per Diem Inflated	49.5574	84.2601	62.3626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5574**	**84.2601**	**62.3626**	**14.0300**		210.2101
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8872		54.3004			
7	Provider Target Rate	**56.0522**		**55.4530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**84.2601**	**55.4530**	**13.6500**		202.5023
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**84.2601**	**55.4530**	**13.6500**		**202.5023**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264563-00 - 2013/07

215.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Centre Point Health and Rehab Center

FRVS

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

Began FRVS:	**6/25/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**5,898,794**
FRVS Base Asset:	**2,524,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3375**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**4.3375**	**%**
Interest Only:	**False**	
Yearly Payment:	**353,311**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,719,035**	**8.9627**
20% ROE(2):	**1,179,759**	**0.7234**
Insurance Cost(3):	**26,246**	**0.6323**
Taxes Cost(3):	**63,829**	**1.5378**
Home Office(3):	**16,616**	**0.4003**
Replacement(3&4):	**243,984**	**0.0000**
Total FRVS PD:		**12.2565**

(1) 80% Capital ($4,719,035) amortized at 4.3375% for 20 years Principal & Interest of $353,311 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9627
(2) 20% ROE ($1,179,759) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7234
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**88**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,524,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**84.2601**	**84.2601**	**3.6631**	**80.5970**	
Indirect Care	**55.4530**	**55.4530**	**2.4107**	**53.0423**	
Property	**13.6500**	**12.2565**	**0.5328**	**11.7237**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5291**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.5023**	**201.1088**	**8.7428**	**215.7315**	

***Medicaid Trend Adjustment :**

0 264571-00 - 2013/07

229.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Winter Haven FL 33881	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Polk[53]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **39,874**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **18,150**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **16,216**	
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**			

Medicaid Utilization	**40.66810%**
Occupancy:	**91.03653%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.72234%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	835,407	1,522,253	919,458	306,645	0	3,583,763
1a	Audit Adjustments						
2	Cost Per Diem	51.5175	93.8735	56.7007	**18.9100**		221.0017
3	Cost Per Diem Inflated	54.2998	96.9119	59.7630			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.2998**	**96.9119**	**59.7630**	**18.9100**		229.8847
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8920		52.1807			
7	Provider Target Rate	**55.0359**		**53.2883**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**96.9119**	**53.2883**	**13.6500**		215.4308
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**96.9119**	**53.2883**	**13.6500**		**215.4308**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264571-00 - 2013/07

229.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Spring Lake Rehabilitation Center

FRVS

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

Began FRVS:	**5/17/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,488,700**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,599,947.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5900**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.5900**	**%**
Interest Only:	**False**	
Yearly Payment:	**427,384**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,390,960**	**10.8418**
20% ROE(2):	**1,097,740**	**0.6731**
Insurance Cost(3):	**56,593**	**1.4193**
Taxes Cost(3):	**75,917**	**1.9039**
Home Office(3):	**17,867**	**0.4481**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.2862**

(1) 80% Capital ($4,390,960) amortized at 7.5900% for 20 years Principal & Interest of $427,384 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8418
(2) 20% ROE ($1,097,740) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6731
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**96.9119**	**96.9119**	**4.2131**	**92.6988**	
Indirect Care	**53.2883**	**53.2883**	**2.3166**	**50.9717**	
Property	**13.6500**	**15.2862**	**0.6645**	**14.6217**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.9557**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.4308**	**217.0670**	**9.4366**	**229.4225**	

***Medicaid Trend Adjustment :**

0 265381-00 - 2013/07

227.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**155**	Superior:	**0**
Estero FL 33929		Days In CR	**366**	Maximum:	**56,730**	Standard:	**154**
County: **Lee[36]**		First Used:	**2013/01**	Max Annualized:	**56,575**	Conditional:	**30**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**45,794**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,402**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**21,854**		
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 #							

Medicaid Utilization	**47.72241%**
Occupancy:	**80.72272%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**101.72509%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	946,954	1,996,328	1,325,087	731,890	0	5,000,259
1a	Audit Adjustments						
2	Cost Per Diem	43.3309	91.3484	60.6336	**33.4900**		228.8029
3	Cost Per Diem Inflated	45.2012	93.8710	63.2508			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2012**	**93.8710**	**63.2508**	**33.4900**		235.8130
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2529		58.3689			
7	Provider Target Rate	**53.3620**		**59.6078**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2012**	**93.8710**	**59.6078**	**13.6500**		212.3300
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2012**	**93.8710**	**59.6078**	**13.6500**		**212.3300**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265381-00 - 2013/07

227.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**7,655,305**
FRVS Base Asset:	**6,592,925**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**11,100,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**457,044**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,124,244**	**8.9762**
20% ROE(2):	**1,531,061**	**0.5355**
Insurance Cost(3):	**28,377**	**0.6197**
Taxes Cost(3):	**125,118**	**2.7322**
Home Office(3):	**45,909**	**1.0025**
Replacement(3&4):	**62,982**	**0.0000**
Total FRVS PD:		**13.8661**

(1) 80% Capital ($6,124,244) amortized at 4.3000% for 20 years Principal & Interest of $457,044 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $8.9762
(2) 20% ROE ($1,531,061) times the ROE factor (0.017810) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.5355
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**155**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,592,925**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2012**	**45.2012**	**1.9650**	**43.2362**	
Patient Care					
Direct Care	**93.8710**	**93.8710**	**4.0809**	**89.7901**	
Indirect Care	**59.6078**	**59.6078**	**2.5913**	**57.0165**	
Property	**13.6500**	**13.8661**	**0.6028**	**13.2633**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2627**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.3300**	**212.5461**	**9.2400**	**227.4052**	

***Medicaid Trend Adjustment :**

0 265560-00 - 2013/07

190.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **300**	Superior: **0**
Lakeland FL 33810	Days In CR **365**	Maximum: **109,500**	Standard: **184**
County: **Polk[53]**	First Used: **2013/01**	Max Annualized: **109,500**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **88,281**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,260**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **55,515**	
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**			

Medicaid Utilization	**62.88443%**
Occupancy:	**80.62192%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**101.59806%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,914,792	4,589,764	2,666,388	932,097	0	10,103,041
1a	Audit Adjustments						
2	Cost Per Diem	34.4914	82.6761	48.0300	**16.7900**		181.9875
3	Cost Per Diem Inflated	36.3542	85.3520	50.6240			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.3542**	**85.3520**	**50.6240**	**16.7900**		189.1202
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		53.7933			
7	Provider Target Rate	**42.9157**		**54.9351**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.3542**	**85.3520**	**50.6240**	**13.6500**		185.9802
12/13	Medicaid Adjustment Rate		1.2372	0.7338			
14	Prospective Per Diem 11	**36.3542**	**86.5892**	**51.3578**	**13.6500**		**187.9512**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265560-00 - 2013/07

190.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Valencia Hills Health and Rehabilitation Center

FRVS

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

Began FRVS:	**11/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**10,177,023**
FRVS Base Asset:	**5,789,828**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,625,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.8800**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.8800**	**%**
Interest Only:	**False**	
Yearly Payment:	**935,066**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,141,618**	**9.4882**
20% ROE(2):	**2,035,405**	**0.4992**
Insurance Cost(3):	**96,557**	**1.0937**
Taxes Cost(3):	**68,839**	**0.7798**
Home Office(3):	**16,225**	**0.1838**
Replacement(3&4):	**94,361**	**0.0000**
Total FRVS PD:		**12.0447**

(1) 80% Capital ($8,141,618) amortized at 9.8800% for 20 years Principal & Interest of $935,066 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = $9.4882
(2) 20% ROE ($2,035,405) times the ROE factor (0.024170) divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = $0.4992
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**300**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**8,550,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.3542**	**36.3542**	**1.5804**	**34.7738**	
Patient Care					
Direct Care	**86.5892**	**86.5892**	**3.7643**	**82.8249**	
Indirect Care	**51.3578**	**51.3578**	**2.2327**	**49.1251**	
Property	**13.6500**	**12.0447**	**0.5236**	**11.5211**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1109**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.9512**	**186.3459**	**8.1010**	**190.1922**	

***Medicaid Trend Adjustment :**

0 265730-00 - 2013/07

194.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-12/31/2011**		Number of Beds:	**276**	Superior:	**0**
Hialeah FL 33010		Days In CR	**275**	Maximum:	**75,900**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**100,740**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**67,647**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,124**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**51,718**		
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**						

Medicaid Utilization	**76.45276%**
Occupancy:	**89.12648%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.31533%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,874,525	4,244,408	2,275,668	709,571	0	9,104,172
1a	Audit Adjustments						
2	Cost Per Diem	36.2451	82.0683	44.0015	**13.7200**		176.0349
3	Cost Per Diem Inflated	38.1089	84.6534	46.2641			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.1089**	**84.6534**	**46.2641**	**13.7200**		182.7464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		54.2864			
7	Provider Target Rate	**45.1484**		**55.4387**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.1089**	**84.6534**	**46.2641**	**13.6500**		182.6764
12/13	Medicaid Adjustment Rate		2.5192	1.3768			
14	Prospective Per Diem 11	**38.1089**	**87.1726**	**47.6409**	**13.6500**		**186.5724**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265730-00 - 2013/07

194.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hialeah Convalescent Center

FRVS

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

Began FRVS:	**7/1/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**11,845,701**
FRVS Base Asset:	**6,410,022**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.022500**

Mortgage Information		
Amount:	**6,132,355.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.6960**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.6960**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,389,078**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,476,561**	**15.3208**
20% ROE(2):	**2,369,140**	**0.5879**
Insurance Cost(3):	**113,980**	**1.6849**
Taxes Cost(3):	**42,231**	**0.6243**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**51,514**	**0.0000**
Total FRVS PD:		**18.2179**

(1) 80% Capital ($9,476,561) amortized at 13.6960% for 20 years Principal & Interest of $1,389,078 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $15.3208
(2) 20% ROE ($2,369,140) times the ROE factor (0.022500) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $0.5879
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**276**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,866,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.1089**	**38.1089**	**1.6567**	**36.4522**	
Patient Care					
Direct Care	**87.1726**	**87.1726**	**3.7897**	**83.3829**	
Indirect Care	**47.6409**	**47.6409**	**2.0711**	**45.5698**	
Property	**13.6500**	**18.2179**	**0.7920**	**17.4259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.8891**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.5724**	**191.1403**	**8.3095**	**194.5563**	

***Medicaid Trend Adjustment :**

0 266108-00 - 2013/07

220.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ocala FL 34474		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Marion[42]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**39,634**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**23,432**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**11,320**	FY Index:	**1.25516245**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**28.56134%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.48858%**	Cost:	**1.05271342**
Open Date:	**10/1/1998**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1998**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18999979**
Entered Medicaid	**10/1/1998**	Low Occupancy Adjustment Factor:			**114.03183%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/1/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03193296**
Previous Med #	**253154**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	481,536	1,008,650	662,119	290,924	0	2,443,229
1a	Audit Adjustments						
2	Cost Per Diem	42.5385	89.1034	58.4911	**25.7000**		215.8330
3	Cost Per Diem Inflated	44.7808	91.9487	61.5744			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7808**	**91.9487**	**61.5744**	**25.7000**		224.0039
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5335		56.4536			
7	Provider Target Rate	**50.5849**		**57.6519**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7808**	**91.9487**	**57.6519**	**13.6500**		208.0314
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.7808**	**91.9487**	**57.6519**	**13.6500**		**208.0314**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266108-00 - 2013/07

220.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,761,730**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**7,929,850.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**480,016**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,609,384**	**12.1770**
20% ROE(2):	**1,152,346**	**0.6729**
Insurance Cost(3):	**34,909**	**0.8808**
Taxes Cost(3):	**56,008**	**1.4131**
Home Office(3):	**42,636**	**1.0757**
Replacement(3&4):	**384,478**	**0.0000**
Total FRVS PD:		**16.2195**

(1) 80% Capital ($4,609,384) amortized at 8.5000% for 20 years Principal & Interest of $480,016 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1770
(2) 20% ROE ($1,152,346) times the ROE factor (0.023020) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6729
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7808**	**44.7808**	**1.9468**	**42.8340**	
Patient Care					
Direct Care	**91.9487**	**91.9487**	**3.9973**	**87.9514**	
Indirect Care	**57.6519**	**57.6519**	**2.5063**	**55.1456**	
Property	**13.6500**	**16.2195**	**0.7051**	**15.5144**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.7210**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**208.0314**	**210.6009**	**9.1555**	**220.0028**	

***Medicaid Trend Adjustment :**

0 266124-00 - 2013/07

229.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**04/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Lake Worth FL 33460	Days In CR **275**	Maximum: **33,000**	Standard: **184**
County: **Palm Beach[50]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2013/07**	Total Patient: **27,335**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **2,793**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **22,344**	
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**			

Medicaid Utilization	**81.74136%**
Occupancy:	**82.83333%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.38484%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,348,523	1,722,097	1,246,802	437,496	0	4,754,918
1a	Audit Adjustments						
2	Cost Per Diem	60.3528	77.0720	55.8003	**19.5800**		212.8051
3	Cost Per Diem Inflated	63.4562	79.4997	58.6696			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.4562**	**79.4997**	**58.6696**	**19.5800**		221.2055
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0110		52.8299			
7	Provider Target Rate	**60.2636**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**79.4997**	**53.9513**	**13.6500**		201.1229
12/13	Medicaid Adjustment Rate		2.8389	1.9265			
14	Prospective Per Diem 11	**54.0219**	**82.3386**	**55.8778**	**13.6500**		**205.8883**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266124-00 - 2013/07

229.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Oasis Health and Rehabilitation Center

FRVS

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

Began FRVS:	**10/1/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,415,887**
FRVS Base Asset:	**3,092,950**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.022500**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**434,886**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,332,710**	**11.0321**
20% ROE(2):	**1,083,177**	**0.6183**
Insurance Cost(3):	**68,378**	**2.5015**
Taxes Cost(3):	**68,038**	**2.4890**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,111**	**0.0000**
Total FRVS PD:		**16.6409**

(1) 80% Capital ($4,332,710) amortized at 8.0000% for 20 years Principal & Interest of $434,886 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0321
(2) 20% ROE ($1,083,177) times the ROE factor (0.022500) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6183
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**82.3386**	**82.3386**	**3.5795**	**78.7591**	
Indirect Care	**55.8778**	**55.8778**	**2.4292**	**53.4486**	
Property	**13.6500**	**16.6409**	**0.7234**	**15.9175**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3502**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.8883**	**208.8792**	**9.0806**	**229.9852**	

***Medicaid Trend Adjustment :**

0 266281-00 - 2013/07

175.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**42,983**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,531**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,686**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**59.75851%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**98.13470%**	Cost:	**1.05400743**
Open Date:	**1/8/2004**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/8/2004**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**2/20/2004**	Low Occupancy Adjustment Factor:			**123.66730%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**2/20/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	849,874	1,699,360	832,991	859,197	0	4,241,422
1a	Audit Adjustments						
2	Cost Per Diem	33.0871	66.1590	32.4298	**33.4500**		165.1259
3	Cost Per Diem Inflated	34.8740	68.3003	34.1813			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8740**	**68.3003**	**34.1813**	**33.4500**		170.8056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8740**	**68.3003**	**34.1813**	**13.6500**		151.0056
12/13	Medicaid Adjustment Rate		0.7498	0.3753			
14	Prospective Per Diem 11	**34.8740**	**69.0501**	**34.5566**	**13.6500**		**152.1307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266281-00 - 2013/07

175.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Southpoint Terrace

FRVS

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

Began FRVS:	**2/20/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/01**
Indexed Asset Value	**5,574,629**
FRVS Base Asset:	**5,163,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**7,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2400**	**%**
Interest Only:	**False**	
Yearly Payment:	**360,319**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,459,703**	**9.1405**
20% ROE(2):	**1,114,926**	**0.6836**
Insurance Cost(3):	**47,607**	**1.1076**
Taxes Cost(3):	**131,659**	**3.0630**
Home Office(3):	**9,285**	**0.2160**
Replacement(3&4):	**42,262**	**0.0000**
Total FRVS PD:		**14.2107**

(1) 80% Capital ($4,459,703) amortized at 5.2400% for 20 years Principal & Interest of $360,319 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1405
(2) 20% ROE ($1,114,926) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6836
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2003**	Used Per Bed Standard:	**43,031**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8740**	**34.8740**	**1.5161**	**33.3579**	
Patient Care					
Direct Care	**69.0501**	**69.0501**	**3.0018**	**66.0483**	
Indirect Care	**34.5566**	**34.5566**	**1.5023**	**33.0543**	
Property	**13.6500**	**14.2107**	**0.6178**	**13.5929**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1668**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**152.1307**	**152.6914**	**6.6380**	**175.0566**	

***Medicaid Trend Adjustment :**

0 266612-00 - 2013/07

156.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 East Chelsea Street		**01/01/2012-12/31/2012**		Number of Beds:	**240**	Superior:	**0**
Tampa FL 33610		Days In CR	**366**	Maximum:	**87,840**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**83,496**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,047**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**72,101**		
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**						

Medicaid Utilization	**86.35264%**
Occupancy:	**95.05464%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.78588%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,306,415	4,835,677	2,580,061	835,651	0	10,557,804
1a	Audit Adjustments						
2	Cost Per Diem	31.9887	67.0681	35.7840	**11.5900**		146.4308
3	Cost Per Diem Inflated	32.9303	68.4903	36.8373			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.9303**	**68.4903**	**36.8373**	**11.5900**		149.8479
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.9303**	**68.4903**	**36.8373**	**11.5900**		149.8479
12/13	Medicaid Adjustment Rate		2.8010	1.5065			
14	Prospective Per Diem 11	**32.9303**	**71.2913**	**38.3438**	**11.5900**		**154.1554**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266612-00 - 2013/07

156.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Whispering Oaks

FRVS

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

Began FRVS:	**2/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**7,097,201**
FRVS Base Asset:	**3,774,478**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**9,880,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.9632**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**538,508**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,677,761**	**6.8304**
20% ROE(2):	**1,419,440**	**0.2625**
Insurance Cost(3):	**113,509**	**1.3595**
Taxes Cost(3):	**1,032**	**0.0124**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**416,009**	**0.0000**
Total FRVS PD:		**8.4648**

(1) 80% Capital ($5,677,761) amortized at 7.2500% for 20 years Principal & Interest of $538,508 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.8304
(2) 20% ROE ($1,419,440) times the ROE factor (0.014580) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.2625
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.9303**	**32.9303**	**1.4316**	**31.4987**	
Patient Care					
Direct Care	**71.2913**	**71.2913**	**3.0993**	**68.1920**	
Indirect Care	**38.3438**	**38.3438**	**1.6669**	**36.6769**	
Property	**11.5900**	**8.4648**	**0.3680**	**8.0968**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2651**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**154.1554**	**151.0302**	**6.5658**	**156.5659**	

***Medicaid Trend Adjustment :**

0 267724-00 - 2013/07

225.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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**	**01/01/2011-12/31/2011**	Number of Beds: **109**	Superior: **0**
County: **Pinellas[52]**	Days In CR **365**	Maximum: **39,785**	Standard: **184**
Region: **Central[3]** Area: **5**	First Used: **2013/01**	Max Annualized: **39,785**	Conditional: **0**
Control **Private For profit [1]**	Last Used: **2013/07**	Total Patient: **36,259**	Total: **184**
Current Class **Central Large [6]**	**Unaudited [3]**	Medicare: **13,739**	
Class at 1/94: **North Large [2]**	Initial CR? **False**	Medicaid: **14,478**	
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**			

Medicaid Utilization	**39.92940%**
Occupancy:	**91.13736%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.84940%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	650,411	1,345,333	962,592	311,856	0	3,270,192
1a	Audit Adjustments						
2	Cost Per Diem	44.9241	92.9226	66.4865	**21.5400**		225.8732
3	Cost Per Diem Inflated	47.3503	95.9302	70.0773			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3503**	**95.9302**	**70.0773**	**21.5400**		234.8978
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9710		62.1032			
7	Provider Target Rate	**47.9680**		**63.4214**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3503**	**95.9302**	**59.9006**	**13.6500**		216.8311
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.3503**	**95.9302**	**59.9006**	**13.6500**		**216.8311**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 267724-00 - 2013/07

225.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Springs At Boca Ciega Bay

FRVS

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

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**2,562,236**
FRVS Base Asset:	**1,963,200**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**172,667**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,049,789**	**4.8222**
20% ROE(2):	**512,447**	**0.3459**
Insurance Cost(3):	**57,955**	**1.5984**
Taxes Cost(3):	**47,156**	**1.3005**
Home Office(3):	**6,497**	**0.1792**
Replacement(3&4):	**24,144**	**0.0000**
Total FRVS PD:		**8.2462**

(1) 80% Capital ($2,049,789) amortized at 8.5000% for 20 years Interest of $172,667 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $4.8222
(2) 20% ROE ($512,447) times the ROE factor (0.024170) divided by annual available days (39,785) 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			
Comparison Date:	**1/1/1974**	Used Per Bed Standard:	**13,088**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,963,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3503**	**47.3503**	**2.0585**	**45.2918**	
Patient Care					
Direct Care	**95.9302**	**95.9302**	**4.1704**	**91.7598**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**8.2462**	**0.3585**	**7.8877**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7695**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.8311**	**211.4273**	**9.1915**	**225.8417**	

***Medicaid Trend Adjustment :**

0 267902-00 - 2013/07

189.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33133		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**42,587**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**26,734**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**5,978**	FY Index:	**1.25362148**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**14.03715%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**97.23060%**	Cost:	**1.05400743**
Open Date:	**12/6/1994**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/4/1994**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**12/4/1994**	Low Occupancy Adjustment Factor:			**122.52797%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**3/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**211494**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	230,618	371,195	368,234	235,533	0	1,205,580
1a	Audit Adjustments						
2	Cost Per Diem	38.5778	62.0935	61.5982	**39.4000**		201.6695
3	Cost Per Diem Inflated	40.6613	64.1033	64.9250			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6613**	**64.1033**	**64.9250**	**39.4000**		209.0896
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9043		69.2080			
7	Provider Target Rate	**48.9211**		**70.6770**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6613**	**64.1033**	**61.8071**	**13.6500**		180.2217
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.6613**	**64.1033**	**61.8071**	**13.6500**		**180.2217**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 267902-00 - 2013/07

189.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Nursing Center At Mercy

FRVS

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

Began FRVS:	**12/4/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/07**
Indexed Asset Value	**4,892,367**
FRVS Base Asset:	**4,058,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,640,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6300**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6300**	**%**
Interest Only:	**False**	
Yearly Payment:	**275,536**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,913,894**	**6.9898**
20% ROE(2):	**978,473**	**0.5999**
Insurance Cost(3):	**73,844**	**1.7340**
Taxes Cost(3):	**137,097**	**3.2192**
Home Office(3):	**5,552**	**0.1304**
Replacement(3&4):	**62,653**	**0.0000**
Total FRVS PD:		**12.6733**

(1) 80% Capital ($3,913,894) amortized at 3.6300% for 20 years Principal & Interest of $275,536 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9898
(2) 20% ROE ($978,473) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5999
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6613**	**40.6613**	**1.7677**	**38.8936**	
Patient Care					
Direct Care	**64.1033**	**64.1033**	**2.7868**	**61.3165**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**12.6733**	**0.5509**	**12.1224**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.8521**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.2217**	**179.2450**	**7.7924**	**189.1411**	

***Medicaid Trend Adjustment :**

0 268003-00 - 2013/07

205.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-07/31/2011**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32226		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,883**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,607**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,952**		
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**						

Medicaid Utilization	**78.15473%**
Occupancy:	**93.34018%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.62534%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

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	38.9463	76.7611	51.7752			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9463**	**76.7611**	**51.7752**	**13.9300**		181.4126
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.9463**	**76.7611**	**49.8062**	**13.6500**		179.1636
12/13	Medicaid Adjustment Rate		2.4313	1.5776			
14	Prospective Per Diem 11	**38.9463**	**79.1924**	**51.3838**	**13.6500**		**183.1725**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268003-00 - 2013/07

205.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lanier Manor

FRVS

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

Began FRVS:	**8/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,832,278**
FRVS Base Asset:	**623,247**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**560,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**447,672**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,865,822**	**11.3565**
20% ROE(2):	**966,456**	**0.6333**
Insurance Cost(3):	**47,841**	**1.1702**
Taxes Cost(3):	**51,112**	**1.2502**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,207**	**0.0000**
Total FRVS PD:		**14.4102**

(1) 80% Capital ($3,865,822) amortized at 10.0000% for 20 years Principal & Interest of $447,672 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.3565
(2) 20% ROE ($966,456) times the ROE factor (0.025830) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6333
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**55**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,567,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9463**	**38.9463**	**1.6931**	**37.2532**	
Patient Care					
Direct Care	**79.1924**	**79.1924**	**3.4427**	**75.7497**	
Indirect Care	**51.3838**	**51.3838**	**2.2338**	**49.1500**	
Property	**13.6500**	**14.4102**	**0.6265**	**13.7837**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5186**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.1725**	**183.9327**	**7.9961**	**205.2916**	

***Medicaid Trend Adjustment :**

0 268062-00 - 2013/07

242.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Susanna Weslev 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hialeah FL 33012		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**40,879**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**13,825**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,051**		
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**						

Medicaid Utilization	**61.28085%**
Occupancy:	**93.07605%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.29250%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,337,176	2,358,344	1,539,646	305,622	0	5,540,788
1a	Audit Adjustments						
2	Cost Per Diem	53.3781	94.1417	61.4605	**12.2000**		221.1803
3	Cost Per Diem Inflated	54.9493	96.1381	63.2696			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.9493**	**96.1381**	**63.2696**	**12.2000**		226.5570
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.6634		58.0158			
7	Provider Target Rate	**67.0572**		**59.2473**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**96.1381**	**59.2473**	**12.2000**		221.6073
12/13	Medicaid Adjustment Rate		1.2201	0.7519			
14	Prospective Per Diem 11	**54.0219**	**97.3582**	**59.9992**	**12.2000**		**223.5793**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268062-00 - 2013/07

242.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Susanna Wesley Health Center

FRVS

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

Began FRVS:	**6/30/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**5,714,381**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,995,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**547,692**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,571,505**	**13.8938**
20% ROE(2):	**1,142,876**	**0.4227**
Insurance Cost(3):	**84,095**	**2.0572**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**78,900**	**0.0000**
Total FRVS PD:		**16.3737**

(1) 80% Capital ($4,571,505) amortized at 10.5000% for 20 years Principal & Interest of $547,692 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8938
(2) 20% ROE ($1,142,876) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4227
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**97.3582**	**97.3582**	**4.2325**	**93.1257**	
Indirect Care	**59.9992**	**59.9992**	**2.6084**	**57.3908**	
Property	**12.2000**	**16.3737**	**0.7118**	**15.6619**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7378**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**223.5793**	**227.7530**	**9.9012**	**242.4260**	

***Medicaid Trend Adjustment :**

0 268186-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**141**	Superior:	**0**
Palm Bay FL 32907		Days In CR	**365**	Maximum:	**51,465**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**51,465**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**48,004**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,479**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,998**		
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 #							

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Medicaid Utilization		**39.57587%**
Occupancy:		**93.27504%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**117.54326%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	774,639	1,533,707	977,862	451,772	0	3,737,980
1a	Audit Adjustments						
2	Cost Per Diem	40.7748	80.7299	51.4718	**23.7800**		196.7565
3	Cost Per Diem Inflated	42.9769	83.3428	54.2517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9769**	**83.3428**	**54.2517**	**23.7800**		204.3514
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7428		55.5219			
7	Provider Target Rate	**57.9472**		**56.7004**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9769**	**83.3428**	**54.2517**	**13.6500**		194.2214
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.9769**	**83.3428**	**54.2517**	**13.6500**		**194.2214**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268186-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Palm Bay

FRVS

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

Began FRVS:	**5/28/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2003/07**
Indexed Asset Value	**7,074,395**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**8,650,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**411,547**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,659,516**	**8.8852**
20% ROE(2):	**1,414,879**	**0.7383**
Insurance Cost(3):	**17,439**	**0.3633**
Taxes Cost(3):	**102,575**	**2.1368**
Home Office(3):	**44,600**	**0.9291**
Replacement(3&4):	**81,806**	**0.0000**
Total FRVS PD:		**13.0527**

(1) 80% Capital ($5,659,516) amortized at 4.0000% for 20 years Principal & Interest of $411,547 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $8.8852
(2) 20% ROE ($1,414,879) times the ROE factor (0.024170) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $0.7383
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**141**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,997,435**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9769**	**42.9769**	**1.8683**	**41.1086**	
Patient Care					
Direct Care	**83.3428**	**83.3428**	**3.6232**	**79.7196**	
Indirect Care	**54.2517**	**54.2517**	**2.3585**	**51.8932**	
Property	**13.6500**	**13.0527**	**0.5674**	**12.4853**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1213**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.2214**	**193.6241**	**8.4174**	**209.1644**	

***Medicaid Trend Adjustment :**

0 268585-00 - 2013/07

228.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**40**	Superior:	**0**
Naples FL 34109		Days In CR	**365**	Maximum:	**14,600**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2012/07**	Max Annualized:	**14,600**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**13,221**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,725**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,099**		
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**						

Medicaid Utilization	**23.43998%**
Occupancy:	**90.55479%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.11526%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	156,252	301,410	184,308	100,934	0	742,904
1a	Audit Adjustments						
2	Cost Per Diem	50.4201	97.2604	59.4734	**32.5699**		239.7238
3	Cost Per Diem Inflated	53.1432	100.4084	62.6854			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1432**	**100.4084**	**62.6854**	**32.5699**		248.8069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.1432**	**100.4084**	**62.6854**	**13.6500**		229.8870
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.1432**	**100.4084**	**62.6854**	**13.6500**		**229.8870**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268585-00 - 2013/07

228.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

HarborChase of Naples

FRVS

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

Began FRVS:	**6/16/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**1,844,288**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**13,681,685.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.8800**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**139,937**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,475,430**	**10.6497**
20% ROE(2):	**368,858**	**0.6785**
Insurance Cost(3):	**11,328**	**0.8568**
Taxes Cost(3):	**15,142**	**1.1453**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**168,426**	**0.0000**
Total FRVS PD:		**13.3303**

(1) 80% Capital ($1,475,430) amortized at 7.2500% for 20 years Principal & Interest of $139,937 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $10.6497
(2) 20% ROE ($368,858) times the ROE factor (0.024170) divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $0.6785
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**40**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,497,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.1432**	**53.1432**	**2.3103**	**50.8329**	
Patient Care					
Direct Care	**100.4084**	**100.4084**	**4.3651**	**96.0433**	
Indirect Care	**62.6854**	**62.6854**	**2.7251**	**59.9603**	
Property	**13.6500**	**13.3303**	**0.5795**	**12.7508**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**229.8870**	**229.5673**	**9.9800**	**228.4237**	

***Medicaid Trend Adjustment :**

0 268755-00 - 2013/07

231.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Abbieiean 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		**01/01/2011-12/31/2011**		Number of Beds:	**79**	Superior:	**0**
Ft. Pierce FL 34947		Days In CR	**365**	Maximum:	**28,835**	Standard:	**184**
County:	**St Lucie[56]**	First Used:	**2013/01**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**24,295**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,081**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**17,009**		
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**						

Medicaid Utilization	**70.01029%**
Occupancy:	**84.25525%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.17670%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,049,236	1,340,896	866,568	304,801	0	3,561,501
1a	Audit Adjustments						
2	Cost Per Diem	61.6871	78.8345	50.9476	**17.9200**		209.3892
3	Cost Per Diem Inflated	65.0187	81.3861	53.6991			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.0187**	**81.3861**	**53.6991**	**17.9200**		218.0239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.9440		64.5276			
7	Provider Target Rate	**70.4074**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**81.3861**	**53.6991**	**13.6500**		212.5556
12/13	Medicaid Adjustment Rate		1.8321	1.2089			
14	Prospective Per Diem 11	**63.8204**	**83.2182**	**54.9080**	**13.6500**		**215.5966**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268755-00 - 2013/07

231.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Abbieiean 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	**3,113,872**
FRVS Base Asset:	**1,587,352**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**425,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**4.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**104,310**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,491,098**	**4.0194**
20% ROE(2):	**622,774**	**0.5800**
Insurance Cost(3):	**65,213**	**2.6842**
Taxes Cost(3):	**55,829**	**2.2980**
Home Office(3):	**11,572**	**0.4763**
Replacement(3&4):	**25,338**	**0.0000**
Total FRVS PD:		**10.0579**

(1) 80% Capital ($2,491,098) amortized at 4.2500% for 20 years Interest of $104,310 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $4.0194
(2) 20% ROE ($622,774) times the ROE factor (0.024170) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.5800
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**78**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**83.2182**	**83.2182**	**3.6178**	**79.6004**	
Indirect Care	**54.9080**	**54.9080**	**2.3870**	**52.5210**	
Property	**13.6500**	**10.0579**	**0.4372**	**9.6207**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7855**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.5966**	**212.0045**	**9.2165**	**231.4099**	

***Medicaid Trend Adjustment :**

0 268763-00 - 2013/07

198.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**161**	Superior:	**0**
Live Oak FL 32060		Days In CR	**366**	Maximum:	**58,926**	Standard:	**184**
County:	**Suwannee[61]**	First Used:	**2013/07**	Max Annualized:	**58,765**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**57,180**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,494**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**42,815**		
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**						

Medicaid Utilization	**74.87758%**
Occupancy:	**97.03696%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.28396%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,554,613	3,310,178	1,739,347	528,337	0	7,132,475
1a	Audit Adjustments						
2	Cost Per Diem	36.3100	77.3135	40.6247	**12.3400**		166.5882
3	Cost Per Diem Inflated	37.8773	79.4485	42.3782			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8773**	**79.4485**	**42.3782**	**12.3400**		172.0440
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6544		52.6667			
7	Provider Target Rate	**44.5810**		**53.7846**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8773**	**79.4485**	**42.3782**	**12.3400**		172.0440
12/13	Medicaid Adjustment Rate		2.2235	1.1861			
14	Prospective Per Diem 11	**37.8773**	**81.6720**	**43.5643**	**12.3400**		**175.4536**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268763-00 - 2013/07

198.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,626,253**
FRVS Base Asset:	**2,464,423**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**7,715,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**493,183**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,301,002**	**9.3250**
20% ROE(2):	**1,325,251**	**0.4463**
Insurance Cost(3):	**25,658**	**0.4487**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**104,535**	**1.8282**
Replacement(3&4):	**20,190**	**0.0000**
Total FRVS PD:		**12.0482**

(1) 80% Capital ($5,301,002) amortized at 7.0000% for 20 years Principal & Interest of $493,183 divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = $9.3250
(2) 20% ROE ($1,325,251) times the ROE factor (0.017810) divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = $0.4463
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8773**	**37.8773**	**1.6466**	**36.2307**	
Patient Care					
Direct Care	**81.6720**	**81.6720**	**3.5505**	**78.1215**	
Indirect Care	**43.5643**	**43.5643**	**1.8939**	**41.6704**	
Property	**12.3400**	**12.0482**	**0.5238**	**11.5244**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9110**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.4536**	**175.1618**	**7.6148**	**198.2944**	

***Medicaid Trend Adjustment :**

0 268780-00 - 2013/07

234.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**119**	Superior:	**0**
Sarasota FL 34238		Days In CR	**365**	Maximum:	**43,435**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,339**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,128**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,600**		
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**						

Medicaid Utilization	**53.54620%**
Occupancy:	**92.87211%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.03548%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	885,068	2,090,670	1,262,321	559,440	19,609	4,817,108
1a	Audit Adjustments						
2	Cost Per Diem	40.9754	96.7903	58.4408	**25.9000**	**0.9078**	223.0143
3	Cost Per Diem Inflated	43.1884	99.9231	61.5970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1884**	**99.9231**	**61.5970**	**25.9000**	**0.9078**	231.5163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7285		60.3326			
7	Provider Target Rate	**48.7416**		**61.6132**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1884**	**99.9231**	**61.5970**	**13.6500**	**0.9078**	219.2663
12/13	Medicaid Adjustment Rate		0.3986	0.2457			
14	Prospective Per Diem 11	**43.1884**	**100.3217**	**61.8427**	**13.6500**	**0.9078**	**219.9106**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268780-00 - 2013/07

234.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Springs at Lake Pointe Woods

FRVS

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

Began FRVS:	**11/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**4,275,799**
FRVS Base Asset:	**1,523,061**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**288,143**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,420,639**	**7.3710**
20% ROE(2):	**855,160**	**0.5287**
Insurance Cost(3):	**59,499**	**1.4750**
Taxes Cost(3):	**60,849**	**1.5084**
Home Office(3):	**7,413**	**0.1838**
Replacement(3&4):	**30,594**	**0.0000**
Total FRVS PD:		**11.0669**

(1) 80% Capital ($3,420,639) amortized at 8.5000% for 20 years Interest of $288,143 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $7.3710
(2) 20% ROE ($855,160) times the ROE factor (0.024170) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.5287
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**53**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,523,061**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1884**	**43.1884**	**1.8775**	**41.3109**	
Patient Care					
Direct Care	**100.3217**	**100.3217**	**4.3613**	**95.9604**	
Indirect Care	**61.8427**	**61.8427**	**2.6885**	**59.1542**	
Property	**13.6500**	**11.0669**	**0.4811**	**10.5858**	
ROE	**0.9078**	**0.5788**	**0.0252**	**0.5536**	
ROE Adjustment	**-0.5788**	**-0.5788**	**-0.0252**	**-0.5536**	
Quality Assess-Medicaid Share				**$18.9885**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**219.3318**	**216.4197**	**9.4084**	**234.8362**	

***Medicaid Trend Adjustment :**

0 269000-00 - 2013/07

202.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Majestic Oaks Continuing Care Complex

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	**01/01/2012-12/31/2012**	Number of Beds: **150**	Superior: **0**
Orange City Fl 32763	Days In CR **366**	Maximum: **54,900**	Standard: **184**
County: **Volusia[64]**	First Used: **2013/07**	Max Annualized: **54,750**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **52,306**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **7,610**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **19,484**	
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 #			

Medicaid Utilization	**37.25003%**
Occupancy:	**95.27504%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.06363%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,143,468	1,940,542	856,957	256,020	0	4,196,987
1a	Audit Adjustments						
2	Cost Per Diem	58.6875	99.5967	43.9826	**13.1400**		215.4068
3	Cost Per Diem Inflated	60.4150	101.7087	45.2772			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.4150**	**101.7087**	**45.2772**	**13.1400**		220.5409
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7506		48.7710			
7	Provider Target Rate	**56.9340**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**96.4205**	**45.2772**	**13.1400**		203.9769
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**96.4205**	**45.2772**	**13.1400**		**203.9769**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269000-00 - 2013/07

202.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Majestic Oaks Continuing Care Complex

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	**6,675,554**
FRVS Base Asset:	**6,296,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**7,059,913.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9085**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.9085**	**%**
Interest Only:	**False**	
Yearly Payment:	**455,751**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,340,443**	**9.2491**
20% ROE(2):	**1,335,111**	**0.3950**
Insurance Cost(3):	**71,253**	**1.3622**
Taxes Cost(3):	**36,558**	**0.6989**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**240,704**	**0.0000**
Total FRVS PD:		**11.7052**

(1) 80% Capital ($5,340,443) amortized at 5.9085% for 20 years Principal & Interest of $455,751 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $9.2491
(2) 20% ROE ($1,335,111) times the ROE factor (0.014580) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.3950
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2002**	Used Per Bed Standard:	**41,978**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,296,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**96.4205**	**96.4205**	**4.1917**	**92.2288**	
Indirect Care	**45.2772**	**45.2772**	**1.9683**	**43.3089**	
Property	**13.1400**	**11.7052**	**0.5089**	**11.1963**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.9769**	**202.5421**	**8.8051**	**202.5734**	

***Medicaid Trend Adjustment :**

0 269107-00 - 2013/07

193.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**203**	Superior:	**0**
Miami Fl 33176		Days In CR	**365**	Maximum:	**74,095**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**74,095**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**73,673**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,363**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**38,207**		
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**						

Medicaid Utilization	**51.86025%**
Occupancy:	**99.43046%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**125.30019%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,234,449	2,666,256	2,033,942	877,997	0	6,812,644
1a	Audit Adjustments						
2	Cost Per Diem	32.3095	69.7845	53.2348	**22.9800**		178.3088
3	Cost Per Diem Inflated	34.0545	72.0432	56.1099			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.0545**	**72.0432**	**56.1099**	**22.9800**		185.1876
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		57.5334			
7	Provider Target Rate	**45.1484**		**58.7546**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.0545**	**72.0432**	**56.1099**	**13.6500**		175.8576
12/13	Medicaid Adjustment Rate		0.1508	0.1174			
14	Prospective Per Diem 11	**34.0545**	**72.1940**	**56.2273**	**13.6500**		**176.1258**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269107-00 - 2013/07

193.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,798,389**
FRVS Base Asset:	**8,798,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**605,130**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,038,711**	**9.0744**
20% ROE(2):	**1,759,678**	**0.6378**
Insurance Cost(3):	**66,865**	**0.9076**
Taxes Cost(3):	**141,826**	**1.9251**
Home Office(3):	**5,552**	**0.0754**
Replacement(3&4):	**49,692**	**0.0000**
Total FRVS PD:		**12.6203**

(1) 80% Capital ($7,038,711) amortized at 6.0000% for 20 years Principal & Interest of $605,130 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = $9.0744
(2) 20% ROE ($1,759,678) times the ROE factor (0.024170) divided by annual available days (74,095) 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			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**203**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,690,046**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.0545**	**34.0545**	**1.4805**	**32.5740**	
Patient Care					
Direct Care	**72.1940**	**72.1940**	**3.1385**	**69.0555**	
Indirect Care	**56.2273**	**56.2273**	**2.4444**	**53.7829**	
Property	**13.6500**	**12.6203**	**0.5486**	**12.0717**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5301**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**176.1258**	**175.0961**	**7.6120**	**193.8506**	

***Medicaid Trend Adjustment :**

0 269492-00 - 2013/07

229.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Grayton Terrance		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33954		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**43,496**	Total:	**184**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,302**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,201**	FY Index:	**1.26665332**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**37.24710%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**99.03461%**	Cost:	**1.04316338**
Open Date:	**4/1/2004**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/1/2004**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**6/7/2004**	Low Occupancy Adjustment Factor:			**124.80135%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**6/7/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	744,241	1,659,559	826,593	149,211	0	3,379,604
1a	Audit Adjustments						
2	Cost Per Diem	45.9380	102.4356	51.0211	**9.2100**		208.6047
3	Cost Per Diem Inflated	47.9208	105.2644	53.2233			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9208**	**105.2644**	**53.2233**	**9.2100**		215.6185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.9888		66.1531			
7	Provider Target Rate	**79.6442**		**67.5573**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.9208**	**99.9385**	**53.2233**	**9.2100**		210.2926
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.9208**	**99.9385**	**53.2233**	**9.2100**		**210.2926**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269492-00 - 2013/07

229.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Douglas Jacobson State Veterans Nursing Home

FRVS

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

Began FRVS:	**6/7/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/01**
Indexed Asset Value	**5,614,722**
FRVS Base Asset:	**5,163,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**176,947**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,491,778**	**4.4888**
20% ROE(2):	**1,122,944**	**0.5073**
Insurance Cost(3):	**9,109**	**0.2094**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**45,296**	**1.0414**
Replacement(3&4):	**52,516**	**0.0000**
Total FRVS PD:		**6.2469**

(1) 80% Capital ($4,491,778) amortized at 4.0000% for 20 years Interest of $176,947 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.4888
(2) 20% ROE ($1,122,944) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5073
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2003**	Used Per Bed Standard:	**43,031**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9208**	**47.9208**	**2.0833**	**45.8375**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**53.2233**	**53.2233**	**2.3138**	**50.9095**	
Property	**9.2100**	**6.2469**	**0.2716**	**5.9753**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5215**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.2926**	**207.3295**	**9.0133**	**229.6741**	

***Medicaid Trend Adjustment :**

0 269697-00 - 2013/07

208.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Boul		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sunrise FL 33351		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**40,423**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,719**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,115**		
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**						

Medicaid Utilization	**59.65663%**
Occupancy:	**92.03780%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.98411%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	935,692	1,785,988	1,247,804	793,625	0	4,763,109
1a	Audit Adjustments						
2	Cost Per Diem	38.8012	74.0613	51.7439	**32.9100**		197.5164
3	Cost Per Diem Inflated	39.9433	75.6318	53.2670			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9433**	**75.6318**	**53.2670**	**32.9100**		201.7521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7425		61.9794			
7	Provider Target Rate	**53.8620**		**63.2950**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9433**	**75.6318**	**53.2670**	**13.6500**		182.4921
12/13	Medicaid Adjustment Rate		0.8216	0.5787			
14	Prospective Per Diem 11	**39.9433**	**76.4534**	**53.8457**	**13.6500**		**183.8924**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269697-00 - 2013/07

208.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,342,132**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
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:	**478,039**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,273,706**	**12.1268**
20% ROE(2):	**1,068,426**	**0.3952**
Insurance Cost(3):	**72,148**	**1.7848**
Taxes Cost(3):	**189,456**	**4.6868**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,960**	**0.0000**
Total FRVS PD:		**18.9936**

(1) 80% Capital ($4,273,706) amortized at 9.5000% for 20 years Principal & Interest of $478,039 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1268
(2) 20% ROE ($1,068,426) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3952
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9433**	**39.9433**	**1.7365**	**38.2068**	
Patient Care					
Direct Care	**76.4534**	**76.4534**	**3.3237**	**73.1297**	
Indirect Care	**53.8457**	**53.8457**	**2.3408**	**51.5049**	
Property	**13.6500**	**18.9936**	**0.8257**	**18.1679**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6508**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.8924**	**189.2360**	**8.2267**	**208.4965**	

***Medicaid Trend Adjustment :**

0 269719-00 - 2013/07

201.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,193**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,426**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,761**		
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**						

Medicaid Utilization	**60.62562%**
Occupancy:	**89.48174%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.76301%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	926,076	1,731,405	1,074,515	1,010,318	0	4,742,314
1a	Audit Adjustments						
2	Cost Per Diem	38.9746	72.8675	45.2218	**42.5200**		199.5839
3	Cost Per Diem Inflated	41.0795	75.2260	47.6641			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0795**	**75.2260**	**47.6641**	**42.5200**		206.4896
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6258		54.6968			
7	Provider Target Rate	**46.5943**		**55.8578**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0795**	**75.2260**	**47.6641**	**13.6500**		177.6196
12/13	Medicaid Adjustment Rate		0.8992	0.5698			
14	Prospective Per Diem 11	**41.0795**	**76.1252**	**48.2339**	**13.6500**		**179.0886**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269719-00 - 2013/07

201.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Regents Park of Winter Park

FRVS

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

Began FRVS:	**11/23/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**5,041,414**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**7,688,955.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**8.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**404,817**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,033,131**	**10.2693**
20% ROE(2):	**1,008,283**	**0.6182**
Insurance Cost(3):	**82,721**	**2.1106**
Taxes Cost(3):	**187,688**	**4.7888**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**9,781**	**0.0000**
Total FRVS PD:		**17.7869**

(1) 80% Capital ($4,033,131) amortized at 8.0000% for 20 years Principal & Interest of $404,817 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2693
(2) 20% ROE ($1,008,283) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6182
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0795**	**41.0795**	**1.7859**	**39.2936**	
Patient Care					
Direct Care	**76.1252**	**76.1252**	**3.3094**	**72.8158**	
Indirect Care	**48.2339**	**48.2339**	**2.0969**	**46.1370**	
Property	**13.6500**	**17.7869**	**0.7733**	**17.0136**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4541**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.0886**	**183.2255**	**7.9655**	**201.5505**	

***Medicaid Trend Adjustment :**

0 269727-00 - 2013/07

196.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 A.C. Skinner Parkway	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Jacksonville FL 32256	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Duval[16]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **40,542**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **6,804**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **28,210**	
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**			

Medicaid Utilization	**69.58216%**
Occupancy:	**92.30874%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.32555%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,041,083	1,992,035	1,249,025	1,030,511	0	5,312,654
1a	Audit Adjustments						
2	Cost Per Diem	36.9048	70.6145	44.2760	**36.5300**		188.3253
3	Cost Per Diem Inflated	37.9911	72.1119	45.5793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9911**	**72.1119**	**45.5793**	**36.5300**		192.2123
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5812		53.9482			
7	Provider Target Rate	**47.5699**		**55.0933**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9911**	**72.1119**	**45.5793**	**13.6500**		169.3323
12/13	Medicaid Adjustment Rate		1.5886	1.0041			
14	Prospective Per Diem 11	**37.9911**	**73.7005**	**46.5834**	**13.6500**		**171.9250**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269727-00 - 2013/07

196.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,933,118**
FRVS Base Asset:	**3,049,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,990,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**12.0000**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**403,521**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,946,494**	**10.2365**
20% ROE(2):	**986,624**	**0.3649**
Insurance Cost(3):	**56,987**	**1.4056**
Taxes Cost(3):	**192,588**	**4.7503**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**40,185**	**0.0000**
Total FRVS PD:		**16.7573**

(1) 80% Capital ($3,946,494) amortized at 8.2500% for 20 years Principal & Interest of $403,521 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2365
(2) 20% ROE ($986,624) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3649
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9911**	**37.9911**	**1.6516**	**36.3395**	
Patient Care					
Direct Care	**73.7005**	**73.7005**	**3.2040**	**70.4965**	
Indirect Care	**46.5834**	**46.5834**	**2.0251**	**44.5583**	
Property	**13.6500**	**16.7573**	**0.7285**	**16.0288**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7891**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**171.9250**	**175.0323**	**7.6092**	**196.0486**	

***Medicaid Trend Adjustment :**

0 281743-00 - 2013/07

170.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**299**	Superior:	**0**
St. Petersburg FL 33709		Days In CR	**365**	Maximum:	**109,135**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**109,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**102,632**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,750**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**91,382**		
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**						

Medicaid Utilization	**89.03851%**
Occupancy:	**94.04132%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.50891%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,428,938	7,018,202	3,055,549	2,145,649	0	15,648,338
1a	Audit Adjustments						
2	Cost Per Diem	37.5231	76.8007	33.4371	**23.4800**		171.2409
3	Cost Per Diem Inflated	39.5496	79.2865	35.2430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5496**	**79.2865**	**35.2430**	**23.4800**		177.5591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5496**	**79.2865**	**35.2430**	**13.6500**		167.7291
12/13	Medicaid Adjustment Rate		3.4821	1.5478			
14	Prospective Per Diem 11	**39.5496**	**82.7686**	**36.7908**	**13.6500**		**172.7590**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281743-00 - 2013/07

170.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.024170**

Mortgage Information		
Amount:	**2,179,545.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.2200**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**541,176**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,754,578**	**5.5098**
20% ROE(2):	**1,188,645**	**0.2925**
Insurance Cost(3):	**22,063**	**0.2150**
Taxes Cost(3):	**52,740**	**0.5139**
Home Office(3):	**21,926**	**0.2136**
Replacement(3&4):	**106,650**	**0.0000**
Total FRVS PD:		**6.7448**

(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 (0.024170) divided by annual available days (109,135) divided by Occup. Adj. (0.9000) = $0.2925
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**299**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**8,521,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5496**	**39.5496**	**1.7193**	**37.8303**	
Patient Care					
Direct Care	**82.7686**	**82.7686**	**3.5982**	**79.1704**	
Indirect Care	**36.7908**	**36.7908**	**1.5994**	**35.1914**	
Property	**13.6500**	**6.7448**	**0.2932**	**6.4516**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.2199**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.7590**	**165.8538**	**7.2101**	**170.7000**	

***Medicaid Trend Adjustment :**

0 281913-00 - 2013/07

186.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Comuunitv 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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Plant City FL 33563		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**42,400**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,733**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,246**		
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**						

Medicaid Utilization	**73.69340%**
Occupancy:	**96.53916%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.65663%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	995,719	2,238,151	1,343,689	698,973	0	5,276,532
1a	Audit Adjustments						
2	Cost Per Diem	31.8671	71.6300	43.0036	**22.3700**		168.8707
3	Cost Per Diem Inflated	33.2426	73.6081	44.8598			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.2426**	**73.6081**	**44.8598**	**22.3700**		174.0805
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.2426**	**73.6081**	**44.8598**	**13.6500**		165.3605
12/13	Medicaid Adjustment Rate		1.9620	1.1957			
14	Prospective Per Diem 11	**33.2426**	**75.5701**	**46.0555**	**13.6500**		**168.5182**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281913-00 - 2013/07

186.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Comuunitv 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	**3,207,735**
FRVS Base Asset:	**1,653,368**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,432,920.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.7683**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**272,132**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,566,188**	**6.9034**
20% ROE(2):	**641,547**	**0.2899**
Insurance Cost(3):	**94,505**	**2.2289**
Taxes Cost(3):	**15,454**	**0.3645**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**163,946**	**0.0000**
Total FRVS PD:		**9.7867**

(1) 80% Capital ($2,566,188) amortized at 8.7500% for 20 years Principal & Interest of $272,132 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9034
(2) 20% ROE ($641,547) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2899
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.2426**	**33.2426**	**1.4452**	**31.7974**	
Patient Care					
Direct Care	**75.5701**	**75.5701**	**3.2853**	**72.2848**	
Indirect Care	**46.0555**	**46.0555**	**2.0022**	**44.0533**	
Property	**13.6500**	**9.7867**	**0.4255**	**9.3612**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5647**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.5182**	**164.6549**	**7.1582**	**186.8978**	

***Medicaid Trend Adjustment :**

0 282359-00 - 2013/07

235.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33155		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**41,130**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**24,509**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**12,888**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.28354541**
Open Date:	**10/6/1988**					Semester Index:	**1.32132636**
Acquired Date:	**10/6/1988**					Cost:	**1.02943484**
Entered Medicaid	**10/6/1988**					Target:	**1.01485834**
Med # Active Date:	**10/1/2001**					**DC FY Index:**	**1.20250000**
Previous Med #	**211095**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02120582**
						PS Target:	**1.02122620**

Medicaid Utilization	**31.33479%**						
Occupancy:	**93.64754%**						
Statewide Low Occupancy Threshold:	**79.35380%**						
Medicaid Low Occupancy Threshold:	**41.45590%**						
Low Occupancy Adjustment Factor:	**118.01268%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	787,457	1,203,391	1,118,467	234,175	0	3,343,490
1a	Audit Adjustments						
2	Cost Per Diem	61.1000	93.3730	86.7836	**18.1700**		259.4266
3	Cost Per Diem Inflated	62.8985	95.3531	89.3381			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.8985**	**95.3531**	**89.3381**	**18.1700**		265.7597
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.8295		77.6248			
7	Provider Target Rate	**65.1844**		**79.2725**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**95.3531**	**61.8071**	**13.6500**		224.8321
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**95.3531**	**61.8071**	**13.6500**		**224.8321**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282359-00 - 2013/07

235.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,946,181**
FRVS Base Asset:	**5,339,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information

Amount:	**5,566,419.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1700**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**9.1700**	**%**
Interest Only:	**False**	
Yearly Payment:	**519,851**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,756,945**	**13.1875**
20% ROE(2):	**1,189,236**	**0.4399**
Insurance Cost(3):	**20,231**	**0.4919**
Taxes Cost(3):	**82,888**	**2.0153**
Home Office(3):	**3,610**	**0.0878**
Replacement(3&4):	**33,735**	**0.0000**
Total FRVS PD:		**16.2224**

(1) 80% Capital ($4,756,945) amortized at 9.1700% for 20 years Principal & Interest of $519,851 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1875
(2) 20% ROE ($1,189,236) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4399
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,339,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**95.3531**	**95.3531**	**4.1453**	**91.2078**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**16.2224**	**0.7052**	**15.5172**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.6097**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.8321**	**227.4045**	**9.8860**	**235.9646**	

***Medicaid Trend Adjustment :**

0 282464-00 - 2013/07

216.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**145**	Superior:	**0**
Deland FL 32720		Days In CR	**366**	Maximum:	**53,800**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**52,925**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**48,519**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,067**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,568**		
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**						

Medicaid Utilization	**50.63583%**
Occupancy:	**90.18402%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.64801%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,224,704	1,962,111	1,205,037	316,682	1,399	4,709,933
1a	Audit Adjustments						
2	Cost Per Diem	49.8496	79.8645	49.0490	**12.8900**	**0.0569**	191.7101
3	Cost Per Diem Inflated	51.3169	81.5581	50.4927			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.3169**	**81.5581**	**50.4927**	**12.8900**	**0.0569**	196.3146
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.0888		76.9211			
7	Provider Target Rate	**64.4279**		**78.5538**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**81.5581**	**50.4927**	**12.8900**	**0.0569**	194.1369
12/13	Medicaid Adjustment Rate		0.0583	0.0361			
14	Prospective Per Diem 11	**49.1392**	**81.6164**	**50.5288**	**12.8900**	**0.0569**	**194.2313**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282464-00 - 2013/07

216.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ridgecrest Nursing & Rehabilitation Center

FRVS

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

Began FRVS:	**11/3/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**7,176,651**
FRVS Base Asset:	**2,815,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,900,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.6700**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**7.6700**	**%**
Interest Only:	**False**	
Yearly Payment:	**562,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,741,321**	**11.8030**
20% ROE(2):	**1,435,330**	**0.4393**
Insurance Cost(3):	**83,566**	**1.7223**
Taxes Cost(3):	**72,165**	**1.4874**
Home Office(3):	**38,386**	**0.7912**
Replacement(3&4):	**87,871**	**0.0000**
Total FRVS PD:		**16.2432**

(1) 80% Capital ($5,741,321) amortized at 7.6700% for 20 years Principal & Interest of $562,204 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $11.8030
(2) 20% ROE ($1,435,330) times the ROE factor (0.014580) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $0.4393
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**134**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,819,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**81.6164**	**81.6164**	**3.5481**	**78.0683**	
Indirect Care	**50.5288**	**50.5288**	**2.1966**	**48.3322**	
Property	**12.8900**	**16.2432**	**0.7061**	**15.5371**	
ROE	**0.0569**	**0.0569**	**0.0025**	**0.0544**	
ROE Adjustment	**-0.0569**	**-0.0569**	**-0.0025**	**-0.0544**	
Quality Assess-Medicaid Share				**$18.3559**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.1744**	**197.5276**	**8.5870**	**216.1329**	

***Medicaid Trend Adjustment :**

0 282529-00 - 2013/07

237.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33157		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**63,985**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,502**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**39,648**		
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**						

Medicaid Utilization	**61.96452%**
Occupancy:	**97.12356%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.39308%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,947,254	3,810,074	2,022,257	1,004,680	0	8,784,265
1a	Audit Adjustments						
2	Cost Per Diem	49.1135	96.0975	51.0053	**25.3400**		221.5563
3	Cost Per Diem Inflated	50.5591	98.1353	52.5066			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5591**	**98.1353**	**52.5066**	**25.3400**		226.5410
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3154		63.1588			
7	Provider Target Rate	**56.4895**		**64.4994**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5591**	**98.1353**	**52.5066**	**13.6500**		214.8510
12/13	Medicaid Adjustment Rate		1.3209	0.7067			
14	Prospective Per Diem 11	**50.5591**	**99.4562**	**53.2133**	**13.6500**		**216.8786**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282529-00 - 2013/07

237.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Coral Reef Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**3/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**8,820,150**
FRVS Base Asset:	**4,188,480**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information

Amount:	**9,441,690.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.1419**	**%**
Chase Rate:	**3.6551**	**%**
Amortization Rate:	**5.6551**	**%**
Interest Only:	**False**	
Yearly Payment:	**589,901**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**7,056,120**	**9.9763**
20% ROE(2):	**1,764,030**	**0.4350**
Insurance Cost(3):	**115,762**	**1.8092**
Taxes Cost(3):	**137,981**	**2.1565**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**33,078**	**0.0000**
Total FRVS PD:		**14.3770**

(1) 80% Capital ($7,056,120) amortized at 5.6551% for 20 years Principal & Interest of $589,901 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.9763
(2) 20% ROE ($1,764,030) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4350
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5591**	**50.5591**	**2.1980**	**48.3611**	
Patient Care					
Direct Care	**99.4562**	**99.4562**	**4.3237**	**95.1325**	
Indirect Care	**53.2133**	**53.2133**	**2.3134**	**50.8999**	
Property	**13.6500**	**14.3770**	**0.6250**	**13.7520**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9919**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**216.8786**	**217.6056**	**9.4601**	**237.9738**	

***Medicaid Trend Adjustment :**

0 282537-00 - 2013/07

238.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**07/01/2011-06/30/2012**	Number of Beds: **96**	Superior: **0**
St. Petersburg Fl 33702	Days In CR **366**	Maximum: **35,136**	Standard: **184**
County: **Pinellas[52]**	First Used: **2013/07**	Max Annualized: **35,040**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **28,019**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **1,664**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **23,465**	
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**			

Medicaid Utilization	**83.74674%**
Occupancy:	**79.74442%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.49225%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,141,895	2,040,472	1,261,140	923,817	0	5,367,324
1a	Audit Adjustments						
2	Cost Per Diem	48.6638	86.9581	53.7456	**39.3700**		228.7375
3	Cost Per Diem Inflated	50.7643	89.3595	56.0654			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7643**	**89.3595**	**56.0654**	**39.3700**		235.5592
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7580		62.3224			
7	Provider Target Rate	**51.8354**		**63.6453**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7643**	**89.3595**	**56.0654**	**13.6500**		209.8392
12/13	Medicaid Adjustment Rate		3.3925	2.1285			
14	Prospective Per Diem 11	**50.7643**	**92.7520**	**58.1939**	**13.6500**		**215.3602**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282537-00 - 2013/07

238.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palm Terrace of St. Petersburg

FRVS

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

Began FRVS:	**6/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**4,488,270**
FRVS Base Asset:	**4,488,270**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,800,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**327,621**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,590,616**	**10.3888**
20% ROE(2):	**897,654**	**0.5070**
Insurance Cost(3):	**42,558**	**1.5189**
Taxes Cost(3):	**44,649**	**1.5935**
Home Office(3):	**16,630**	**0.5935**
Replacement(3&4):	**92,508**	**0.0000**
Total FRVS PD:		**14.6017**

(1) 80% Capital ($3,590,616) amortized at 6.7500% for 20 years Principal & Interest of $327,621 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $10.3888
(2) 20% ROE ($897,654) times the ROE factor (0.017810) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.5070
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**96**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,298,656**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7643**	**50.7643**	**2.2069**	**48.5574**	
Patient Care					
Direct Care	**92.7520**	**92.7520**	**4.0322**	**88.7198**	
Indirect Care	**58.1939**	**58.1939**	**2.5299**	**55.6640**	
Property	**13.6500**	**14.6017**	**0.6348**	**13.9669**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3677**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.3602**	**216.3119**	**9.4038**	**238.1122**	

***Medicaid Trend Adjustment :**

0 282553-00 - 2013/07

170.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Circl		**08/01/2010-07/31/2011**		Number of Beds:	**108**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**39,420**	Standard:	**184**
County: **Volusia[64]**		First Used:	**2012/07**	Max Annualized:	**39,420**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,422**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,436**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**19,390**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**6/29/1998**						
Acquired Date:	**6/29/1998**						
Entered Medicaid	**6/29/1998**						
Med # Active Date:	**3/1/2004**						
Previous Med #	**213764**						

Medicaid Utilization	**50.46588%**
Occupancy:	**97.46829%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.82751%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23784784**
Semester Index:	**1.32132636**
Cost:	**1.06743843**
Target:	**1.01485834**
DC FY Index:	**1.18133049**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03950589**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	667,006	1,259,962	600,352	509,763	0	3,037,083
1a	Audit Adjustments						
2	Cost Per Diem	34.3995	64.9800	30.9619	**26.2900**		156.6314
3	Cost Per Diem Inflated	36.7193	67.5471	33.0499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7193**	**67.5471**	**33.0499**	**26.2900**		163.6063
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5050		53.2903			
7	Provider Target Rate	**49.5346**		**54.4215**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7193**	**67.5471**	**33.0499**	**13.6500**		150.9663
12/13	Medicaid Adjustment Rate		0.0354	0.0173			
14	Prospective Per Diem 11	**36.7193**	**67.5825**	**33.0672**	**13.6500**		**151.0190**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282553-00 - 2013/07

170.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Terrace at Daytona Beach

FRVS

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

Began FRVS:	**6/29/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,077,312**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**8,748,560.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.9998**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**3.9998**	**%**
Interest Only:	**False**	
Yearly Payment:	**295,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,061,850**	**8.3252**
20% ROE(2):	**1,015,462**	**0.7393**
Insurance Cost(3):	**46,561**	**1.2118**
Taxes Cost(3):	**80,083**	**2.0843**
Home Office(3):	**6,957**	**0.1811**
Replacement(3&4):	**2,313**	**0.0000**
Total FRVS PD:		**12.5417**

(1) 80% Capital ($4,061,850) amortized at 3.9998% for 20 years Principal & Interest of $295,362 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $8.3252
(2) 20% ROE ($1,015,462) times the ROE factor (0.025830) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $0.7393
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7193**	**36.7193**	**1.5963**	**35.1230**	
Patient Care					
Direct Care	**67.5825**	**67.5825**	**2.9380**	**64.6445**	
Indirect Care	**33.0672**	**33.0672**	**1.4375**	**31.6297**	
Property	**13.6500**	**12.5417**	**0.5452**	**11.9965**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5588**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**151.0190**	**149.9107**	**6.5170**	**170.7889**	

***Medicaid Trend Adjustment :**

0 282618-00 - 2013/07

211.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**155**	Superior:	**0**
Clewiston FL 33440		Days In CR	**366**	Maximum:	**56,730**	Standard:	**159**
County:	**Hendry[26]**	First Used:	**2013/07**	Max Annualized:	**56,575**	Conditional:	**25**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**42,788**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,558**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,595**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.26665332**
Open Date:	**12/1/1980**					Semester Index:	**1.32132636**
Acquired Date:	**12/1/1980**					Cost:	**1.04316338**
Entered Medicaid	**2/1/1981**					Target:	**1.01485834**
Med # Active Date:	**10/29/2004**					**DC FY Index:**	**1.19500000**
Previous Med #	**221601**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02761506**
						PS Target:	**1.02122620**

Medicaid Utilization		**76.17790%**
Occupancy:		**75.42394%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**95.04767%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,309,793	2,441,287	1,714,820	1,245,129	0	6,711,029
1a	Audit Adjustments						
2	Cost Per Diem	40.1839	74.8976	52.6099	**38.2000**		205.8914
3	Cost Per Diem Inflated	41.9184	76.9659	54.8807			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.9184**	**76.9659**	**54.8807**	**38.2000**		211.9650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0152		71.1562			
7	Provider Target Rate	**60.2679**		**72.6666**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.9184**	**76.9659**	**54.8807**	**13.6500**		187.4150
12/13	Medicaid Adjustment Rate		1.9587	1.3966			
14	Prospective Per Diem 11	**41.9184**	**78.9246**	**56.2773**	**13.6500**		**190.7703**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282618-00 - 2013/07

211.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,086,232**
FRVS Base Asset:	**1,564,246**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.3200**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**11.3200**	**%**
Interest Only:	**False**	
Yearly Payment:	**514,672**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,068,986**	**10.1080**
20% ROE(2):	**1,017,246**	**0.3558**
Insurance Cost(3):	**48,831**	**1.1412**
Taxes Cost(3):	**33,412**	**0.7809**
Home Office(3):	**20,608**	**0.4816**
Replacement(3&4):	**17,364**	**0.0000**
Total FRVS PD:		**12.8675**

(1) 80% Capital ($4,068,986) amortized at 11.3200% for 20 years Principal & Interest of $514,672 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $10.1080
(2) 20% ROE ($1,017,246) times the ROE factor (0.017810) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.3558
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.9184**	**41.9184**	**1.8223**	**40.0961**	
Patient Care					
Direct Care	**78.9246**	**78.9246**	**3.4311**	**75.4935**	
Indirect Care	**56.2773**	**56.2773**	**2.4466**	**53.8307**	
Property	**13.6500**	**12.8675**	**0.5594**	**12.3081**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2468**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.7703**	**189.9878**	**8.2594**	**211.8116**	

***Medicaid Trend Adjustment :**

0 282626-00 - 2013/07

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**185**	Superior:	**0**
Lakeland FL 33805		Days In CR	**366**	Maximum:	**67,710**	Standard:	**184**
County: **Polk[53]**		First Used:	**2013/07**	Max Annualized:	**67,525**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2013/07**	Total Patient:	**60,474**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,894**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**36,738**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.26665332**
Open Date:	**7/1/1975**					Semester Index:	**1.32132636**
Acquired Date:	**7/1/1975**					Cost:	**1.04316338**
Entered Medicaid	**9/1/1976**					Target:	**1.01485834**
Med # Active Date:	**10/29/2004**					**DC FY Index:**	**1.19500000**
Previous Med #	**227854**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02761506**
						PS Target:	**1.02122620**

Medicaid Utilization		**60.75007%**
Occupancy:		**89.31324%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**112.55069%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,538,996	2,912,982	1,561,723	987,517	0	7,001,218
1a	Audit Adjustments						
2	Cost Per Diem	41.8911	79.2907	42.5097	**26.8800**		190.5715
3	Cost Per Diem Inflated	43.6993	81.4803	44.3446			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.6993**	**81.4803**	**44.3446**	**26.8800**		196.4042
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1102		50.8005			
7	Provider Target Rate	**44.0253**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6993**	**81.4803**	**44.3446**	**13.6500**		183.1742
12/13	Medicaid Adjustment Rate		0.9854	0.5363			
14	Prospective Per Diem 11	**43.6993**	**82.4657**	**44.8809**	**13.6500**		**184.6959**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282626-00 - 2013/07

204.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,819,731**
FRVS Base Asset:	**2,338,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**9,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1000**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**497,806**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,455,785**	**8.1913**
20% ROE(2):	**1,363,946**	**0.3997**
Insurance Cost(3):	**82,066**	**1.3570**
Taxes Cost(3):	**78,248**	**1.2939**
Home Office(3):	**32,128**	**0.5313**
Replacement(3&4):	**77,611**	**0.0000**
Total FRVS PD:		**11.7732**

(1) 80% Capital ($5,455,785) amortized at 6.7500% for 20 years Principal & Interest of $497,806 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $8.1913
(2) 20% ROE ($1,363,946) times the ROE factor (0.017810) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $0.3997
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6993**	**43.6993**	**1.8997**	**41.7996**	
Patient Care					
Direct Care	**82.4657**	**82.4657**	**3.5850**	**78.8807**	
Indirect Care	**44.8809**	**44.8809**	**1.9511**	**42.9298**	
Property	**13.6500**	**11.7732**	**0.5118**	**11.2614**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0691**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.6959**	**182.8191**	**7.9476**	**204.7770**	

***Medicaid Trend Adjustment :**

0 283193-00 - 2013/07

220.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,520**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**22,827**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**8,033**		
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 #							

Medicaid Utilization	**20.85410%**
Occupancy:	**87.70492%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.52390%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	362,321	726,698	499,635	280,753	0	1,869,407
1a	Audit Adjustments						
2	Cost Per Diem	45.1041	90.4641	62.1978	**34.9500**		232.7160
3	Cost Per Diem Inflated	47.0509	92.9623	64.8825			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0509**	**92.9623**	**64.8825**	**34.9500**		239.8457
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.8709		78.4333			
7	Provider Target Rate	**77.4814**		**80.0981**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0509**	**92.9623**	**58.1101**	**13.6500**		211.7733
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.0509**	**92.9623**	**58.1101**	**13.6500**		**211.7733**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 283193-00 - 2013/07

220.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Jacksonville

FRVS

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

Began FRVS:	**1/4/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2004/07**
Indexed Asset Value	**5,558,151**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**10,330,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.3000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**331,838**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,446,521**	**8.4180**
20% ROE(2):	**1,111,630**	**0.5022**
Insurance Cost(3):	**24,127**	**0.6263**
Taxes Cost(3):	**107,864**	**2.8002**
Home Office(3):	**43,254**	**1.1229**
Replacement(3&4):	**54,232**	**0.0000**
Total FRVS PD:		**13.4696**

(1) 80% Capital ($4,446,521) amortized at 4.3000% for 20 years Principal & Interest of $331,838 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4180
(2) 20% ROE ($1,111,630) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5022
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2004**	Used Per Bed Standard:	**43,509**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,221,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0509**	**47.0509**	**2.0455**	**45.0054**	
Patient Care					
Direct Care	**92.9623**	**92.9623**	**4.0414**	**88.9209**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**13.4696**	**0.5856**	**12.8840**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.6879**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**211.7733**	**211.5929**	**9.1987**	**220.9185**	

***Medicaid Trend Adjustment :**

0 284289-00 - 2013/07

185.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Orange Park FL 32073		Days In CR	**366**	Maximum:	**65,880**	Standard:	**172**
County: **Clay[10]**		First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**12**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**60,845**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**22,019**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**27,781**		
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**						

Medicaid Utilization	**45.65864%**
Occupancy:	**92.35731%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.38676%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,056,047	2,017,192	1,112,722	463,109	0	4,649,070
1a	Audit Adjustments						
2	Cost Per Diem	38.0133	72.6105	40.0533	**16.6700**		167.3471
3	Cost Per Diem Inflated	39.5483	74.5119	41.6707			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5483**	**74.5119**	**41.6707**	**16.6700**		172.4009
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6428		48.7710			
7	Provider Target Rate	**48.6541**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5483**	**74.5119**	**41.6707**	**13.6500**		169.3809
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.5483**	**74.5119**	**41.6707**	**13.6500**		**169.3809**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284289-00 - 2013/07

185.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Orange Park

FRVS

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

Began FRVS:	**9/19/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**8,477,348**
FRVS Base Asset:	**6,488,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**10,356,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.7550**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.7550**	**%**
Interest Only:	**False**	
Yearly Payment:	**526,136**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,781,878**	**8.8980**
20% ROE(2):	**1,695,470**	**0.4809**
Insurance Cost(3):	**52,622**	**0.8649**
Taxes Cost(3):	**104,561**	**1.7185**
Home Office(3):	**49,675**	**0.8164**
Replacement(3&4):	**85,253**	**0.0000**
Total FRVS PD:		**12.7787**

(1) 80% Capital ($6,781,878) amortized at 4.7550% for 20 years Principal & Interest of $526,136 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.8980
(2) 20% ROE ($1,695,470) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4809
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,488,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5483**	**39.5483**	**1.7193**	**37.8290**	
Patient Care					
Direct Care	**74.5119**	**74.5119**	**3.2393**	**71.2726**	
Indirect Care	**41.6707**	**41.6707**	**1.8116**	**39.8591**	
Property	**13.6500**	**12.7787**	**0.5555**	**12.2232**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1743**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.3809**	**168.5096**	**7.3257**	**185.1946**	

***Medicaid Trend Adjustment :**

0 284785-00 - 2013/07

173.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Terrace at Fleming 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		**08/01/2010-07/31/2011**		Number of Beds:	**108**	Superior:	**0**
Orange Park FL 32003		Days In CR	**365**	Maximum:	**39,420**	Standard:	**184**
County: **Clay[10]**		First Used:	**2012/07**	Max Annualized:	**39,420**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,946**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,496**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**23,897**	FY Index:	**1.23784784**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**61.35932%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**98.79757%**	Cost:	**1.06743843**
Open Date:	**1/19/2005**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/19/2005**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18133049**
Entered Medicaid	**3/11/2005**	Low Occupancy Adjustment Factor:			**124.50262%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**3/11/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03950589**
Previous Med #						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	765,638	1,587,298	776,510	793,858	0	3,923,304
1a	Audit Adjustments						
2	Cost Per Diem	32.0391	66.4225	32.4940	**33.2200**		164.1756
3	Cost Per Diem Inflated	34.1998	69.0466	34.6853			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.1998**	**69.0466**	**34.6853**	**33.2200**		171.1517
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.1998**	**69.0466**	**34.6853**	**13.6500**		151.5817
12/13	Medicaid Adjustment Rate		0.8824	0.4433			
14	Prospective Per Diem 11	**34.1998**	**69.9290**	**35.1286**	**13.6500**		**152.9074**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284785-00 - 2013/07

173.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Terrace at Fleming Island

FRVS

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

Began FRVS:	**3/11/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/01**
Indexed Asset Value	**5,041,079**
FRVS Base Asset:	**4,738,392**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.025830**

Mortgage Information		
Amount:	**7,687,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2400**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2400**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,832**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,032,863**	**9.1841**
20% ROE(2):	**1,008,216**	**0.7340**
Insurance Cost(3):	**64,311**	**1.6513**
Taxes Cost(3):	**55,406**	**1.4226**
Home Office(3):	**778**	**0.0200**
Replacement(3&4):	**6,628**	**0.0000**
Total FRVS PD:		**13.0120**

(1) 80% Capital ($4,032,863) amortized at 5.2400% for 20 years Principal & Interest of $325,832 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $9.1841
(2) 20% ROE ($1,008,216) times the ROE factor (0.025830) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $0.7340
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2004**	Used Per Bed Standard:	**43,874**
Comparison Bed	**108**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,738,392**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.1998**	**34.1998**	**1.4868**	**32.7130**	
Patient Care					
Direct Care	**69.9290**	**69.9290**	**3.0400**	**66.8890**	
Indirect Care	**35.1286**	**35.1286**	**1.5272**	**33.6014**	
Property	**13.6500**	**13.0120**	**0.5657**	**12.4463**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2030**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**152.9074**	**152.2694**	**6.6197**	**173.6891**	

***Medicaid Trend Adjustment :**

0 284793-00 - 2013/07

222.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**45**	Superior:	**0**
Tampa FL 33618		Days In CR	**366**	Maximum:	**16,470**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**13,988**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,732**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**2,658**		
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**						

Medicaid Utilization	**19.00200%**
Occupancy:	**84.93018%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.02723%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	151,097	252,837	187,672	30,328	0	621,934
1a	Audit Adjustments						
2	Cost Per Diem	56.8461	95.1230	70.6065	**11.4101**		233.9857
3	Cost Per Diem Inflated	58.5194	97.1402	72.6848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5194**	**97.1402**	**72.6848**	**11.4101**		239.7545
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.1879		59.1031			
7	Provider Target Rate	**67.5928**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**58.5194**	**97.1402**	**60.3576**	**11.4101**		227.4273
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**58.5194**	**97.1402**	**60.3576**	**11.4101**		**227.4273**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284793-00 - 2013/07

222.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.014580**

Mortgage Information		
Amount:	**700,473.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**5.1300**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**58,984**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,497,297**	**3.9901**
20% ROE(2):	**374,324**	**0.3692**
Insurance Cost(3):	**14,118**	**1.0093**
Taxes Cost(3):	**31,078**	**2.2218**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.5904**

(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 (0.014580) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.3692
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**45**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,748,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.5194**	**58.5194**	**2.5440**	**55.9754**	
Patient Care					
Direct Care	**97.1402**	**97.1402**	**4.2230**	**92.9172**	
Indirect Care	**60.3576**	**60.3576**	**2.6239**	**57.7337**	
Property	**11.4101**	**7.5904**	**0.3300**	**7.2604**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**227.4273**	**223.6076**	**9.7209**	**222.7231**	

***Medicaid Trend Adjustment :**

0 284823-00 - 2013/07

266.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**86**	Superior:	**0**
N. Miami Beach FL 33162		Days In CR	**366**	Maximum:	**31,476**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**31,390**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**29,370**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**6,656**	**Inflation**	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**20,304**	FY Index:	**1.27343864**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**69.13177%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**93.30919%**	Cost:	**1.03760505**
Open Date:	**7/1/1978**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1978**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**7/1/1978**	Low Occupancy Adjustment Factor:			**117.58629%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2002**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #	**205095**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,284,314	1,962,765	1,496,180	343,747	0	5,087,006
1a	Audit Adjustments						
2	Cost Per Diem	63.2542	96.6689	73.6889	**16.9300**		250.5420
3	Cost Per Diem Inflated	65.6329	99.0623	76.4600			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.6329**	**99.0623**	**76.4600**	**16.9300**		258.0852
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.6773		70.6623			
7	Provider Target Rate	**79.3261**		**72.1622**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**99.0623**	**72.1622**	**13.6500**		248.6949
12/13	Medicaid Adjustment Rate		2.1321	1.5532			
14	Prospective Per Diem 11	**63.8204**	**101.1944**	**73.7154**	**13.6500**		**252.3802**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284823-00 - 2013/07

266.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,869,627**
FRVS Base Asset:	**590,346**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**285,419**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,295,702**	**10.1030**
20% ROE(2):	**573,925**	**0.3238**
Insurance Cost(3):	**21,811**	**0.7426**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**16,873**	**0.5745**
Replacement(3&4):	**121,712**	**0.0000**
Total FRVS PD:		**11.7439**

(1) 80% Capital ($2,295,702) amortized at 12.5000% for 20 years Interest of $285,419 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $10.1030
(2) 20% ROE ($573,925) times the ROE factor (0.015940) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $0.3238
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**50**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,425,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**101.1944**	**101.1944**	**4.3992**	**96.7952**	
Indirect Care	**73.7154**	**73.7154**	**3.2046**	**70.5108**	
Property	**13.6500**	**11.7439**	**0.5105**	**11.2334**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3908**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**252.3802**	**250.4741**	**10.8888**	**266.8125**	

***Medicaid Trend Adjustment :**

0 307998-00 - 2013/07

219.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32224		Days In CR	**365**	Maximum:	**43,800**	Standard:	**158**
County:	**Duval[16]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**26**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**38,746**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,563**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**13,962**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**36.03469%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**88.46118%**	Cost:	**1.05400743**
Open Date:	**8/30/1991**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/30/1991**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**10/14/1991**	Low Occupancy Adjustment Factor:			**111.47693%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**4/6/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**203939**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	727,905	1,278,449	879,716	388,423	0	3,274,493
1a	Audit Adjustments						
2	Cost Per Diem	52.1347	91.5663	63.0079	**27.8200**		234.5289
3	Cost Per Diem Inflated	54.9504	94.5300	66.4108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.9504**	**94.5300**	**66.4108**	**27.8200**		243.7112
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1565		78.7918			
7	Provider Target Rate	**52.2424**		**80.4643**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**94.5300**	**58.1101**	**13.6500**		215.4293
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**94.5300**	**58.1101**	**13.6500**		**215.4293**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 307998-00 - 2013/07

219.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,937,245**
FRVS Base Asset:	**1,831,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**8,103,119.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.6200**	**%**
Chase Rate:	**5.7500**	**%**
Amortization Rate:	**6.6200**	**%**
Interest Only:	**False**	
Yearly Payment:	**428,995**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,749,796**	**10.8827**
20% ROE(2):	**1,187,449**	**0.7281**
Insurance Cost(3):	**36,722**	**0.9478**
Taxes Cost(3):	**94,472**	**2.4382**
Home Office(3):	**122,590**	**3.1639**
Replacement(3&4):	**1,310,222**	**0.0000**
Total FRVS PD:		**18.1607**

(1) 80% Capital ($4,749,796) amortized at 6.6200% for 20 years Principal & Interest of $428,995 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8827
(2) 20% ROE ($1,187,449) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7281
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**94.5300**	**94.5300**	**4.1095**	**90.4205**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**18.1607**	**0.7895**	**17.3712**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.4293**	**219.9400**	**9.5614**	**219.2150**	

***Medicaid Trend Adjustment :**

0 308111-00 - 2013/07

217.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Bava Pointe 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	
587 S.E. ERMINE AVE		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Lake City FL 32025		Days In CR	**366**	Maximum:	**32,940**	Standard:	**184**
County:	**Columbia[12]**	First Used:	**2013/07**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**29,817**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,406**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**16,491**		
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**						

Medicaid Utilization	**55.30737%**
Occupancy:	**90.51912%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.07031%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	783,583	1,362,280	811,829	344,167	0	3,301,859
1a	Audit Adjustments						
2	Cost Per Diem	47.5158	82.6075	49.2286	**20.8700**		200.2219
3	Cost Per Diem Inflated	48.9144	84.3593	50.6776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9144**	**84.3593**	**50.6776**	**20.8700**		204.8213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3624		53.6785			
7	Provider Target Rate	**53.4739**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9144**	**84.3593**	**50.6776**	**13.6500**		197.6013
12/13	Medicaid Adjustment Rate		0.5037	0.3026			
14	Prospective Per Diem 11	**48.9144**	**84.8630**	**50.9802**	**13.6500**		**198.4076**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308111-00 - 2013/07

217.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bava Pointe Nursing and Rehabilitation

FRVS

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

Began FRVS:	**1/25/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**4,423,058**
FRVS Base Asset:	**1,995,300**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**6,603,187.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.8267**	**%**
Chase Rate:	**6.5841**	**%**
Amortization Rate:	**9.5841**	**%**
Interest Only:	**False**	
Yearly Payment:	**398,131**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,538,446**	**13.4663**
20% ROE(2):	**884,612**	**0.4362**
Insurance Cost(3):	**17,156**	**0.5754**
Taxes Cost(3):	**78,948**	**2.6478**
Home Office(3):	**12,343**	**0.4140**
Replacement(3&4):	**7,055**	**0.0000**
Total FRVS PD:		**17.5397**

(1) 80% Capital ($3,538,446) amortized at 9.5841% for 20 years Principal & Interest of $398,131 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $13.4663
(2) 20% ROE ($884,612) times the ROE factor (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4362
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9144**	**48.9144**	**2.1265**	**46.7879**	
Patient Care					
Direct Care	**84.8630**	**84.8630**	**3.6893**	**81.1737**	
Indirect Care	**50.9802**	**50.9802**	**2.2163**	**48.7639**	
Property	**13.6500**	**17.5397**	**0.7625**	**16.7772**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.4809**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.4076**	**202.2973**	**8.7946**	**217.8200**	

***Medicaid Trend Adjustment :**

0 308242-00 - 2013/07

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**09/01/2011-08/31/2012**		Number of Beds:	**104**	Superior:	**0**
Miami Beach FL 33139		Days In CR	**366**	Maximum:	**38,064**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**34,679**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,420**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,454**		
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**						

Medicaid Utilization	**70.51530%**
Occupancy:	**91.10708%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.81124%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,330,582	2,118,594	1,381,745	268,016	0	5,098,937
1a	Audit Adjustments						
2	Cost Per Diem	54.4116	86.6359	56.5038	**10.9600**		208.5113
3	Cost Per Diem Inflated	56.4578	88.7809	58.6286			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4578**	**88.7809**	**58.6286**	**10.9600**		214.8273
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4200		62.4907			
7	Provider Target Rate	**51.4902**		**63.8171**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4902**	**88.7809**	**58.6286**	**10.9600**		209.8597
12/13	Medicaid Adjustment Rate		2.0490	1.3531			
14	Prospective Per Diem 11	**51.4902**	**90.8299**	**59.9817**	**10.9600**		**213.2618**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308242-00 - 2013/07

229.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.015940**

Mortgage Information		
Amount:	**525,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**251,961**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,026,595**	**7.3750**
20% ROE(2):	**506,649**	**0.2364**
Insurance Cost(3):	**12,970**	**0.3740**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**17,435**	**0.5028**
Replacement(3&4):	**316,987**	**0.0000**
Total FRVS PD:		**8.4882**

(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 (0.015940) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.2364
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4902**	**51.4902**	**2.2384**	**49.2518**	
Patient Care					
Direct Care	**90.8299**	**90.8299**	**3.9487**	**86.8812**	
Indirect Care	**59.9817**	**59.9817**	**2.6076**	**57.3741**	
Property	**10.9600**	**8.4882**	**0.3690**	**8.1192**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6920**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**213.2618**	**210.7900**	**9.1637**	**229.1547**	

***Medicaid Trend Adjustment :**

0 308251-00 - 2013/07

239.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**02/01/2011-01/31/2012**		Number of Beds:	**147**	Superior:	**0**
Miami FL 33135		Days In CR	**365**	Maximum:	**53,655**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**53,655**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**48,522**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**14,289**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,146**		
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**						

Medicaid Utilization	**66.25036%**
Occupancy:	**90.43332%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.96219%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.32132636**
Cost:	**1.05271342**
Target:	**1.01485834**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03193296**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,605,368	2,908,638	2,096,143	1,443,998	0	8,054,147
1a	Audit Adjustments						
2	Cost Per Diem	49.9399	90.4821	65.2070	**44.9200**		250.5490
3	Cost Per Diem Inflated	52.5724	93.3715	68.6443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5724**	**93.3715**	**68.6443**	**44.9200**		259.5082
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.8947		64.9336			
7	Provider Target Rate	**48.9113**		**66.3119**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9113**	**93.3715**	**61.8071**	**13.6500**		217.7399
12/13	Medicaid Adjustment Rate		1.7070	1.1299			
14	Prospective Per Diem 11	**48.9113**	**95.0785**	**62.9370**	**13.6500**		**220.5768**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308251-00 - 2013/07

239.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ponce Plaza Nursing & Rehab Center

FRVS

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

Began FRVS:	**4/21/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**7,066,033**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023020**

Mortgage Information		
Amount:	**5,846,571.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.0000**	**%**
Chase Rate:	**7.9336**	**%**
Amortization Rate:	**10.9336**	**%**
Interest Only:	**False**	
Yearly Payment:	**697,111**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,652,826**	**14.4361**
20% ROE(2):	**1,413,207**	**0.6737**
Insurance Cost(3):	**53,166**	**1.0957**
Taxes Cost(3):	**-5,056**	**-0.1042**
Home Office(3):	**26,470**	**0.5455**
Replacement(3&4):	**569,440**	**0.0000**
Total FRVS PD:		**16.6468**

(1) 80% Capital ($5,652,826) amortized at 10.9336% for 20 years Principal & Interest of $697,111 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $14.4361
(2) 20% ROE ($1,413,207) times the ROE factor (0.023020) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $0.6737
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9113**	**48.9113**	**2.1263**	**46.7850**	
Patient Care					
Direct Care	**95.0785**	**95.0785**	**4.1334**	**90.9451**	
Indirect Care	**62.9370**	**62.9370**	**2.7361**	**60.2009**	
Property	**13.6500**	**16.6468**	**0.7237**	**15.9231**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7771**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**220.5768**	**223.5736**	**9.7195**	**239.4676**	

***Medicaid Trend Adjustment :**

0 309800-00 - 2013/07

241.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**52**	Superior:	**0**
St. Petersburg Fl 33711		Days In CR	**366**	Maximum:	**19,032**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**18,980**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**16,216**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,281**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,819**		
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**						

Medicaid Utilization	**35.88431%**
Occupancy:	**85.20387%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.37214%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	319,192	598,589	361,112	110,270	0	1,389,163
1a	Audit Adjustments						
2	Cost Per Diem	54.8534	102.8680	62.0574	**18.9500**		238.7288
3	Cost Per Diem Inflated	56.4680	105.0494	63.8840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4680**	**105.0494**	**63.8840**	**18.9500**		244.3514
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		66.7753			
7	Provider Target Rate	**51.2096**		**68.1927**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.2096**	**99.6051**	**63.8840**	**13.6500**		228.3487
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.2096**	**99.6051**	**63.8840**	**13.6500**		**228.3487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 309800-00 - 2013/07

241.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Allegro at College Harbor

FRVS

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

Began FRVS:	**8/20/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**1,618,164**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**8,816,924.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7400**	**%**
Chase Rate:	**6.2500**	**%**
Amortization Rate:	**6.7400**	**%**
Interest Only:	**False**	
Yearly Payment:	**118,025**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,294,531**	**6.9093**
20% ROE(2):	**323,633**	**0.2762**
Insurance Cost(3):	**27,838**	**1.7167**
Taxes Cost(3):	**24,291**	**1.4980**
Home Office(3):	**42,923**	**2.6470**
Replacement(3&4):	**29,083**	**0.0000**
Total FRVS PD:		**13.0472**

(1) 80% Capital ($1,294,531) amortized at 6.7400% for 20 years Principal & Interest of $118,025 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $6.9093
(2) 20% ROE ($323,633) times the ROE factor (0.014580) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $0.2762
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**42**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,443,162**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2096**	**51.2096**	**2.2262**	**48.9834**	
Patient Care					
Direct Care	**99.6051**	**99.6051**	**4.3302**	**95.2749**	
Indirect Care	**63.8840**	**63.8840**	**2.7772**	**61.1068**	
Property	**13.6500**	**13.0472**	**0.5672**	**12.4800**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5692**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**228.3487**	**227.7459**	**9.9008**	**241.2507**	

***Medicaid Trend Adjustment :**

0 310409-00 - 2013/07

238.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**150**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**366**	Maximum:	**54,900**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**33,228**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,303**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,517**	FY Index:	**1.28354541**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**85.82220%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**60.52459%**	Cost:	**1.02943484**
Open Date:	**9/1/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/1/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**11/1/1984**	Low Occupancy Adjustment Factor:			**76.27182%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**9/1/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**219576**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,510,884	2,660,910	1,592,277	693,533	0	6,457,604
1a	Audit Adjustments						
2	Cost Per Diem	52.9819	93.3096	55.8361	**24.3200**		226.4476
3	Cost Per Diem Inflated	54.5414	95.2883	57.4796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5414**	**95.2883**	**57.4796**	**24.3200**		231.6293
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		52.8299			
7	Provider Target Rate	**45.1484**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1484**	**95.2883**	**53.9513**	**13.6500**		208.0380
12/13	Medicaid Adjustment Rate		3.8401	2.1742			
14	Prospective Per Diem 11	**45.1484**	**99.1284**	**56.1255**	**13.6500**		**214.0523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310409-00 - 2013/07

238.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Watercrest Care Center

FRVS

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

Began FRVS:	**9/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,360,943**
FRVS Base Asset:	**4,275,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**635,792**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,888,754**	**12.9029**
20% ROE(2):	**1,472,189**	**0.4356**
Insurance Cost(3):	**75,078**	**2.2595**
Taxes Cost(3):	**48,492**	**1.4594**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**147,581**	**0.0000**
Total FRVS PD:		**17.0574**

(1) 80% Capital ($5,888,754) amortized at 9.0000% for 20 years Principal & Interest of $635,792 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $12.9029
(2) 20% ROE ($1,472,189) times the ROE factor (0.014580) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.4356
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1484**	**45.1484**	**1.9627**	**43.1857**	
Patient Care					
Direct Care	**99.1284**	**99.1284**	**4.3094**	**94.8190**	
Indirect Care	**56.1255**	**56.1255**	**2.4400**	**53.6855**	
Property	**13.6500**	**17.0574**	**0.7415**	**16.3159**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4162**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.0523**	**217.4597**	**9.4536**	**238.2587**	

***Medicaid Trend Adjustment :**

0 310581-00 - 2013/07

192.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**110**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**366**	Maximum:	**40,260**	Standard:	**184**
County:	**Indian River[31]**	First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**36,026**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,894**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,399**		
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**						

Medicaid Utilization	**53.84722%**
Occupancy:	**89.48336%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.76506%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	852,727	1,313,429	939,241	111,738	0	3,217,135
1a	Audit Adjustments						
2	Cost Per Diem	43.9573	67.7060	48.4170	**5.7600**		165.8403
3	Cost Per Diem Inflated	45.6103	69.3823	50.2377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.6103**	**69.3823**	**50.2377**	**5.7600**		170.9903
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		62.2024			
7	Provider Target Rate	**45.1484**		**63.5227**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1484**	**69.3823**	**50.2377**	**5.7600**		170.5284
12/13	Medicaid Adjustment Rate		0.3003	0.2174			
14	Prospective Per Diem 11	**45.1484**	**69.6826**	**50.4551**	**5.7600**		**171.0461**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310581-00 - 2013/07

192.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ATLANTIC HEALTHCARE CENTER

FRVS

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

Began FRVS:	**9/1/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**3,213,070**
FRVS Base Asset:	**1,625,362**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,199,734.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**259,811**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,570,456**	**7.1900**
20% ROE(2):	**642,614**	**0.2835**
Insurance Cost(3):	**29,522**	**0.8195**
Taxes Cost(3):	**50,399**	**1.3990**
Home Office(3):	**25,842**	**0.7173**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**10.4093**

(1) 80% Capital ($2,570,456) amortized at 8.0940% for 20 years Principal & Interest of $259,811 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $7.1900
(2) 20% ROE ($642,614) times the ROE factor (0.015940) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.2835
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1484**	**45.1484**	**1.9627**	**43.1857**	
Patient Care					
Direct Care	**69.6826**	**69.6826**	**3.0293**	**66.6533**	
Indirect Care	**50.4551**	**50.4551**	**2.1934**	**48.2617**	
Property	**5.7600**	**10.4093**	**0.4525**	**9.9568**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2689**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**171.0461**	**175.6954**	**7.6379**	**192.1628**	

***Medicaid Trend Adjustment :**

0 310841-00 - 2013/07

220.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**21,900**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**19,065**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,225**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,831**		
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 #							

Medicaid Utilization	**41.07527%**
Occupancy:	**87.05480%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.70464%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	366,726	795,063	710,643	97,339	0	1,969,771
1a	Audit Adjustments						
2	Cost Per Diem	46.8300	101.5276	90.7474	**12.4300**		251.5350
3	Cost Per Diem Inflated	49.3592	104.8137	95.6484			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3592**	**104.8137**	**95.6484**	**12.4300**		262.2513
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		63.2775			
7	Provider Target Rate	**51.2096**		**64.6206**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.3592**	**99.6051**	**64.6206**	**12.4300**		226.0149
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.3592**	**99.6051**	**64.6206**	**12.4300**		**226.0149**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310841-00 - 2013/07

220.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St. Mark Village, Inc.

FRVS

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

Began FRVS:	**8/15/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**1,336,661**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**2,469,752.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7800**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**5.7800**	**%**
Interest Only:	**False**	
Yearly Payment:	**90,311**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,069,329**	**4.5820**
20% ROE(2):	**267,332**	**0.3278**
Insurance Cost(3):	**30,341**	**1.5915**
Taxes Cost(3):	**15,898**	**0.8339**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.3352**

(1) 80% Capital ($1,069,329) amortized at 5.7800% for 20 years Principal & Interest of $90,311 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $4.5820
(2) 20% ROE ($267,332) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3278
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1980**	Used Per Bed Standard:	**21,841**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,310,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.3592**	**49.3592**	**2.1458**	**47.2134**	
Patient Care					
Direct Care	**99.6051**	**99.6051**	**4.3302**	**95.2749**	
Indirect Care	**64.6206**	**64.6206**	**2.8093**	**61.8113**	
Property	**12.4300**	**7.3352**	**0.3189**	**7.0163**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.0149**	**220.9201**	**9.6042**	**220.1523**	

***Medicaid Trend Adjustment :**

0 311065-00 - 2013/07

207.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1100 66th Street North		**01/01/2012-12/31/2012**		Number of Beds:	**59**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**366**	Maximum:	**21,594**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**17,617**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,384**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**14,743**		
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**						

Medicaid Utilization	**83.68621%**
Occupancy:	**81.58284%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**102.80900%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	603,684	951,049	757,655	228,222	0	2,540,610
1a	Audit Adjustments						
2	Cost Per Diem	40.9472	64.5085	51.3908	**15.4800**		172.3265
3	Cost Per Diem Inflated	42.1525	65.8765	52.9035			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1525**	**65.8765**	**52.9035**	**15.4800**		176.4125
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.5824		63.3166			
7	Provider Target Rate	**56.7622**		**64.6606**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.1525**	**65.8765**	**52.9035**	**13.6500**		174.5825
12/13	Medicaid Adjustment Rate		2.4965	2.0049			
14	Prospective Per Diem 11	**42.1525**	**68.3730**	**54.9084**	**13.6500**		**179.0839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311065-00 - 2013/07

207.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Eagle Lake Rehab & Care Center

FRVS

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

Began FRVS:	**7/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/07**
Indexed Asset Value	**2,808,667**
FRVS Base Asset:	**1,695,483**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1500**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**9.1500**	**%**
Interest Only:	**False**	
Yearly Payment:	**245,202**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,246,934**	**12.6513**
20% ROE(2):	**561,733**	**0.4226**
Insurance Cost(3):	**70,103**	**3.9793**
Taxes Cost(3):	**26,125**	**1.4829**
Home Office(3):	**14,915**	**0.8466**
Replacement(3&4):	**205,237**	**0.0000**
Total FRVS PD:		**19.3827**

(1) 80% Capital ($2,246,934) amortized at 9.1500% for 20 years Principal & Interest of $245,202 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $12.6513
(2) 20% ROE ($561,733) times the ROE factor (0.014580) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.4226
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**59**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,695,483**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1525**	**42.1525**	**1.8325**	**40.3200**	
Patient Care					
Direct Care	**68.3730**	**68.3730**	**2.9724**	**65.4006**	
Indirect Care	**54.9084**	**54.9084**	**2.3870**	**52.5214**	
Property	**13.6500**	**19.3827**	**0.8426**	**18.5401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9118**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.0839**	**184.8166**	**8.0345**	**207.5303**	

***Medicaid Trend Adjustment :**

0 311308-00 - 2013/07

195.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2011-07/31/2012**	Number of Beds: **230**	Superior: **0**
Miami Beach FL 33139	Days In CR **366**	Maximum: **84,180**	Standard: **184**
County: **Dade[13]**	First Used: **2013/07**	Max Annualized: **83,950**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2013/07**	Total Patient: **67,394**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **9,472**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **53,819**	
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**			

Medicaid Utilization	**79.85726%**
Occupancy:	**80.05940%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.88918%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,214,964	4,513,218	2,442,876	985,964	0	10,157,022
1a	Audit Adjustments						
2	Cost Per Diem	41.1558	83.8592	45.3906	**18.3200**		188.7256
3	Cost Per Diem Inflated	42.8177	86.0551	47.2235			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8177**	**86.0551**	**47.2235**	**18.3200**		194.4163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2516		56.7831			
7	Provider Target Rate	**46.2121**		**57.9884**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8177**	**86.0551**	**47.2235**	**13.6500**		189.7463
12/13	Medicaid Adjustment Rate		2.8905	1.5862			
14	Prospective Per Diem 11	**42.8177**	**88.9456**	**48.8097**	**13.6500**		**194.2230**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311308-00 - 2013/07

195.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

South Pointe Plaza

FRVS

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

Began FRVS:	**4/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**8,184,214**
FRVS Base Asset:	**4,581,230**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**12,835,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9400**	**%**
Chase Rate:	**7.0000**	**%**
Amortization Rate:	**5.9400**	**%**
Interest Only:	**False**	
Yearly Payment:	**560,173**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,547,371**	**7.4141**
20% ROE(2):	**1,636,843**	**0.3633**
Insurance Cost(3):	**40,802**	**0.6054**
Taxes Cost(3):	**178,414**	**2.6473**
Home Office(3):	**27,972**	**0.4151**
Replacement(3&4):	**246,163**	**0.0000**
Total FRVS PD:		**11.4452**

(1) 80% Capital ($6,547,371) amortized at 5.9400% for 20 years Principal & Interest of $560,173 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = $7.4141
(2) 20% ROE ($1,636,843) times the ROE factor (0.016770) divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = $0.3633
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**230**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,555,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8177**	**42.8177**	**1.8614**	**40.9563**	
Patient Care					
Direct Care	**88.9456**	**88.9456**	**3.8667**	**85.0789**	
Indirect Care	**48.8097**	**48.8097**	**2.1219**	**46.6878**	
Property	**13.6500**	**11.4452**	**0.4976**	**10.9476**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.0253**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.2230**	**192.0182**	**8.3476**	**195.5323**	

***Medicaid Trend Adjustment :**

0 311685-00 - 2013/07

235.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**03/01/2011-02/29/2012**	Number of Beds: **180**	Superior: **0**
Punta Gorda FL 33950	Days In CR **366**	Maximum: **65,880**	Standard: **184**
County: **Charlotte[8]**	First Used: **2013/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2013/07**	Total Patient: **50,993**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **13,900**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **29,923**	
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 #			

Medicaid Utilization	**58.68060%**
Occupancy:	**77.40285%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**97.54146%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,141,166	2,801,287	1,678,646	574,522	0	6,195,621
1a	Audit Adjustments						
2	Cost Per Diem	38.1368	93.6165	56.0989	**19.2000**		207.0522
3	Cost Per Diem Inflated	40.0978	96.5654	58.9836			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0978**	**96.5654**	**58.9836**	**19.2000**		214.8468
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	97.3749		66.1164			
7	Provider Target Rate	**99.4418**		**67.5198**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.0978**	**96.5654**	**58.9836**	**13.6500**		209.2968
12/13	Medicaid Adjustment Rate		0.9430	0.5760			
14	Prospective Per Diem 11	**40.0978**	**97.5084**	**59.5596**	**13.6500**		**210.8158**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311685-00 - 2013/07

235.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Punta Gorda

FRVS

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

Began FRVS:	**7/29/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/07**
Indexed Asset Value	**8,590,561**
FRVS Base Asset:	**7,965,180**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**5,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.8720**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.8720**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,017,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,872,449**	**17.2140**
20% ROE(2):	**1,718,112**	**0.6358**
Insurance Cost(3):	**36,060**	**0.7072**
Taxes Cost(3):	**128,276**	**2.5156**
Home Office(3):	**47,150**	**0.9246**
Replacement(3&4):	**175,661**	**0.0000**
Total FRVS PD:		**21.9972**

(1) 80% Capital ($6,872,449) amortized at 13.8720% for 20 years Principal & Interest of $1,017,866 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $17.2140
(2) 20% ROE ($1,718,112) times the ROE factor (0.021880) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.6358
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2005**	Used Per Bed Standard:	**44,251**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,965,180**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0978**	**40.0978**	**1.7432**	**38.3546**	
Patient Care					
Direct Care	**97.5084**	**97.5084**	**4.2390**	**93.2694**	
Indirect Care	**59.5596**	**59.5596**	**2.5892**	**56.9704**	
Property	**13.6500**	**21.9972**	**0.9563**	**21.0409**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2979**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**210.8158**	**219.1630**	**9.5277**	**235.7696**	

***Medicaid Trend Adjustment :**

0 312045-00 - 2013/07

208.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **99**	Superior: **0**
Daytona Beach FL 32114	Days In CR **365**	Maximum: **36,135**	Standard: **184**
County: **Volusia[64]**	First Used: **2013/01**	Max Annualized: **36,135**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **28,700**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,209**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **16,601**	
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**			

Medicaid Utilization	**57.84321%**
Occupancy:	**79.42438%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.08894%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	717,595	1,474,162	647,877	227,434	0	3,067,068
1a	Audit Adjustments						
2	Cost Per Diem	43.2260	88.7996	39.0264	**13.7000**		184.7520
3	Cost Per Diem Inflated	45.5605	91.6737	41.1341			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5605**	**91.6737**	**41.1341**	**13.7000**		192.0683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5605**	**91.6737**	**41.1341**	**13.6500**		192.0183
12/13	Medicaid Adjustment Rate		0.8089	0.3630			
14	Prospective Per Diem 11	**45.5605**	**92.4826**	**41.4971**	**13.6500**		**193.1902**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312045-00 - 2013/07

208.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

SandalWood Nursing Center

FRVS

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

Began FRVS:	**8/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,234,655**
FRVS Base Asset:	**1,876,939**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.5700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.5700**	**%**
Interest Only:	**False**	
Yearly Payment:	**187,123**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,787,724**	**5.7538**
20% ROE(2):	**446,931**	**0.3322**
Insurance Cost(3):	**15,919**	**0.5547**
Taxes Cost(3):	**42,247**	**1.4720**
Home Office(3):	**4,648**	**0.1620**
Replacement(3&4):	**16,940**	**0.0000**
Total FRVS PD:		**8.2747**

(1) 80% Capital ($1,787,724) amortized at 8.5700% for 20 years Principal & Interest of $187,123 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $5.7538
(2) 20% ROE ($446,931) times the ROE factor (0.024170) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3322
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5605**	**45.5605**	**1.9807**	**43.5798**	
Patient Care					
Direct Care	**92.4826**	**92.4826**	**4.0205**	**88.4621**	
Indirect Care	**41.4971**	**41.4971**	**1.8040**	**39.6931**	
Property	**13.6500**	**8.2747**	**0.3597**	**7.9150**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2925**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.1902**	**187.8149**	**8.1649**	**208.7789**	

***Medicaid Trend Adjustment :**

0 312142-00 - 2013/07

205.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**92**	Superior:	**0**
Crescent City FL 32112		Days In CR	**366**	Maximum:	**33,672**	Standard:	**184**
County:	**Putnam[54]**	First Used:	**2013/07**	Max Annualized:	**33,580**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**28,905**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,600**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**21,773**		
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**						

Medicaid Utilization	**75.32607%**
Occupancy:	**85.84284%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**108.17735%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	889,594	1,771,255	942,762	229,923	0	3,833,534
1a	Audit Adjustments						
2	Cost Per Diem	40.8577	81.3510	43.2996	**10.5600**		176.0683
3	Cost Per Diem Inflated	42.0603	83.0761	44.5741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0603**	**83.0761**	**44.5741**	**10.5600**		180.2705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.0603**	**83.0761**	**44.5741**	**10.5600**		180.2705
12/13	Medicaid Adjustment Rate		2.3670	1.2700			
14	Prospective Per Diem 11	**42.0603**	**85.4431**	**45.8441**	**10.5600**		**183.9075**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312142-00 - 2013/07

205.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.014580**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**266,618**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,144,483**	**8.8220**
20% ROE(2):	**536,121**	**0.2586**
Insurance Cost(3):	**15,318**	**0.5299**
Taxes Cost(3):	**6,152**	**0.2128**
Home Office(3):	**4,034**	**0.1396**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.9629**

(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 (0.014580) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $0.2586
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**92**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,622,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0603**	**42.0603**	**1.8285**	**40.2318**	
Patient Care					
Direct Care	**85.4431**	**85.4431**	**3.7145**	**81.7286**	
Indirect Care	**45.8441**	**45.8441**	**1.9930**	**43.8511**	
Property	**10.5600**	**9.9629**	**0.4331**	**9.5298**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8183**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.9075**	**183.3104**	**7.9691**	**204.9960**	

***Medicaid Trend Adjustment :**

0 312151-00 - 2013/07

196.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**60**	Superior:	**0**
Cross City FL 32628		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Dixie[15]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**19,027**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,189**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**13,664**		
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**						

Medicaid Utilization	**71.81374%**
Occupancy:	**86.64390%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.18683%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	629,603	857,148	603,876	419,212	0	2,509,839
1a	Audit Adjustments						
2	Cost Per Diem	46.0775	62.7304	44.1947	**30.6800**		183.6826
3	Cost Per Diem Inflated	47.6827	64.1941	45.7343			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.6827**	**64.1941**	**45.7343**	**30.6800**		188.2911
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.0032		53.6785			
7	Provider Target Rate	**46.9797**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.9797**	**64.1941**	**45.7343**	**13.6500**		170.5581
12/13	Medicaid Adjustment Rate		1.5754	1.1223			
14	Prospective Per Diem 11	**46.9797**	**65.7695**	**46.8566**	**13.6500**		**173.2558**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312151-00 - 2013/07

196.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Cross City Rehabilitation and Health Center

FRVS

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

Began FRVS:	**7/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**2,820,324**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.8300**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.8300**	**%**
Interest Only:	**False**	
Yearly Payment:	**223,611**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,256,259**	**11.3451**
20% ROE(2):	**564,065**	**0.4413**
Insurance Cost(3):	**18,885**	**0.9925**
Taxes Cost(3):	**60,654**	**3.1878**
Home Office(3):	**7,957**	**0.4182**
Replacement(3&4):	**11,475**	**0.0000**
Total FRVS PD:		**16.3849**

(1) 80% Capital ($2,256,259) amortized at 7.8300% for 20 years Principal & Interest of $223,611 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.3451
(2) 20% ROE ($564,065) times the ROE factor (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4413
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9797**	**46.9797**	**2.0424**	**44.9373**	
Patient Care					
Direct Care	**65.7695**	**65.7695**	**2.8592**	**62.9103**	
Indirect Care	**46.8566**	**46.8566**	**2.0370**	**44.8196**	
Property	**13.6500**	**16.3849**	**0.7123**	**15.6726**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7944**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.2558**	**175.9907**	**7.6509**	**196.9706**	

***Medicaid Trend Adjustment :**

0 312274-00 - 2013/07

187.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **65**	Superior: **0**
Palatka FL 32177	Days In CR **365**	Maximum: **23,725**	Standard: **184**
County: **Putnam[54]**	First Used: **2013/01**	Max Annualized: **23,725**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2013/07**	Total Patient: **19,705**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,278**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **12,084**	
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**			

Medicaid Utilization	**61.32454%**
Occupancy:	**83.05585%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.66524%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	520,943	834,323	470,561	121,082	0	1,946,909
1a	Audit Adjustments						
2	Cost Per Diem	43.1101	69.0436	38.9408	**10.0200**		161.1145
3	Cost Per Diem Inflated	45.4384	71.2783	41.0439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4384**	**71.2783**	**41.0439**	**10.0200**		167.7806
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1836		53.6785			
7	Provider Target Rate	**46.1427**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4384**	**71.2783**	**41.0439**	**10.0200**		167.7806
12/13	Medicaid Adjustment Rate		0.9081	0.5229			
14	Prospective Per Diem 11	**45.4384**	**72.1864**	**41.5668**	**10.0200**		**169.2116**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312274-00 - 2013/07

187.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,559,431**
FRVS Base Asset:	**695,693**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**155,104**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,247,545**	**7.2640**
20% ROE(2):	**311,886**	**0.3530**
Insurance Cost(3):	**15,291**	**0.7760**
Taxes Cost(3):	**6,976**	**0.3540**
Home Office(3):	**3,077**	**0.1562**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.9032**

(1) 80% Capital ($1,247,545) amortized at 12.5000% for 20 years Interest of $155,104 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $7.2640
(2) 20% ROE ($311,886) times the ROE factor (0.024170) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.3530
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**65**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4384**	**45.4384**	**1.9754**	**43.4630**	
Patient Care					
Direct Care	**72.1864**	**72.1864**	**3.1382**	**69.0482**	
Indirect Care	**41.5668**	**41.5668**	**1.8070**	**39.7598**	
Property	**10.0200**	**8.9032**	**0.3871**	**8.5161**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4105**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**169.2116**	**168.0948**	**7.3077**	**187.0340**	

***Medicaid Trend Adjustment :**

0 312312-00 - 2013/07

239.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**30**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**365**	Maximum:	**10,950**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**7,712**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,003**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,096**		
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**						

Medicaid Utilization	**27.17842%**
Occupancy:	**70.42922%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**88.75344%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	149,226	183,627	144,355	55,146	0	532,354
1a	Audit Adjustments						
2	Cost Per Diem	71.1956	87.6083	68.8717	**26.3101**		253.9857
3	Cost Per Diem Inflated	75.0407	90.4439	72.5913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**75.0407**	**90.4439**	**72.5913**	**26.3101**		264.3860
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.7687		76.2533			
7	Provider Target Rate	**80.4407**		**77.8719**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**90.4439**	**72.5913**	**13.6500**		240.5056
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.8204**	**90.4439**	**72.5913**	**13.6500**		**240.5056**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312312-00 - 2013/07

239.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,207,147**
FRVS Base Asset:	**1,030,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**78,934**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**965,718**	**8.0095**
20% ROE(2):	**241,429**	**0.5921**
Insurance Cost(3):	**9,612**	**1.2464**
Taxes Cost(3):	**23,252**	**3.0150**
Home Office(3):	**7,213**	**0.9353**
Replacement(3&4):	**46,974**	**0.0000**
Total FRVS PD:		**13.7983**

(1) 80% Capital ($965,718) amortized at 8.2500% for 20 years Interest of $78,934 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $8.0095
(2) 20% ROE ($241,429) times the ROE factor (0.024170) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.5921
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**30**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,030,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**90.4439**	**90.4439**	**3.9319**	**86.5120**	
Indirect Care	**72.5913**	**72.5913**	**3.1558**	**69.4355**	
Property	**13.6500**	**13.7983**	**0.5999**	**13.1984**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**240.5056**	**240.6539**	**10.4621**	**239.0282**	

***Medicaid Trend Adjustment :**

0 312371-00 - 2013/07

228.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**365**	Maximum:	**65,700**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**62,276**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,979**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,360**		
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**						

Medicaid Utilization	**56.77950%**
Occupancy:	**94.78843%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.45040%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,570,211	2,825,165	1,906,851	692,702	0	6,994,929
1a	Audit Adjustments						
2	Cost Per Diem	44.4064	79.8972	53.9268	**19.5900**		197.8204
3	Cost Per Diem Inflated	46.8047	82.4832	56.8392			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8047**	**82.4832**	**56.8392**	**19.5900**		205.7171
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3078		61.8010			
7	Provider Target Rate	**50.3544**		**63.1128**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8047**	**82.4832**	**56.8392**	**13.6500**		199.7771
12/13	Medicaid Adjustment Rate		0.6291	0.4335			
14	Prospective Per Diem 11	**46.8047**	**83.1123**	**57.2727**	**13.6500**		**200.8397**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312371-00 - 2013/07

228.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Southlake Nursing 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:	**1982/07**
Indexed Asset Value	**8,800,859**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,188,421.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.1200**	**%**
Chase Rate:	**11.2000**	**%**
Amortization Rate:	**14.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,062,924**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,040,687**	**17.9761**
20% ROE(2):	**1,760,172**	**0.7195**
Insurance Cost(3):	**118,516**	**1.9031**
Taxes Cost(3):	**93,268**	**1.4977**
Home Office(3):	**32,352**	**0.5195**
Replacement(3&4):	**14,228**	**0.0000**
Total FRVS PD:		**22.6159**

(1) 80% Capital ($7,040,687) amortized at 14.2000% for 20 years Principal & Interest of $1,062,924 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $17.9761
(2) 20% ROE ($1,760,172) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.7195
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8047**	**46.8047**	**2.0348**	**44.7699**	
Patient Care					
Direct Care	**83.1123**	**83.1123**	**3.6132**	**79.4991**	
Indirect Care	**57.2727**	**57.2727**	**2.4898**	**54.7829**	
Property	**13.6500**	**22.6159**	**0.9832**	**21.6327**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2058**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.8397**	**209.8056**	**9.1210**	**228.7268**	

***Medicaid Trend Adjustment :**

0 312550-00 - 2013/07

186.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**39**	Superior:	**0**
Maitland FL 32751		Days In CR	**366**	Maximum:	**14,274**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**14,235**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**13,071**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,424**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,570**	FY Index:	**1.26665332**
Class at 1/94:	**North Small [1]**	Medicaid Utilization			**27.31237%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.57209%**	Cost:	**1.04316338**
Open Date:	**6/16/1995**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/16/1995**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**6/16/1995**	Low Occupancy Adjustment Factor:			**115.39723%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2006**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**263117**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	160,736	253,415	185,765	69,544	0	669,460
1a	Audit Adjustments						
2	Cost Per Diem	45.0241	70.9846	52.0350	**19.4801**		187.5238
3	Cost Per Diem Inflated	46.9675	72.9448	54.2810			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9675**	**72.9448**	**54.2810**	**19.4801**		193.6734
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.6639		78.6206			
7	Provider Target Rate	**75.2275**		**80.2894**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.9675**	**72.9448**	**54.2810**	**13.6500**		187.8433
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.9675**	**72.9448**	**54.2810**	**13.6500**		**187.8433**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312550-00 - 2013/07

186.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**1,613,255**
FRVS Base Asset:	**1,340,079**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**105,489**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,290,604**	**8.2339**
20% ROE(2):	**322,651**	**0.4485**
Insurance Cost(3):	**11,227**	**0.8589**
Taxes Cost(3):	**17,901**	**1.3695**
Home Office(3):	**10,433**	**0.7982**
Replacement(3&4):	**8,319**	**0.0000**
Total FRVS PD:		**11.7090**

(1) 80% Capital ($1,290,604) amortized at 8.2500% for 20 years Interest of $105,489 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $8.2339
(2) 20% ROE ($322,651) times the ROE factor (0.017810) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $0.4485
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**39**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,340,079**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9675**	**46.9675**	**2.0418**	**44.9257**	
Patient Care					
Direct Care	**72.9448**	**72.9448**	**3.1711**	**69.7737**	
Indirect Care	**54.2810**	**54.2810**	**2.3598**	**51.9212**	
Property	**13.6500**	**11.7090**	**0.5090**	**11.2000**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.8433**	**185.9023**	**8.0817**	**186.6570**	

***Medicaid Trend Adjustment :**

0 312789-00 - 2013/07

256.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2011-07/31/2012**	Number of Beds: **36**	Superior: **0**
Pompano Beach FL 33060	Days In CR **366**	Maximum: **13,176**	Standard: **184**
County: **Broward[6]**	First Used: **2013/07**	Max Annualized: **13,140**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2013/07**	Total Patient: **12,326**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **0**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **11,960**	
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**			

Medicaid Utilization	**97.03067%**
Occupancy:	**93.54888%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.88834%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,311	1,192,779	753,746	228,077	0	2,906,913
1a	Audit Adjustments						
2	Cost Per Diem	61.2300	99.7307	63.0222	**19.0700**		243.0529
3	Cost Per Diem Inflated	63.7025	102.3422	65.5671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.7025**	**102.3422**	**65.5671**	**19.0700**		250.6818
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.4961		64.5276			
7	Provider Target Rate	**77.0986**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.7025**	**102.3422**	**65.5671**	**13.6500**		245.2618
12/13	Medicaid Adjustment Rate		4.6054	2.9505			
14	Prospective Per Diem 11	**63.7025**	**106.9476**	**68.5176**	**13.6500**		**252.8177**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312789-00 - 2013/07

256.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Children's Comprehensive Care Center

FRVS

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

Began FRVS:	**6/8/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**1,829,268**
FRVS Base Asset:	**1,084,510**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**1,220,125.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**163,691**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,463,414**	**13.8416**
20% ROE(2):	**365,854**	**0.5188**
Insurance Cost(3):	**36,973**	**2.9996**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**34,685**	**2.8140**
Replacement(3&4):	**8,813**	**0.0000**
Total FRVS PD:		**20.1740**

(1) 80% Capital ($1,463,414) amortized at 9.5000% for 20 years Principal & Interest of $163,691 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $13.8416
(2) 20% ROE ($365,854) times the ROE factor (0.016770) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.5188
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**35**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,084,510**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.7025**	**63.7025**	**2.7694**	**60.9331**	
Patient Care					
Direct Care	**106.9476**	**106.9476**	**4.6494**	**102.2982**	
Indirect Care	**68.5176**	**68.5176**	**2.9787**	**65.5389**	
Property	**13.6500**	**20.1740**	**0.8770**	**19.2970**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**252.8177**	**259.3417**	**11.2745**	**256.9036**	

***Medicaid Trend Adjustment :**

0 313424-00 - 2013/07

223.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2010-06/30/2011**		Number of Beds:	**152**	Superior:	**0**
Hollywood FL 33021		Days In CR	**365**	Maximum:	**55,480**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2012/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**47,536**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,763**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,107**		
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**						

Medicaid Utilization	**44.40214%**
Occupancy:	**85.68133%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**107.97381%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.23415178**
Semester Index:	**1.32132636**
Cost:	**1.07063522**
Target:	**1.01485834**
DC FY Index:	**1.17950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.04111912**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,089,140	1,628,065	1,034,874	334,124	0	4,086,203
1a	Audit Adjustments						
2	Cost Per Diem	51.6009	77.1339	49.0299	**15.8300**		193.5947
3	Cost Per Diem Inflated	55.2457	80.3056	52.4931			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.2457**	**80.3056**	**52.4931**	**15.8300**		203.8744
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.0052		62.8972			
7	Provider Target Rate	**61.2789**		**64.2323**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**80.3056**	**52.4931**	**13.6500**		200.4706
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**80.3056**	**52.4931**	**13.6500**		**200.4706**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313424-00 - 2013/07

223.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**0.025830**

Mortgage Information		
Amount:	**1,323,889.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**637,977**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,131,425**	**12.7769**
20% ROE(2):	**1,282,856**	**0.6636**
Insurance Cost(3):	**87,884**	**1.8488**
Taxes Cost(3):	**110,191**	**2.3181**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.6074**

(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 (0.025830) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.6636
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**152**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**80.3056**	**80.3056**	**3.4911**	**76.8145**	
Indirect Care	**52.4931**	**52.4931**	**2.2820**	**50.2111**	
Property	**13.6500**	**17.6074**	**0.7655**	**16.8419**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3963**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.4706**	**204.4280**	**8.8871**	**223.7736**	

***Medicaid Trend Adjustment :**

0 313718-00 - 2013/07

201.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**42**	Superior:	**0**
Oviedo Fl 32765		Days In CR	**366**	Maximum:	**15,372**	Standard:	**184**
County:	**Seminole[59]**	First Used:	**2013/07**	Max Annualized:	**15,330**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**14,698**	Total:	**184**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**1,935**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,191**		
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 #							

Medicaid Utilization	**48.92502%**
Occupancy:	**95.61540%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.49254%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.32132636**
Cost:	**1.03760505**
Target:	**1.01485834**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02475859**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	399,460	550,941	393,037	170,930	0	1,514,368
1a	Audit Adjustments						
2	Cost Per Diem	55.5500	76.6154	54.6568	**23.7700**		210.5922
3	Cost Per Diem Inflated	57.6390	78.5123	56.7122			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.6390**	**78.5123**	**56.7122**	**23.7700**		216.6335
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.3735		62.5955			
7	Provider Target Rate	**58.5913**		**63.9242**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.6390**	**78.5123**	**56.7122**	**13.6500**		206.5135
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.6390**	**78.5123**	**56.7122**	**13.6500**		**206.5135**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313718-00 - 2013/07

201.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lutheran Haven Nursing Home

FRVS

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

Began FRVS:	**12/16/2005**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2005/07**
Indexed Asset Value	**2,033,999**
FRVS Base Asset:	**1,858,542**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**3,663,145.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**0.2800**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**0.2800**	**%**
Interest Only:	**False**	
Yearly Payment:	**83,669**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,627,199**	**6.0643**
20% ROE(2):	**406,800**	**0.4700**
Insurance Cost(3):	**31,010**	**2.1098**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**22,268**	**0.0000**
Total FRVS PD:		**8.6441**

(1) 80% Capital ($1,627,199) amortized at 0.2800% for 20 years Principal & Interest of $83,669 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = $6.0643
(2) 20% ROE ($406,800) times the ROE factor (0.015940) divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = $0.4700
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2005**	Used Per Bed Standard:	**44,251**
Comparison Bed	**42**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,858,542**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.6390**	**57.6390**	**2.5058**	**55.1332**	
Patient Care					
Direct Care	**78.5123**	**78.5123**	**3.4132**	**75.0991**	
Indirect Care	**56.7122**	**56.7122**	**2.4655**	**54.2467**	
Property	**13.6500**	**8.6441**	**0.3758**	**8.2683**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**206.5135**	**201.5076**	**8.7603**	**201.5837**	

***Medicaid Trend Adjustment :**

0 315524-00 - 2013/07

204.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Carrington Place 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	
10501 Roosevelt Blvd North		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33716		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**42,088**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,139**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,178**	FY Index:	**1.28354541**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**66.95020%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.82878%**	Cost:	**1.02943484**
Open Date:	**8/1/1988**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/1/1988**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**10/1/1988**	Low Occupancy Adjustment Factor:			**120.76142%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**5/1/2006**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**258768**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,029,565	2,125,390	1,348,368	840,832	0	5,344,155
1a	Audit Adjustments						
2	Cost Per Diem	36.5379	75.4273	47.8518	**29.8400**		189.6570
3	Cost Per Diem Inflated	37.6134	77.0268	49.2603			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6134**	**77.0268**	**49.2603**	**29.8400**		193.7405
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.1458		50.8005			
7	Provider Target Rate	**45.0828**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6134**	**77.0268**	**49.2603**	**13.6500**		177.5505
12/13	Medicaid Adjustment Rate		1.4688	0.9393			
14	Prospective Per Diem 11	**37.6134**	**78.4956**	**50.1996**	**13.6500**		**179.9586**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 315524-00 - 2013/07

204.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Carrington Place of St. Pete

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	**5,617,715**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,520,263.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.8318**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**5.8318**	**%**
Interest Only:	**False**	
Yearly Payment:	**381,157**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,494,172**	**9.6691**
20% ROE(2):	**1,123,543**	**0.4156**
Insurance Cost(3):	**145,091**	**3.4473**
Taxes Cost(3):	**99,746**	**2.3699**
Home Office(3):	**37,871**	**0.8998**
Replacement(3&4):	**17,679**	**0.0000**
Total FRVS PD:		**16.8017**

(1) 80% Capital ($4,494,172) amortized at 5.8318% for 20 years Principal & Interest of $381,157 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6691
(2) 20% ROE ($1,123,543) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4156
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6134**	**37.6134**	**1.6352**	**35.9782**	
Patient Care					
Direct Care	**78.4956**	**78.4956**	**3.4125**	**75.0831**	
Indirect Care	**50.1996**	**50.1996**	**2.1823**	**48.0173**	
Property	**13.6500**	**16.8017**	**0.7304**	**16.0713**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8764**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.9586**	**183.1103**	**7.9604**	**204.8627**	

***Medicaid Trend Adjustment :**

0 315664-00 - 2013/07

218.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**39,976**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,535**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,435**		
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 #							

Medicaid Utilization	**36.10917%**
Occupancy:	**91.26940%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.01579%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	633,356	1,257,234	879,961	637,305	0	3,407,856
1a	Audit Adjustments						
2	Cost Per Diem	43.8764	87.0962	60.9602	**44.1500**		236.0828
3	Cost Per Diem Inflated	46.2461	89.9152	64.2525			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2461**	**89.9152**	**64.2525**	**44.1500**		244.5638
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.5585		82.0165			
7	Provider Target Rate	**66.9501**		**83.7574**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2461**	**89.9152**	**58.1101**	**13.6500**		207.9214
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.2461**	**89.9152**	**58.1101**	**13.6500**		**207.9214**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 315664-00 - 2013/07

218.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Life Care Center of Pensacola

FRVS

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

Began FRVS:	**6/1/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2006/01**
Indexed Asset Value	**5,797,272**
FRVS Base Asset:	**478,329**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**11,530,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**375,020**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,637,818**	**9.5134**
20% ROE(2):	**1,159,454**	**0.7109**
Insurance Cost(3):	**23,079**	**0.5773**
Taxes Cost(3):	**97,107**	**2.4291**
Home Office(3):	**42,347**	**1.0593**
Replacement(3&4):	**56,089**	**0.0000**
Total FRVS PD:		**14.2900**

(1) 80% Capital ($4,637,818) amortized at 5.2500% for 20 years Principal & Interest of $375,020 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5134
(2) 20% ROE ($1,159,454) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7109
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2005**	Used Per Bed Standard:	**44,577**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,349,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2461**	**46.2461**	**2.0105**	**44.2356**	
Patient Care					
Direct Care	**89.9152**	**89.9152**	**3.9089**	**86.0063**	
Indirect Care	**58.1101**	**58.1101**	**2.5262**	**55.5839**	
Property	**13.6500**	**14.2900**	**0.6212**	**13.6688**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.3749**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.9214**	**208.5614**	**9.0668**	**218.7059**	

***Medicaid Trend Adjustment :**

0 316075-00 - 2013/07

218.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Ft. Walton Beach FL 32457		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Okaloosa[46]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**19,048**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,820**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**5,724**		
Class at 1/94:	**North Small [1]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.28354541**
Open Date:	**7/1/1985**					Semester Index:	**1.32132636**
Acquired Date:	**7/1/1985**					Cost:	**1.02943484**
Entered Medicaid	**7/1/1985**					Target:	**1.01485834**
Med # Active Date:	**3/31/2006**					**DC FY Index:**	**1.20250000**
Previous Med #	**225061**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02120582**
						PS Target:	**1.02122620**

Medicaid Utilization		**30.05040%**
Occupancy:		**86.73953%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**109.30734%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	276,695	437,555	362,853	67,658	18,911	1,163,672
1a	Audit Adjustments						
2	Cost Per Diem	48.3394	76.4422	63.3915	**11.8201**	**3.3038**	203.2970
3	Cost Per Diem Inflated	49.7623	78.0632	65.2574			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7623**	**78.0632**	**65.2574**	**11.8201**	**3.3038**	208.2068
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4378		63.5618			
7	Provider Target Rate	**53.5509**		**64.9110**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.7623**	**78.0632**	**63.9360**	**11.8201**	**3.3038**	206.8854
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.7623**	**78.0632**	**63.9360**	**11.8201**	**3.3038**	**206.8854**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316075-00 - 2013/07

218.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Westwood Health Care Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**1,329,815**
FRVS Base Asset:	**892,330**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,807,470.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.1519**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.1519**	**%**
Interest Only:	**False**	
Yearly Payment:	**100,144**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,063,852**	**5.0809**
20% ROE(2):	**265,963**	**0.1967**
Insurance Cost(3):	**15,388**	**0.8079**
Taxes Cost(3):	**13,024**	**0.6837**
Home Office(3):	**49,498**	**2.5986**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**9.3678**

(1) 80% Capital ($1,063,852) amortized at 7.1519% for 20 years Principal & Interest of $100,144 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.0809
(2) 20% ROE ($265,963) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1967
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.7623**	**49.7623**	**2.1633**	**47.5990**	
Patient Care					
Direct Care	**78.0632**	**78.0632**	**3.3937**	**74.6695**	
Indirect Care	**63.9360**	**63.9360**	**2.7795**	**61.1565**	
Property	**11.8201**	**9.3678**	**0.5139**	**11.3062**	
ROE	**3.3038**	**2.8440**	**0.1436**	**3.1602**	
ROE Adjustment	**-2.8440**	**-2.8440**	**-0.1236**	**-2.7204**	
Quality Assess-Medicaid Share				**$14.0173**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**204.0414**	**201.1293**	**8.8704**	**218.0247**	

***Medicaid Trend Adjustment :**

0 316229-00 - 2013/07

252.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**41**	Superior:	**0**
Arcadia FL 34266		Days In CR	**365**	Maximum:	**14,965**	Standard:	**145**
County:	**Desoto[14]**	First Used:	**2013/01**	Max Annualized:	**14,965**	Conditional:	**39**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**13,248**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,706**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,924**		
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**						

Medicaid Utilization	**59.81280%**
Occupancy:	**88.52656%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.55933%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	559,038	719,699	659,919	236,214	0	2,174,870
1a	Audit Adjustments						
2	Cost Per Diem	70.5500	90.8252	83.2810	**29.8099**		274.4661
3	Cost Per Diem Inflated	74.3602	93.7649	87.7788			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**74.3602**	**93.7649**	**87.7788**	**29.8099**		285.7138
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.8972		87.1546			
7	Provider Target Rate	**74.4445**		**89.0046**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.8204**	**93.7649**	**77.6541**	**13.6500**		248.8894
12/13	Medicaid Adjustment Rate		0.8157	0.6756			
14	Prospective Per Diem 11	**63.8204**	**94.5806**	**78.3297**	**13.6500**		**250.3807**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316229-00 - 2013/07

252.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Desoto Health & Rehab

FRVS

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

Began FRVS:	**9/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**1,973,240**
FRVS Base Asset:	**1,077,566**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.0000**	**%**
Chase Rate:	**5.5000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**146,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,578,592**	**10.9044**
20% ROE(2):	**394,648**	**0.7082**
Insurance Cost(3):	**32,702**	**2.4684**
Taxes Cost(3):	**41,632**	**3.1425**
Home Office(3):	**7,947**	**0.5999**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.8234**

(1) 80% Capital ($1,578,592) amortized at 7.0000% for 20 years Principal & Interest of $146,866 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $10.9044
(2) 20% ROE ($394,648) times the ROE factor (0.024170) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $0.7082
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.8204**	**63.8204**	**2.7745**	**61.0459**	
Patient Care					
Direct Care	**94.5806**	**94.5806**	**4.1117**	**90.4689**	
Indirect Care	**78.3297**	**78.3297**	**3.4052**	**74.9245**	
Property	**13.6500**	**17.8234**	**0.7748**	**17.0486**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**250.3807**	**254.5541**	**11.0662**	**252.3243**	

***Medicaid Trend Adjustment :**

0 316628-00 - 2013/07

192.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33714		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County: **Pinellas[52]**		First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**18,095**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,193**	**Inflation**	
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**14,954**	FY Index:	**1.26384602**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**82.64161%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**82.39982%**	Cost:	**1.04548049**
Open Date: **3/1/1980**		Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date: **3/1/1980**		Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid **3/1/1980**		Low Occupancy Adjustment Factor:			**103.83853%**	**DC Sem Index:**	**1.22800000**
Med # Active Date: **12/1/2005**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med # **257206**						**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	570,206	1,147,932	559,844	288,463	0	2,566,445
1a	Audit Adjustments						
2	Cost Per Diem	38.1307	76.7642	37.4377	**19.2900**		171.6226
3	Cost Per Diem Inflated	39.8649	78.9723	39.1404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8649**	**78.9723**	**39.1404**	**19.2900**		177.2676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2376		59.1031			
7	Provider Target Rate	**52.3252**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.8649**	**78.9723**	**39.1404**	**13.6500**		171.6276
12/13	Medicaid Adjustment Rate		2.9000	1.4373			
14	Prospective Per Diem 11	**39.8649**	**81.8723**	**40.5777**	**13.6500**		**175.9649**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316628-00 - 2013/07

192.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Laurellwood Nursing Center, Inc.

FRVS

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

Began FRVS:	**6/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**1,473,130**
FRVS Base Asset:	**764,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**1,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**113,927**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,178,504**	**5.7802**
20% ROE(2):	**294,626**	**0.2803**
Insurance Cost(3):	**2,967**	**0.1640**
Taxes Cost(3):	**17,066**	**0.9431**
Home Office(3):	**15,955**	**0.8817**
Replacement(3&4):	**17,858**	**0.0000**
Total FRVS PD:		**8.0493**

(1) 80% Capital ($1,178,504) amortized at 7.5000% for 20 years Principal & Interest of $113,927 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.7802
(2) 20% ROE ($294,626) times the ROE factor (0.018750) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2803
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8649**	**39.8649**	**1.7331**	**38.1318**	
Patient Care					
Direct Care	**81.8723**	**81.8723**	**3.5593**	**78.3130**	
Indirect Care	**40.5777**	**40.5777**	**1.7640**	**38.8137**	
Property	**13.6500**	**8.0493**	**0.3499**	**7.6994**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8980**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.9649**	**170.3642**	**7.4063**	**192.6923**	

***Medicaid Trend Adjustment :**

0 316636-00 - 2013/07

208.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**38,743**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,888**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,964**		
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**						

Medicaid Utilization	**67.01598%**
Occupancy:	**88.21266%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.16375%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,618	2,101,809	1,073,925	618,982	0	4,857,334
1a	Audit Adjustments						
2	Cost Per Diem	40.9266	80.9509	41.3621	**23.8400**		187.0796
3	Cost Per Diem Inflated	42.7880	83.2794	43.2433			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7880**	**83.2794**	**43.2433**	**23.8400**		193.1507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7880**	**83.2794**	**43.2433**	**13.6500**		182.9607
12/13	Medicaid Adjustment Rate		1.5942	0.8278			
14	Prospective Per Diem 11	**42.7880**	**84.8736**	**44.0711**	**13.6500**		**185.3827**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316636-00 - 2013/07

208.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

HarbourWood Nursing Center, Inc.

FRVS

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

Began FRVS:	**7/3/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,396,963**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,560,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7500**	**%**
Chase Rate:	**7.0000**	**%**
Amortization Rate:	**6.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**393,951**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,317,570**	**9.9937**
20% ROE(2):	**1,079,393**	**0.5134**
Insurance Cost(3):	**11,239**	**0.2901**
Taxes Cost(3):	**88,624**	**2.2875**
Home Office(3):	**41,057**	**1.0597**
Replacement(3&4):	**21,949**	**0.0000**
Total FRVS PD:		**14.1444**

(1) 80% Capital ($4,317,570) amortized at 6.7500% for 20 years Principal & Interest of $393,951 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9937
(2) 20% ROE ($1,079,393) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5134
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7880**	**42.7880**	**1.8601**	**40.9279**	
Patient Care					
Direct Care	**84.8736**	**84.8736**	**3.6897**	**81.1839**	
Indirect Care	**44.0711**	**44.0711**	**1.9159**	**42.1552**	
Property	**13.6500**	**14.1444**	**0.6149**	**13.5295**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3936**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.3827**	**185.8771**	**8.0806**	**208.0265**	

***Medicaid Trend Adjustment :**

0 316644-00 - 2013/07

187.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**366**	Maximum:	**43,920**	Standard:	**166**
County: **Pinellas[52]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**18**
Region: **Central[3]**	Area: **5**	Last Used:	**2013/07**	Total Patient:	**37,625**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,004**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**32,360**	FY Index:	**1.26384602**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**86.00664%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**85.66712%**	Cost:	**1.04548049**
Open Date:	**12/21/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**12/21/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid	**12/21/1984**	Low Occupancy Adjustment Factor:			**107.95592%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/1/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med #	**228583**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,130,627	2,457,661	957,905	766,285	0	5,312,478
1a	Audit Adjustments						
2	Cost Per Diem	34.9390	75.9475	29.6015	**23.6800**		164.1680
3	Cost Per Diem Inflated	36.5280	78.1321	30.9478			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5280**	**78.1321**	**30.9478**	**23.6800**		169.2879
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.0237		50.8005			
7	Provider Target Rate	**42.9157**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5280**	**78.1321**	**30.9478**	**13.6500**		159.2579
12/13	Medicaid Adjustment Rate		2.8553	1.1310			
14	Prospective Per Diem 11	**36.5280**	**80.9874**	**32.0788**	**13.6500**		**163.2442**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316644-00 - 2013/07

187.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

GraceWood Nursing Center, Inc.

FRVS

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

Began FRVS:	**8/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,282,196**
FRVS Base Asset:	**3,239,533**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**2,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2500**	**%**
Chase Rate:	**7.2500**	**%**
Amortization Rate:	**7.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**400,792**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,225,757**	**10.1672**
20% ROE(2):	**1,056,439**	**0.5025**
Insurance Cost(3):	**8,403**	**0.2233**
Taxes Cost(3):	**99,088**	**2.6336**
Home Office(3):	**33,395**	**0.8876**
Replacement(3&4):	**18,521**	**0.0000**
Total FRVS PD:		**14.4142**

(1) 80% Capital ($4,225,757) amortized at 7.2500% for 20 years Principal & Interest of $400,792 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1672
(2) 20% ROE ($1,056,439) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5025
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5280**	**36.5280**	**1.5880**	**34.9400**	
Patient Care					
Direct Care	**80.9874**	**80.9874**	**3.5208**	**77.4666**	
Indirect Care	**32.0788**	**32.0788**	**1.3946**	**30.6842**	
Property	**13.6500**	**14.4142**	**0.6266**	**13.7876**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8814**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**163.2442**	**164.0084**	**7.1300**	**187.5962**	

***Medicaid Trend Adjustment :**

0 316652-00 - 2013/07

178.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

BayWood 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		**06/01/2011-05/31/2012**		Number of Beds:	**59**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**366**	Maximum:	**21,594**	Standard:	**107**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**21,535**	Conditional:	**77**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**19,725**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,173**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**16,539**		
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**						

Medicaid Utilization	**83.84791%**
Occupancy:	**91.34482%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.11083%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	615,985	1,238,692	528,447	132,477	0	2,515,601
1a	Audit Adjustments						
2	Cost Per Diem	37.2444	74.8952	31.9516	**8.0100**		152.1012
3	Cost Per Diem Inflated	38.9383	77.0495	33.4048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9383**	**77.0495**	**33.4048**	**8.0100**		157.4026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1452		59.1031			
7	Provider Target Rate	**51.2096**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.9383**	**77.0495**	**33.4048**	**8.0100**		157.4026
12/13	Medicaid Adjustment Rate		1.7062	0.7397			
14	Prospective Per Diem 11	**38.9383**	**78.7557**	**34.1445**	**8.0100**		**159.8485**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316652-00 - 2013/07

178.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

BayWood 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	**562,184**
FRVS Base Asset:	**341,074**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**550,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4091**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**7.4091**	**%**
Interest Only:	**False**	
Yearly Payment:	**43,178**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**449,747**	**2.2278**
20% ROE(2):	**112,437**	**0.1088**
Insurance Cost(3):	**2,992**	**0.1517**
Taxes Cost(3):	**11,816**	**0.5990**
Home Office(3):	**16,563**	**0.8397**
Replacement(3&4):	**9,012**	**0.0000**
Total FRVS PD:		**3.9270**

(1) 80% Capital ($449,747) amortized at 7.4091% for 20 years Principal & Interest of $43,178 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $2.2278
(2) 20% ROE ($112,437) times the ROE factor (0.018750) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.1088
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**59**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9383**	**38.9383**	**1.6928**	**37.2455**	
Patient Care					
Direct Care	**78.7557**	**78.7557**	**3.4238**	**75.3319**	
Indirect Care	**34.1445**	**34.1445**	**1.4844**	**32.6601**	
Property	**8.0100**	**3.9270**	**0.1707**	**3.7563**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1603**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**159.8485**	**155.7655**	**6.7717**	**178.9905**	

***Medicaid Trend Adjustment :**

0 317195-00 - 2013/07

201.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34209		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**39,063**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,074**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,232**		
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**						

Medicaid Utilization	**31.31352%**
Occupancy:	**89.18493%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.38899%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	508,922	1,084,929	623,455	253,202	0	2,470,508
1a	Audit Adjustments						
2	Cost Per Diem	41.6058	88.6960	50.9692	**20.7000**		201.9710
3	Cost Per Diem Inflated	43.8528	91.5668	53.7219			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8528**	**91.5668**	**53.7219**	**20.7000**		209.8415
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8369		62.8741			
7	Provider Target Rate	**57.0221**		**64.2087**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8528**	**91.5668**	**53.7219**	**13.6500**		202.7915
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.8528**	**91.5668**	**53.7219**	**13.6500**		**202.7915**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317195-00 - 2013/07

201.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Nursing Center at Freedom Village

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	**3,582,742**
FRVS Base Asset:	**1,655,981**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**10,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**282,360**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,866,194**	**7.1629**
20% ROE(2):	**716,548**	**0.4393**
Insurance Cost(3):	**27,750**	**0.7104**
Taxes Cost(3):	**61,009**	**1.5618**
Home Office(3):	**104,286**	**2.6697**
Replacement(3&4):	**125,335**	**0.0000**
Total FRVS PD:		**12.5441**

(1) 80% Capital ($2,866,194) amortized at 7.7500% for 20 years Principal & Interest of $282,360 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1629
(2) 20% ROE ($716,548) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4393
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8528**	**43.8528**	**1.9064**	**41.9464**	
Patient Care					
Direct Care	**91.5668**	**91.5668**	**3.9807**	**87.5861**	
Indirect Care	**53.7219**	**53.7219**	**2.3355**	**51.3864**	
Property	**13.6500**	**12.5441**	**0.5453**	**11.9988**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.7915**	**201.6856**	**8.7679**	**201.7541**	

***Medicaid Trend Adjustment :**

0 317349-00 - 2013/07

219.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**220**	Superior:	**0**
West Palm Beach FL 33409		Days In CR	**365**	Maximum:	**80,300**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**80,300**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**57,855**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,655**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**39,008**		
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**						

Medicaid Utilization	**67.42373%**
Occupancy:	**72.04857%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**90.79410%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,562,847	3,537,870	2,056,033	496,182	0	7,652,932
1a	Audit Adjustments						
2	Cost Per Diem	40.0648	90.6960	52.7080	**12.7200**		196.1888
3	Cost Per Diem Inflated	42.2286	93.6315	55.5546			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2286**	**93.6315**	**55.5546**	**12.7200**		204.1347
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5356		52.8299			
7	Provider Target Rate	**46.5021**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2286**	**93.6315**	**53.9513**	**12.7200**		202.5314
12/13	Medicaid Adjustment Rate		1.8353	1.0575			
14	Prospective Per Diem 11	**42.2286**	**95.4668**	**55.0088**	**12.7200**		**205.4242**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317349-00 - 2013/07

219.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Darcy Hall of Life Care

FRVS

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

Began FRVS:	**7/1/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**4,534,822**
FRVS Base Asset:	**2,203,076**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5625**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.5625**	**%**
Interest Only:	**False**	
Yearly Payment:	**253,882**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,627,858**	**3.5130**
20% ROE(2):	**906,964**	**0.3033**
Insurance Cost(3):	**17,701**	**0.3060**
Taxes Cost(3):	**144,386**	**2.4957**
Home Office(3):	**46,873**	**0.8102**
Replacement(3&4):	**82,231**	**0.0000**
Total FRVS PD:		**7.4282**

(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 (0.024170) divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $0.3033
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**220**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**6,270,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2286**	**42.2286**	**1.8358**	**40.3928**	
Patient Care					
Direct Care	**95.4668**	**95.4668**	**4.1502**	**91.3166**	
Indirect Care	**55.0088**	**55.0088**	**2.3914**	**52.6174**	
Property	**12.7200**	**7.4282**	**0.3229**	**7.1053**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4005**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.4242**	**200.1324**	**8.7003**	**219.6690**	

***Medicaid Trend Adjustment :**

0 317578-00 - 2013/07

233.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**04/01/2011-03/31/2012**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32601		Days In CR	**366**	Maximum:	**43,920**	Standard:	**132**
County:	**Alachua[1]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**52**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,152**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,772**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,623**		
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**						

Medicaid Utilization	**74.41437%**
Occupancy:	**93.69763%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.07580%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,333,270	2,950,097	1,647,779	1,051,594	0	6,982,740
1a	Audit Adjustments						
2	Cost Per Diem	43.5382	96.3360	53.8085	**34.3400**		228.0227
3	Cost Per Diem Inflated	45.7208	99.3288	56.5059			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7208**	**99.3288**	**56.5059**	**34.3400**		235.8955
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4561		65.4517			
7	Provider Target Rate	**55.6120**		**66.8410**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7208**	**96.4205**	**56.5059**	**13.6500**		212.2972
12/13	Medicaid Adjustment Rate		1.8999	1.1134			
14	Prospective Per Diem 11	**45.7208**	**98.3204**	**57.6193**	**13.6500**		**215.3105**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317578-00 - 2013/07

233.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Parklands Rehabilitation and Nursing 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:	**1980/07**
Indexed Asset Value	**3,295,926**
FRVS Base Asset:	**1,756,442**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**5,850,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**279,614**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,636,741**	**7.0932**
20% ROE(2):	**659,185**	**0.3466**
Insurance Cost(3):	**113,301**	**2.7532**
Taxes Cost(3):	**61,953**	**1.5055**
Home Office(3):	**12,911**	**0.3137**
Replacement(3&4):	**12,299**	**0.0000**
Total FRVS PD:		**12.0122**

(1) 80% Capital ($2,636,741) amortized at 8.7500% for 20 years Principal & Interest of $279,614 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0932
(2) 20% ROE ($659,185) times the ROE factor (0.020730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3466
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7208**	**45.7208**	**1.9876**	**43.7332**	
Patient Care					
Direct Care	**98.3204**	**98.3204**	**4.2743**	**94.0461**	
Indirect Care	**57.6193**	**57.6193**	**2.5049**	**55.1144**	
Property	**13.6500**	**12.0122**	**0.5222**	**11.4900**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8667**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.3105**	**213.6727**	**9.2890**	**233.0868**	

***Medicaid Trend Adjustment :**

0 317586-00 - 2013/07

236.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**04/01/2011-03/31/2012**		Number of Beds:	**180**	Superior:	**0**
Williston FL 32696		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Levy[38]**	First Used:	**2012/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**41,096**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,025**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,211**		
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**						

Medicaid Utilization	**73.51324%**
Occupancy:	**62.38009%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**78.61008%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25825006**
Semester Index:	**1.32132636**
Cost:	**1.05013018**
Target:	**1.01485834**
DC FY Index:	**1.19100000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03106633**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,425,606	2,786,868	1,635,330	945,000	0	6,792,804
1a	Audit Adjustments						
2	Cost Per Diem	47.1883	92.2468	54.1303	**31.2800**		224.8454
3	Cost Per Diem Inflated	49.5539	95.1126	56.8439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5539**	**95.1126**	**56.8439**	**31.2800**		232.7904
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8249		65.4654			
7	Provider Target Rate	**53.9462**		**66.8550**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**95.1126**	**56.8439**	**13.6500**		214.7457
12/13	Medicaid Adjustment Rate		2.5160	1.5037			
14	Prospective Per Diem 11	**49.1392**	**97.6286**	**58.3476**	**13.6500**		**218.7654**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317586-00 - 2013/07

236.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Williston Rehabilitation and Nursing Center

FRVS

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

Began FRVS:	**10/1/2006**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**4,215,023**
FRVS Base Asset:	**2,398,792**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.020730**

Mortgage Information		
Amount:	**5,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**357,587**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,372,018**	**6.0475**
20% ROE(2):	**843,005**	**0.2955**
Insurance Cost(3):	**114,224**	**2.7794**
Taxes Cost(3):	**83,391**	**2.0292**
Home Office(3):	**12,894**	**0.3138**
Replacement(3&4):	**47,486**	**0.0000**
Total FRVS PD:		**11.4654**

(1) 80% Capital ($3,372,018) amortized at 8.7500% for 20 years Principal & Interest of $357,587 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.0475
(2) 20% ROE ($843,005) times the ROE factor (0.020730) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2955
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1980**	Used Per Bed Standard:	**22,673**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,081,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**97.6286**	**97.6286**	**4.2442**	**93.3844**	
Indirect Care	**58.3476**	**58.3476**	**2.5366**	**55.8110**	
Property	**13.6500**	**11.4654**	**0.4984**	**10.9670**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2937**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.7654**	**216.5808**	**9.4154**	**236.2955**	

***Medicaid Trend Adjustment :**

0 318779-00 - 2013/07

206.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32404		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,691**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,379**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,608**	FY Index:	**1.26665332**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**52.95730%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.20173%**	Cost:	**1.04316338**
Open Date:	**11/4/1997**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/4/1997**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**11/4/1997**	Low Occupancy Adjustment Factor:			**122.49159%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**266841**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	942,866	1,608,087	1,214,571	363,311	0	4,128,835
1a	Audit Adjustments						
2	Cost Per Diem	41.7050	71.1291	53.7231	**16.0700**		182.6272
3	Cost Per Diem Inflated	43.5051	73.0933	56.0420			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5051**	**73.0933**	**56.0420**	**16.0700**		188.7104
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.8625		60.9626			
7	Provider Target Rate	**59.0907**		**62.2566**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5051**	**73.0933**	**56.0420**	**13.6500**		186.2904
12/13	Medicaid Adjustment Rate		0.2432	0.1864			
14	Prospective Per Diem 11	**43.5051**	**73.3365**	**56.2284**	**13.6500**		**186.7200**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318779-00 - 2013/07

206.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,501,903**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**6,320,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.4600**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.4600**	**%**
Interest Only:	**False**	
Yearly Payment:	**424,209**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,401,522**	**10.7613**
20% ROE(2):	**1,100,381**	**0.4972**
Insurance Cost(3):	**50,493**	**1.1828**
Taxes Cost(3):	**40,759**	**0.9547**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.3960**

(1) 80% Capital ($4,401,522) amortized at 7.4600% for 20 years Principal & Interest of $424,209 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7613
(2) 20% ROE ($1,100,381) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4972
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5051**	**43.5051**	**1.8913**	**41.6138**	
Patient Care					
Direct Care	**73.3365**	**73.3365**	**3.1882**	**70.1483**	
Indirect Care	**56.2284**	**56.2284**	**2.4444**	**53.7840**	
Property	**13.6500**	**13.3960**	**0.5824**	**12.8136**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1127**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.7200**	**186.4660**	**8.1063**	**206.3088**	

***Medicaid Trend Adjustment :**

0 318787-00 - 2013/07

190.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Fort Myers FL 33907		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**41,764**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,732**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,521**		
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**						

Medicaid Utilization	**73.07969%**
Occupancy:	**95.09107%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.83179%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	901,496	2,174,392	1,390,555	545,410	0	5,011,853
1a	Audit Adjustments						
2	Cost Per Diem	29.5369	71.2425	45.5606	**17.8700**		164.2100
3	Cost Per Diem Inflated	30.8118	73.2099	47.5271			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**30.8118**	**73.2099**	**47.5271**	**17.8700**		169.4188
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2100		59.7907			
7	Provider Target Rate	**45.1484**		**61.0598**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**30.8118**	**73.2099**	**47.5271**	**13.6500**		165.1988
12/13	Medicaid Adjustment Rate		1.9009	1.2340			
14	Prospective Per Diem 11	**30.8118**	**75.1108**	**48.7611**	**13.6500**		**168.3337**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318787-00 - 2013/07

190.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Citrus Gardens of Fort Mvers

FRVS

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

Began FRVS:	**1/1/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**4,960,852**
FRVS Base Asset:	**2,886,169**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**2,960,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**390,970**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,968,682**	**9.9181**
20% ROE(2):	**992,170**	**0.4483**
Insurance Cost(3):	**56,020**	**1.3413**
Taxes Cost(3):	**56,676**	**1.3571**
Home Office(3):	**20,076**	**0.4807**
Replacement(3&4):	**81,378**	**0.0000**
Total FRVS PD:		**13.5455**

(1) 80% Capital ($3,968,682) amortized at 7.7500% for 20 years Principal & Interest of $390,970 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9181
(2) 20% ROE ($992,170) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4483
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**30.8118**	**30.8118**	**1.3395**	**29.4723**	
Patient Care					
Direct Care	**75.1108**	**75.1108**	**3.2653**	**71.8455**	
Indirect Care	**48.7611**	**48.7611**	**2.1198**	**46.6413**	
Property	**13.6500**	**13.5455**	**0.5889**	**12.9566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5163**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.3337**	**168.2292**	**7.3135**	**190.2684**	

***Medicaid Trend Adjustment :**

0 318795-00 - 2013/07

237.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**0**
Pompano Beach FL 33069		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**19,958**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,571**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**10,347**		
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**						

Medicaid Utilization	**51.84387%**
Occupancy:	**90.88342%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.52940%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	448,361	900,905	987,034	332,863	0	2,669,163
1a	Audit Adjustments						
2	Cost Per Diem	43.3325	87.0692	95.3933	**32.1700**		257.9650
3	Cost Per Diem Inflated	45.2029	89.4736	99.5108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2029**	**89.4736**	**99.5108**	**32.1700**		266.3573
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8364		96.2719			
7	Provider Target Rate	**62.1277**		**98.3154**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2029**	**89.4736**	**77.6541**	**13.6500**		225.9806
12/13	Medicaid Adjustment Rate		0.1856	0.1611			
14	Prospective Per Diem 11	**45.2029**	**89.6592**	**77.8152**	**13.6500**		**226.3273**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318795-00 - 2013/07

237.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**2,175,370**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**142,245**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,740,296**	**7.2169**
20% ROE(2):	**435,074**	**0.3931**
Insurance Cost(3):	**27,815**	**1.3937**
Taxes Cost(3):	**61,270**	**3.0699**
Home Office(3):	**5,031**	**0.2521**
Replacement(3&4):	**419,606**	**0.0000**
Total FRVS PD:		**12.3257**

(1) 80% Capital ($1,740,296) amortized at 8.2500% for 20 years Interest of $142,245 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.2169
(2) 20% ROE ($435,074) times the ROE factor (0.017810) 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			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2029**	**45.2029**	**1.9651**	**43.2378**	
Patient Care					
Direct Care	**89.6592**	**89.6592**	**3.8978**	**85.7614**	
Indirect Care	**77.8152**	**77.8152**	**3.3829**	**74.4323**	
Property	**13.6500**	**12.3257**	**0.5358**	**11.7899**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5676**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**226.3273**	**225.0030**	**9.7816**	**237.6254**	

***Medicaid Trend Adjustment :**

0 319244-00 - 2013/07

250.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34238		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**20,088**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,366**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,437**		
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**						

Medicaid Utilization	**32.04401%**
Occupancy:	**91.47541%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.27539%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	271,979	692,120	453,105	242,739	0	1,659,943
1a	Audit Adjustments						
2	Cost Per Diem	42.2524	107.5221	70.3907	**37.7100**		257.8752
3	Cost Per Diem Inflated	44.0762	110.4913	73.4290			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0762**	**110.4913**	**73.4290**	**37.7100**		265.7065
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		75.6282			
7	Provider Target Rate	**56.2760**		**77.2335**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0762**	**105.3251**	**73.4290**	**13.6500**		236.4803
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.0762**	**105.3251**	**73.4290**	**13.6500**		**236.4803**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319244-00 - 2013/07

250.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palmer Ranch Healthcare and Rehabilitation

FRVS

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

Began FRVS:	**6/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**2,601,163**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**4,596,680.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**212,771**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,080,930**	**10.7951**
20% ROE(2):	**520,233**	**0.4701**
Insurance Cost(3):	**6,625**	**0.3298**
Taxes Cost(3):	**29,336**	**1.4604**
Home Office(3):	**15,779**	**0.7855**
Replacement(3&4):	**58,146**	**0.0000**
Total FRVS PD:		**13.8409**

(1) 80% Capital ($2,080,930) amortized at 8.2500% for 20 years Principal & Interest of $212,771 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.7951
(2) 20% ROE ($520,233) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4701
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0762**	**44.0762**	**1.9161**	**42.1601**	
Patient Care					
Direct Care	**105.3251**	**105.3251**	**4.5788**	**100.7463**	
Indirect Care	**73.4290**	**73.4290**	**3.1922**	**70.2368**	
Property	**13.6500**	**13.8409**	**0.6017**	**13.2392**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0602**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**236.4803**	**236.6712**	**10.2888**	**250.2790**	

***Medicaid Trend Adjustment :**

0 319325-00 - 2013/07

231.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33983		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,978**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,176**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,152**		
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**						

Medicaid Utilization	**58.93894%**
Occupancy:	**93.55708%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.89868%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,111,641	2,026,705	1,531,176	384,500	0	5,054,022
1a	Audit Adjustments						
2	Cost Per Diem	46.0269	83.9146	63.3975	**15.9200**		209.2590
3	Cost Per Diem Inflated	48.5127	86.6306	66.8214			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5127**	**86.6306**	**66.8214**	**15.9200**		217.8847
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.9850		58.3071			
7	Provider Target Rate	**56.1521**		**59.5447**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5127**	**86.6306**	**59.5447**	**13.6500**		208.3380
12/13	Medicaid Adjustment Rate		0.8712	0.5988			
14	Prospective Per Diem 11	**48.5127**	**87.5018**	**60.1435**	**13.6500**		**209.8080**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319325-00 - 2013/07

231.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,080,652**
FRVS Base Asset:	**3,157,214**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.7500**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**592,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,864,522**	**15.0338**
20% ROE(2):	**1,216,130**	**0.7457**
Insurance Cost(3):	**53,370**	**1.3024**
Taxes Cost(3):	**48,398**	**1.1811**
Home Office(3):	**16,284**	**0.3974**
Replacement(3&4):	**146,334**	**0.0000**
Total FRVS PD:		**18.6604**

(1) 80% Capital ($4,864,522) amortized at 10.7500% for 20 years Principal & Interest of $592,632 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.0338
(2) 20% ROE ($1,216,130) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7457
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5127**	**48.5127**	**2.1090**	**46.4037**	
Patient Care					
Direct Care	**87.5018**	**87.5018**	**3.8040**	**83.6978**	
Indirect Care	**60.1435**	**60.1435**	**2.6146**	**57.5289**	
Property	**13.6500**	**18.6604**	**0.8112**	**17.8492**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2944**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.8080**	**214.8184**	**9.3388**	**231.6104**	

***Medicaid Trend Adjustment :**

0 319333-00 - 2013/07

218.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33980		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**36,067**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,026**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,283**		
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**						

Medicaid Utilization	**36.82868%**
Occupancy:	**82.34475%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**103.76914%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	714,398	1,152,808	860,763	202,699	0	2,930,668
1a	Audit Adjustments						
2	Cost Per Diem	53.7829	86.7882	64.8019	**15.2600**		220.6330
3	Cost Per Diem Inflated	56.6876	89.5972	68.3017			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6876**	**89.5972**	**68.3017**	**15.2600**		229.8465
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9336		80.1952			
7	Provider Target Rate	**49.9723**		**81.8974**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.9723**	**89.5972**	**61.8071**	**13.6500**		215.0266
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.9723**	**89.5972**	**61.8071**	**13.6500**		**215.0266**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319333-00 - 2013/07

218.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,992,819**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,150,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**15.0000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**544,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,994,255**	**13.8144**
20% ROE(2):	**998,564**	**0.6123**
Insurance Cost(3):	**51,886**	**1.4386**
Taxes Cost(3):	**86,512**	**2.3986**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**88,408**	**0.0000**
Total FRVS PD:		**18.2639**

(1) 80% Capital ($3,994,255) amortized at 12.5000% for 20 years Principal & Interest of $544,564 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8144
(2) 20% ROE ($998,564) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6123
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.9723**	**49.9723**	**2.1725**	**47.7998**	
Patient Care					
Direct Care	**89.5972**	**89.5972**	**3.8951**	**85.7021**	
Indirect Care	**61.8071**	**61.8071**	**2.6870**	**59.1201**	
Property	**13.6500**	**18.2639**	**0.7940**	**17.4699**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**215.0266**	**219.6405**	**9.5486**	**218.9283**	

***Medicaid Trend Adjustment :**

0 319376-00 - 2013/07

209.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**84**	Superior:	**0**
Jacksonville FL 32225		Days In CR	**365**	Maximum:	**30,660**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**30,660**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**25,970**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,710**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**8,693**		
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**						

Medicaid Utilization	**33.47324%**
Occupancy:	**84.70320%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.74120%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	363,731	695,596	443,639	204,372	0	1,707,338
1a	Audit Adjustments						
2	Cost Per Diem	41.8418	80.0179	51.0341	**23.5100**		196.4038
3	Cost Per Diem Inflated	44.1016	82.6078	53.7903			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1016**	**82.6078**	**53.7903**	**23.5100**		204.0097
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4886		53.6785			
7	Provider Target Rate	**48.4966**		**54.8179**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1016**	**82.6078**	**53.7903**	**13.6500**		194.1497
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.1016**	**82.6078**	**53.7903**	**13.6500**		**194.1497**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319376-00 - 2013/07

209.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,753,386**
FRVS Base Asset:	**3,027,948**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,789,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**260,231**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,002,709**	**9.4307**
20% ROE(2):	**750,677**	**0.6575**
Insurance Cost(3):	**25,151**	**0.9685**
Taxes Cost(3):	**41,087**	**1.5821**
Home Office(3):	**48,968**	**1.8856**
Replacement(3&4):	**9,575**	**0.0000**
Total FRVS PD:		**14.5244**

(1) 80% Capital ($3,002,709) amortized at 6.1000% for 20 years Principal & Interest of $260,231 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $9.4307
(2) 20% ROE ($750,677) times the ROE factor (0.024170) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $0.6575
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**84**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,027,948**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1016**	**44.1016**	**1.9172**	**42.1844**	
Patient Care					
Direct Care	**82.6078**	**82.6078**	**3.5912**	**79.0166**	
Indirect Care	**53.7903**	**53.7903**	**2.3384**	**51.4519**	
Property	**13.6500**	**14.5244**	**0.6314**	**13.8930**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.9732**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.1497**	**195.0241**	**8.4782**	**209.3555**	

***Medicaid Trend Adjustment :**

0 319503-00 - 2013/07

203.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **116**	Superior: **0**
Jacksonville FL 32216	Days In CR **365**	Maximum: **42,340**	Standard: **184**
County: **Duval[16]**	First Used: **2013/01**	Max Annualized: **42,340**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **40,337**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,631**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,151**	
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**			

Medicaid Utilization	**49.95662%**
Occupancy:	**95.26925%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.05632%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	897,505	1,483,597	894,812	887,047	0	4,162,961
1a	Audit Adjustments						
2	Cost Per Diem	44.5390	73.6240	44.4053	**44.0200**		206.5883
3	Cost Per Diem Inflated	46.9444	76.0070	46.8035			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9444**	**76.0070**	**46.8035**	**44.0200**		213.7749
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1283		49.9977			
7	Provider Target Rate	**52.2136**		**51.0590**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.9444**	**76.0070**	**46.8035**	**13.6500**		183.4049
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.9444**	**76.0070**	**46.8035**	**13.6500**		**183.4049**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319503-00 - 2013/07

203.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Jacksonville

FRVS

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

Began FRVS:	**8/9/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/07**
Indexed Asset Value	**5,311,225**
FRVS Base Asset:	**4,181,452**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,697,802.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**380,151**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,248,980**	**9.9761**
20% ROE(2):	**1,062,245**	**0.6738**
Insurance Cost(3):	**46,805**	**1.1603**
Taxes Cost(3):	**75,994**	**1.8840**
Home Office(3):	**42,993**	**1.0658**
Replacement(3&4):	**148,231**	**0.0000**
Total FRVS PD:		**14.7600**

(1) 80% Capital ($4,248,980) amortized at 6.5000% for 20 years Principal & Interest of $380,151 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.9761
(2) 20% ROE ($1,062,245) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6738
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,181,452**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9444**	**46.9444**	**2.0408**	**44.9036**	
Patient Care					
Direct Care	**76.0070**	**76.0070**	**3.3043**	**72.7027**	
Indirect Care	**46.8035**	**46.8035**	**2.0347**	**44.7688**	
Property	**13.6500**	**14.7600**	**0.6417**	**14.1183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1022**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.4049**	**184.5149**	**8.0215**	**203.4320**	

***Medicaid Trend Adjustment :**

0 319511-00 - 2013/07

199.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Osceola[49]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,628**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,563**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,783**		
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**						

Medicaid Utilization	**58.13784%**
Occupancy:	**97.32420%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.64593%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	982,082	1,773,003	1,157,612	959,846	0	4,872,543
1a	Audit Adjustments						
2	Cost Per Diem	39.6272	71.5411	46.7099	**38.7300**		196.6082
3	Cost Per Diem Inflated	41.7674	73.8566	49.2326			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7674**	**73.8566**	**49.2326**	**38.7300**		203.5866
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6826		50.8005			
7	Provider Target Rate	**50.7372**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7674**	**73.8566**	**49.2326**	**13.6500**		178.5066
12/13	Medicaid Adjustment Rate		0.6762	0.4507			
14	Prospective Per Diem 11	**41.7674**	**74.5328**	**49.6833**	**13.6500**		**179.6335**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319511-00 - 2013/07

199.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Kissimmee

FRVS

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

Began FRVS:	**8/20/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,615,888**
FRVS Base Asset:	**4,661,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,762,891.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**392,492**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,492,710**	**9.9567**
20% ROE(2):	**1,123,178**	**0.6887**
Insurance Cost(3):	**46,427**	**1.0891**
Taxes Cost(3):	**74,189**	**1.7404**
Home Office(3):	**40,906**	**0.9596**
Replacement(3&4):	**46,440**	**0.0000**
Total FRVS PD:		**14.4345**

(1) 80% Capital ($4,492,710) amortized at 6.2000% for 20 years Principal & Interest of $392,492 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9567
(2) 20% ROE ($1,123,178) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6887
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7674**	**41.7674**	**1.8158**	**39.9516**	
Patient Care					
Direct Care	**74.5328**	**74.5328**	**3.2402**	**71.2926**	
Indirect Care	**49.6833**	**49.6833**	**2.1599**	**47.5234**	
Property	**13.6500**	**14.4345**	**0.6275**	**13.8070**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4453**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**179.6335**	**180.4180**	**7.8434**	**199.8563**	

***Medicaid Trend Adjustment :**

0 319520-00 - 2013/07

195.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2010-12/31/2011**		Number of Beds:	**167**	Superior:	**0**
Melbourne FL 32934		Days In CR	**518**	Maximum:	**86,506**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**78,342**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,955**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**37,497**		
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**						

Medicaid Utilization	**47.86322%**
Occupancy:	**90.56250%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.12498%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,333,832	2,599,941	1,719,232	2,100,207	0	7,753,212
1a	Audit Adjustments						
2	Cost Per Diem	35.5717	69.3373	45.8499	**56.0100**		206.7689
3	Cost Per Diem Inflated	37.6602	71.7626	48.5419			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6602**	**71.7626**	**48.5419**	**56.0100**		213.9747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5771		52.0224			
7	Provider Target Rate	**52.6719**		**53.1266**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6602**	**71.7626**	**48.5419**	**13.6500**		171.6147
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.6602**	**71.7626**	**48.5419**	**13.6500**		**171.6147**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319520-00 - 2013/07

195.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**7,472,761**
FRVS Base Asset:	**5,597,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**8,789,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**711,410**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,978,209**	**12.9679**
20% ROE(2):	**1,494,552**	**0.6451**
Insurance Cost(3):	**64,775**	**0.8268**
Taxes Cost(3):	**128,157**	**1.6359**
Home Office(3):	**76,619**	**0.9780**
Replacement(3&4):	**94,411**	**0.0000**
Total FRVS PD:		**17.0537**

(1) 80% Capital ($5,978,209) amortized at 10.4000% for 20 years Principal & Interest of $711,410 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $12.9679
(2) 20% ROE ($1,494,552) times the ROE factor (0.023680) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $0.6451
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6602**	**37.6602**	**1.6372**	**36.0230**	
Patient Care					
Direct Care	**71.7626**	**71.7626**	**3.1197**	**68.6429**	
Indirect Care	**48.5419**	**48.5419**	**2.1103**	**46.4316**	
Property	**13.6500**	**17.0537**	**0.7414**	**16.3123**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2405**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**171.6147**	**175.0184**	**7.6086**	**195.4867**	

***Medicaid Trend Adjustment :**

0 319538-00 - 2013/07

199.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Clay[10]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2013/07**	Total Patient: **41,553**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **7,662**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **26,538**	
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**			

Medicaid Utilization	**63.86542%**
Occupancy:	**94.86986%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.55302%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,115,150	1,785,283	1,229,395	1,095,223	0	5,225,051
1a	Audit Adjustments						
2	Cost Per Diem	42.0209	67.2727	46.3258	**41.2700**		196.8894
3	Cost Per Diem Inflated	44.2903	69.4501	48.8277			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2903**	**69.4501**	**48.8277**	**41.2700**		203.8381
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.9153		48.7710			
7	Provider Target Rate	**57.1022**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2903**	**69.4501**	**48.8277**	**13.6500**		176.2181
12/13	Medicaid Adjustment Rate		1.0833	0.7616			
14	Prospective Per Diem 11	**44.2903**	**70.5334**	**49.5893**	**13.6500**		**178.0630**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319538-00 - 2013/07

199.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,049,665**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,137,363.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**433,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,839,732**	**10.9844**
20% ROE(2):	**1,209,933**	**0.7419**
Insurance Cost(3):	**47,838**	**1.1513**
Taxes Cost(3):	**47,311**	**1.1386**
Home Office(3):	**42,487**	**1.0225**
Replacement(3&4):	**76,816**	**0.0000**
Total FRVS PD:		**15.0387**

(1) 80% Capital ($4,839,732) amortized at 6.5000% for 20 years Principal & Interest of $433,005 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9844
(2) 20% ROE ($1,209,933) times the ROE factor (0.024170) 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			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2903**	**44.2903**	**1.9254**	**42.3649**	
Patient Care					
Direct Care	**70.5334**	**70.5334**	**3.0663**	**67.4671**	
Indirect Care	**49.5893**	**49.5893**	**2.1558**	**47.4335**	
Property	**13.6500**	**15.0387**	**0.6538**	**14.3849**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3952**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.0630**	**179.4517**	**7.8013**	**199.8820**	

***Medicaid Trend Adjustment :**

0 319546-00 - 2013/07

202.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-12/31/2011**	Number of Beds: **116**	Superior: **0**
Altamonte Springs FL 32714	Days In CR **518**	Maximum: **60,088**	Standard: **158**
County: **Seminole[59]**	First Used: **2013/01**	Max Annualized: **42,340**	Conditional: **26**
Region: **Central[3]** Area: **7**	Last Used: **2013/07**	Total Patient: **57,745**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **14,380**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **28,407**	
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**			

Medicaid Utilization	**49.19387%**
Occupancy:	**96.10072%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.10412%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,176,562	2,006,736	1,334,833	1,277,747	0	5,795,878
1a	Audit Adjustments						
2	Cost Per Diem	41.4180	70.6423	46.9896	**44.9800**		204.0299
3	Cost Per Diem Inflated	43.8498	73.1133	49.7485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8498**	**73.1133**	**49.7485**	**44.9800**		211.6916
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1143		52.7879			
7	Provider Target Rate	**56.2842**		**53.9084**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8498**	**73.1133**	**49.7485**	**13.6500**		180.3616
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.8498**	**73.1133**	**49.7485**	**13.6500**		**180.3616**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319546-00 - 2013/07

202.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of West Altamonte

FRVS

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

Began FRVS:	**2/17/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1994/01**
Indexed Asset Value	**5,184,131**
FRVS Base Asset:	**3,757,815**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**5,947,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**493,532**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,147,305**	**12.9516**
20% ROE(2):	**1,036,826**	**0.6443**
Insurance Cost(3):	**65,358**	**1.1318**
Taxes Cost(3):	**89,060**	**1.5423**
Home Office(3):	**60,371**	**1.0455**
Replacement(3&4):	**166,395**	**0.0000**
Total FRVS PD:		**17.3155**

(1) 80% Capital ($4,147,305) amortized at 10.4000% for 20 years Principal & Interest of $493,532 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $12.9516
(2) 20% ROE ($1,036,826) times the ROE factor (0.023680) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6443
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**113**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,757,815**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8498**	**43.8498**	**1.9063**	**41.9435**	
Patient Care					
Direct Care	**73.1133**	**73.1133**	**3.1785**	**69.9348**	
Indirect Care	**49.7485**	**49.7485**	**2.1627**	**47.5858**	
Property	**13.6500**	**17.3155**	**0.7528**	**16.5627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8582**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.3616**	**184.0271**	**8.0003**	**202.7214**	

***Medicaid Trend Adjustment :**

0 319554-00 - 2013/07

207.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33150		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**40,661**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,976**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,280**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**62.17260%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**92.83333%**	Cost:	**1.05400743**
Open Date:	**1/4/1996**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/4/1996**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**1/4/1996**	Low Occupancy Adjustment Factor:			**116.98663%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**312754**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,877	1,772,449	1,335,895	659,555	0	4,850,776
1a	Audit Adjustments						
2	Cost Per Diem	42.8353	70.1127	52.8439	**26.0900**		191.8819
3	Cost Per Diem Inflated	45.1487	72.3820	55.6979			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1487**	**72.3820**	**55.6979**	**26.0900**		199.3186
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8297		52.8299			
7	Provider Target Rate	**53.9511**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1487**	**72.3820**	**53.9513**	**13.6500**		185.1320
12/13	Medicaid Adjustment Rate		0.9912	0.7388			
14	Prospective Per Diem 11	**45.1487**	**73.3732**	**54.6901**	**13.6500**		**186.8620**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319554-00 - 2013/07

207.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Franco Nursing and Rehab

FRVS

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

Began FRVS:	**1/4/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**5,580,589**
FRVS Base Asset:	**4,252,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,912,591.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**390,025**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,464,471**	**9.8941**
20% ROE(2):	**1,116,118**	**0.6843**
Insurance Cost(3):	**47,399**	**1.1657**
Taxes Cost(3):	**60,095**	**1.4780**
Home Office(3):	**41,880**	**1.0300**
Replacement(3&4):	**85,651**	**0.0000**
Total FRVS PD:		**14.2521**

(1) 80% Capital ($4,464,471) amortized at 6.2000% for 20 years Principal & Interest of $390,025 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8941
(2) 20% ROE ($1,116,118) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6843
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1995**	Used Per Bed Standard:	**35,436**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1487**	**45.1487**	**1.9628**	**43.1859**	
Patient Care					
Direct Care	**73.3732**	**73.3732**	**3.1898**	**70.1834**	
Indirect Care	**54.6901**	**54.6901**	**2.3776**	**52.3125**	
Property	**13.6500**	**14.2521**	**0.6196**	**13.6325**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1154**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.8620**	**187.4641**	**8.1498**	**207.2661**	

***Medicaid Trend Adjustment :**

0 319651-00 - 2013/07

199.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Hudson FL 34667	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Pasco[51]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **41,236**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,981**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **21,926**	
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**			

Medicaid Utilization	**53.17199%**
Occupancy:	**94.14612%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.64097%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	940,223	1,516,027	992,448	1,048,721	0	4,497,419
1a	Audit Adjustments						
2	Cost Per Diem	42.8816	69.1429	45.2635	**47.8300**		205.1180
3	Cost Per Diem Inflated	45.1975	71.3808	47.7081			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1975**	**71.3808**	**47.7081**	**47.8300**		212.1164
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1129		50.8005			
7	Provider Target Rate	**47.0917**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1975**	**71.3808**	**47.7081**	**13.6500**		177.9364
12/13	Medicaid Adjustment Rate		0.2547	0.1702			
14	Prospective Per Diem 11	**45.1975**	**71.6355**	**47.8783**	**13.6500**		**178.3613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319651-00 - 2013/07

199.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Bayonet Point

FRVS

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

Began FRVS:	**2/22/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,504,109**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**5,324,176.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**393,957**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,403,287**	**9.9938**
20% ROE(2):	**1,100,822**	**0.6750**
Insurance Cost(3):	**48,681**	**1.1805**
Taxes Cost(3):	**76,633**	**1.8584**
Home Office(3):	**41,573**	**1.0082**
Replacement(3&4):	**64,102**	**0.0000**
Total FRVS PD:		**14.7159**

(1) 80% Capital ($4,403,287) amortized at 6.5000% for 20 years Principal & Interest of $393,957 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9938
(2) 20% ROE ($1,100,822) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6750
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1975**	**45.1975**	**1.9649**	**43.2326**	
Patient Care					
Direct Care	**71.6355**	**71.6355**	**3.1142**	**68.5213**	
Indirect Care	**47.8783**	**47.8783**	**2.0814**	**45.7969**	
Property	**13.6500**	**14.7159**	**0.6397**	**14.0762**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6008**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.3613**	**179.4272**	**7.8002**	**199.0642**	

***Medicaid Trend Adjustment :**

0 319660-00 - 2013/07

204.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 Strees		**08/01/2010-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33510		Days In CR	**518**	Maximum:	**62,160**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**59,430**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,860**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**34,280**		
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**						

Medicaid Utilization	**57.68131%**
Occupancy:	**95.60811%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.48334%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,472,567	2,422,571	1,542,399	1,318,752	0	6,756,289
1a	Audit Adjustments						
2	Cost Per Diem	42.9570	70.6701	44.9941	**38.4700**		197.0912
3	Cost Per Diem Inflated	45.4791	73.1420	47.6358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4791**	**73.1420**	**47.6358**	**38.4700**		204.7269
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5428		50.8005			
7	Provider Target Rate	**53.6581**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4791**	**73.1420**	**47.6358**	**13.6500**		179.9069
12/13	Medicaid Adjustment Rate		0.6321	0.4116			
14	Prospective Per Diem 11	**45.4791**	**73.7741**	**48.0474**	**13.6500**		**180.9506**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319660-00 - 2013/07

204.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Brandon

FRVS

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

Began FRVS:	**3/1/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,934,835**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**564,999**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,747,868**	**14.3328**
20% ROE(2):	**1,186,967**	**0.7130**
Insurance Cost(3):	**66,527**	**1.1194**
Taxes Cost(3):	**82,053**	**1.3807**
Home Office(3):	**60,894**	**1.0246**
Replacement(3&4):	**152,593**	**0.0000**
Total FRVS PD:		**18.5705**

(1) 80% Capital ($4,747,868) amortized at 10.4000% for 20 years Principal & Interest of $564,999 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3328
(2) 20% ROE ($1,186,967) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7130
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4791**	**45.4791**	**1.9771**	**43.5020**	
Patient Care					
Direct Care	**73.7741**	**73.7741**	**3.2072**	**70.5669**	
Indirect Care	**48.0474**	**48.0474**	**2.0888**	**45.9586**	
Property	**13.6500**	**18.5705**	**0.8073**	**17.7632**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2341**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.9506**	**185.8711**	**8.0804**	**204.8612**	

***Medicaid Trend Adjustment :**

0 319678-00 - 2013/07

202.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Lakeland FL 33805	Days In CR **365**	Maximum: **43,800**	Standard: **157**
County: **Polk[53]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **27**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **40,553**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,706**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **25,776**	
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**			

Medicaid Utilization	**63.56127%**
Occupancy:	**92.58676%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.67590%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,186,517	1,758,452	1,078,020	1,307,616	0	5,330,605
1a	Audit Adjustments						
2	Cost Per Diem	46.0319	68.2205	41.8226	**50.7300**		206.8050
3	Cost Per Diem Inflated	48.5180	70.4286	44.0813			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5180**	**70.4286**	**44.0813**	**50.7300**		213.7579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8947		50.8005			
7	Provider Target Rate	**52.9962**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5180**	**70.4286**	**44.0813**	**13.6500**		176.6779
12/13	Medicaid Adjustment Rate		0.9168	0.5738			
14	Prospective Per Diem 11	**48.5180**	**71.3454**	**44.6551**	**13.6500**		**178.1685**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319678-00 - 2013/07

202.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,960,544**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**567,447**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,768,435**	**14.3949**
20% ROE(2):	**1,192,109**	**0.7309**
Insurance Cost(3):	**48,366**	**1.1927**
Taxes Cost(3):	**57,294**	**1.4128**
Home Office(3):	**40,608**	**1.0014**
Replacement(3&4):	**70,746**	**0.0000**
Total FRVS PD:		**18.7327**

(1) 80% Capital ($4,768,435) amortized at 10.4000% for 20 years Principal & Interest of $567,447 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3949
(2) 20% ROE ($1,192,109) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.7309
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5180**	**48.5180**	**2.1092**	**46.4088**	
Patient Care					
Direct Care	**71.3454**	**71.3454**	**3.1016**	**68.2438**	
Indirect Care	**44.6551**	**44.6551**	**1.9413**	**42.7138**	
Property	**13.6500**	**18.7327**	**0.8144**	**17.9183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6749**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.1685**	**183.2512**	**7.9665**	**202.7960**	

***Medicaid Trend Adjustment :**

0 319686-00 - 2013/07

197.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.	**08/01/2010-12/31/2011**	Number of Beds: **120**	Superior: **0**
Pensacola FL 32505	Days In CR **518**	Maximum: **62,160**	Standard: **184**
County: **Escambia[17]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **1**	Last Used: **2013/07**	Total Patient: **59,228**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **13,587**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **32,307**	
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**			

Medicaid Utilization	**54.54684%**
Occupancy:	**95.28314%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.07382%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,316,840	2,179,844	1,441,870	1,199,882	0	6,138,436
1a	Audit Adjustments						
2	Cost Per Diem	40.7602	67.4728	44.6303	**37.1400**		190.0033
3	Cost Per Diem Inflated	43.1533	69.8329	47.2507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1533**	**69.8329**	**47.2507**	**37.1400**		197.3769
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4293		48.8855			
7	Provider Target Rate	**57.6271**		**49.9232**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1533**	**69.8329**	**47.2507**	**13.6500**		173.8869
12/13	Medicaid Adjustment Rate		0.3572	0.2417			
14	Prospective Per Diem 11	**43.1533**	**70.1901**	**47.4924**	**13.6500**		**174.4858**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319686-00 - 2013/07

197.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Pensacola

FRVS

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

Began FRVS:	**1/8/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,583,574**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**531,559**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,466,859**	**13.4845**
20% ROE(2):	**1,116,715**	**0.6708**
Insurance Cost(3):	**67,541**	**1.1404**
Taxes Cost(3):	**62,276**	**1.0515**
Home Office(3):	**57,089**	**0.9639**
Replacement(3&4):	**124,053**	**0.0000**
Total FRVS PD:		**17.3111**

(1) 80% Capital ($4,466,859) amortized at 10.4000% for 20 years Principal & Interest of $531,559 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.4845
(2) 20% ROE ($1,116,715) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6708
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1533**	**43.1533**	**1.8760**	**41.2773**	
Patient Care					
Direct Care	**70.1901**	**70.1901**	**3.0514**	**67.1387**	
Indirect Care	**47.4924**	**47.4924**	**2.0646**	**45.4278**	
Property	**13.6500**	**17.3111**	**0.7526**	**16.5585**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3248**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**174.4858**	**178.1469**	**7.7446**	**197.5635**	

***Medicaid Trend Adjustment :**

0 319694-00 - 2013/07

206.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Safety Harbor FL 34695		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**42,408**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,143**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,702**		
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**						

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Medicaid Utilization	**74.75476%**	Statewide Low Occupancy Threshold:	**79.35380%**
Occupancy:	**96.82192%**	Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.01296%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,499,952	2,259,998	1,321,932	1,019,536	0	6,101,418
1a	Audit Adjustments						
2	Cost Per Diem	47.3141	71.2888	41.6987	**32.1600**		192.4616
3	Cost Per Diem Inflated	49.8694	73.5962	43.9507			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8694**	**73.5962**	**43.9507**	**32.1600**		199.5763
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1717		50.8005			
7	Provider Target Rate	**52.2579**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8694**	**73.5962**	**43.9507**	**13.6500**		181.0663
12/13	Medicaid Adjustment Rate		2.0496	1.2240			
14	Prospective Per Diem 11	**49.8694**	**75.6458**	**45.1747**	**13.6500**		**184.3399**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319694-00 - 2013/07

206.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Safety Harbor

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**5,890,545**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,016,483.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**421,616**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,712,436**	**10.6955**
20% ROE(2):	**1,178,109**	**0.7223**
Insurance Cost(3):	**46,747**	**1.1023**
Taxes Cost(3):	**42,492**	**1.0020**
Home Office(3):	**37,850**	**0.8925**
Replacement(3&4):	**225,563**	**0.0000**
Total FRVS PD:		**14.4146**

(1) 80% Capital ($4,712,436) amortized at 6.5000% for 20 years Principal & Interest of $421,616 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6955
(2) 20% ROE ($1,178,109) times the ROE factor (0.024170) divided by annual available days (43,800) 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			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8694**	**49.8694**	**2.1680**	**47.7014**	
Patient Care					
Direct Care	**75.6458**	**75.6458**	**3.2886**	**72.3572**	
Indirect Care	**45.1747**	**45.1747**	**1.9639**	**43.2108**	
Property	**13.6500**	**14.4146**	**0.6266**	**13.7880**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8961**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.3399**	**185.1045**	**8.0471**	**206.7899**	

***Medicaid Trend Adjustment :**

0 319708-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33777		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,888**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,313**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,155**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**63.96742%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.35160%**	Cost:	**1.05400743**
Open Date:	**10/1/1995**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**11/3/1995**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**11/3/1995**	Low Occupancy Adjustment Factor:			**117.63973%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**226670**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,193,372	1,947,849	1,184,724	1,391,708	0	5,717,653
1a	Audit Adjustments						
2	Cost Per Diem	45.6269	74.4733	45.2963	**53.2100**		218.6065
3	Cost Per Diem Inflated	48.0911	76.8837	47.7426			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0911**	**76.8837**	**47.7426**	**53.2100**		225.9274
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4079		50.8005			
7	Provider Target Rate	**49.4354**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0911**	**76.8837**	**47.7426**	**13.6500**		186.3674
12/13	Medicaid Adjustment Rate		1.2081	0.7502			
14	Prospective Per Diem 11	**48.0911**	**78.0918**	**48.4928**	**13.6500**		**188.3257**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319708-00 - 2013/07

209.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,654,558**
FRVS Base Asset:	**4,188,480**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,950,549.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**404,725**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,523,646**	**10.2670**
20% ROE(2):	**1,130,912**	**0.6934**
Insurance Cost(3):	**49,143**	**1.2019**
Taxes Cost(3):	**70,974**	**1.7358**
Home Office(3):	**42,688**	**1.0440**
Replacement(3&4):	**159,701**	**0.0000**
Total FRVS PD:		**14.9421**

(1) 80% Capital ($4,523,646) amortized at 6.5000% for 20 years Principal & Interest of $404,725 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2670
(2) 20% ROE ($1,130,912) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6934
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1995**	Used Per Bed Standard:	**34,904**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0911**	**48.0911**	**2.0907**	**46.0004**	
Patient Care					
Direct Care	**78.0918**	**78.0918**	**3.3949**	**74.6969**	
Indirect Care	**48.4928**	**48.4928**	**2.1081**	**46.3847**	
Property	**13.6500**	**14.9421**	**0.6496**	**14.2925**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9453**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.3257**	**189.6178**	**8.2433**	**209.1562**	

***Medicaid Trend Adjustment :**

0 319716-00 - 2013/07

195.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Tallahassee FL 32308	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Leon[37]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2013/07**	Total Patient: **42,942**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **14,709**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **22,091**	
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**			

Medicaid Utilization	**51.44381%**
Occupancy:	**98.04109%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**123.54934%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	832,542	1,522,664	1,054,689	1,247,700	0	4,657,595
1a	Audit Adjustments						
2	Cost Per Diem	37.6869	68.9269	47.7429	**56.4800**		210.8367
3	Cost Per Diem Inflated	39.7223	71.1578	50.3214			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.7223**	**71.1578**	**50.3214**	**56.4800**		217.6815
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1639		57.1945			
7	Provider Target Rate	**51.2287**		**58.4085**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7223**	**71.1578**	**50.3214**	**13.6500**		174.8515
12/13	Medicaid Adjustment Rate		0.1156	0.0817			
14	Prospective Per Diem 11	**39.7223**	**71.2734**	**50.4031**	**13.6500**		**175.0488**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319716-00 - 2013/07

195.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Tallahassee

FRVS

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

Began FRVS:	**4/1/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1992/01**
Indexed Asset Value	**5,410,290**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**6,316,600.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.4000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.4000**	**%**
Interest Only:	**False**	
Yearly Payment:	**515,062**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,328,232**	**13.0660**
20% ROE(2):	**1,082,058**	**0.6635**
Insurance Cost(3):	**48,361**	**1.1262**
Taxes Cost(3):	**57,254**	**1.3333**
Home Office(3):	**43,825**	**1.0206**
Replacement(3&4):	**99,469**	**0.0000**
Total FRVS PD:		**17.2096**

(1) 80% Capital ($4,328,232) amortized at 10.4000% for 20 years Principal & Interest of $515,062 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0660
(2) 20% ROE ($1,082,058) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6635
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1991**	Used Per Bed Standard:	**30,986**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7223**	**39.7223**	**1.7269**	**37.9954**	
Patient Care					
Direct Care	**71.2734**	**71.2734**	**3.0985**	**68.1749**	
Indirect Care	**50.4031**	**50.4031**	**2.1912**	**48.2119**	
Property	**13.6500**	**17.2096**	**0.7482**	**16.4614**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.6346**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.0488**	**178.6084**	**7.7648**	**195.3146**	

***Medicaid Trend Adjustment :**

0 319724-00 - 2013/07

197.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Winter Haven FL 33881	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Polk[53]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **41,718**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **11,915**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **16,724**	
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**			

Medicaid Utilization	**40.08821%**
Occupancy:	**95.24658%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.02774%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,997	1,216,039	774,163	734,518	0	3,380,717
1a	Audit Adjustments						
2	Cost Per Diem	39.2249	72.7122	46.2905	**43.9200**		202.1476
3	Cost Per Diem Inflated	41.3433	75.0656	48.7905			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3433**	**75.0656**	**48.7905**	**43.9200**		209.1194
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7111		50.8005			
7	Provider Target Rate	**47.7026**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.3433**	**75.0656**	**48.7905**	**13.6500**		178.8494
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.3433**	**75.0656**	**48.7905**	**13.6500**		**178.8494**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319724-00 - 2013/07

197.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Winter Haven

FRVS

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

Began FRVS:	**10/2/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/07**
Indexed Asset Value	**5,425,875**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**9,237,328.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**6.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**379,212**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,340,700**	**9.6198**
20% ROE(2):	**1,085,175**	**0.6654**
Insurance Cost(3):	**46,621**	**1.1175**
Taxes Cost(3):	**80,900**	**1.9392**
Home Office(3):	**43,082**	**1.0327**
Replacement(3&4):	**63,739**	**0.0000**
Total FRVS PD:		**14.3746**

(1) 80% Capital ($4,340,700) amortized at 6.2000% for 20 years Principal & Interest of $379,212 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6198
(2) 20% ROE ($1,085,175) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6654
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1998**	Used Per Bed Standard:	**37,882**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3433**	**41.3433**	**1.7973**	**39.5460**	
Patient Care					
Direct Care	**75.0656**	**75.0656**	**3.2633**	**71.8023**	
Indirect Care	**48.7905**	**48.7905**	**2.1211**	**46.6694**	
Property	**13.6500**	**14.3746**	**0.6249**	**13.7497**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9882**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.8494**	**179.5740**	**7.8066**	**197.5920**	

***Medicaid Trend Adjustment :**

0 319953-00 - 2013/07

185.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-12/31/2011**	Number of Beds: **120**	Superior: **0**
Lakeland FL 33809	Days In CR **518**	Maximum: **62,160**	Standard: **184**
County: **Polk[53]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2013/07**	Total Patient: **58,831**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **10,339**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **40,770**	
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**			

Medicaid Utilization	**69.30020%**
Occupancy:	**94.64446%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.26898%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,503,413	2,841,221	1,525,506	1,583,507	0	7,453,647
1a	Audit Adjustments						
2	Cost Per Diem	36.8755	69.6890	37.4174	**38.8400**		182.8219
3	Cost Per Diem Inflated	39.0406	72.1266	39.6143			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0406**	**72.1266**	**39.6143**	**38.8400**		189.6215
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2965		50.8005			
7	Provider Target Rate	**54.4278**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.0406**	**72.1266**	**39.6143**	**13.6500**		164.4315
12/13	Medicaid Adjustment Rate		1.5661	0.8601			
14	Prospective Per Diem 11	**39.0406**	**73.6927**	**40.4744**	**13.6500**		**166.8577**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319953-00 - 2013/07

185.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Lakeland

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,062,288**
FRVS Base Asset:	**2,134,715**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**273,754**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,249,830**	**6.9445**
20% ROE(2):	**812,458**	**0.4881**
Insurance Cost(3):	**61,833**	**1.0510**
Taxes Cost(3):	**79,284**	**1.3477**
Home Office(3):	**52,080**	**0.8852**
Replacement(3&4):	**70,746**	**0.0000**
Total FRVS PD:		**10.7165**

(1) 80% Capital ($3,249,830) amortized at 8.5000% for 20 years Interest of $273,754 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9445
(2) 20% ROE ($812,458) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4881
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0406**	**39.0406**	**1.6972**	**37.3434**	
Patient Care					
Direct Care	**73.6927**	**73.6927**	**3.2037**	**70.4890**	
Indirect Care	**40.4744**	**40.4744**	**1.7596**	**38.7148**	
Property	**13.6500**	**10.7165**	**0.4659**	**10.2506**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6009**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**166.8577**	**163.9242**	**7.1264**	**185.2351**	

***Medicaid Trend Adjustment :**

0 319970-00 - 2013/07

187.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,704**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,068**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,949**		
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**						

Medicaid Utilization	**74.21111%**
Occupancy:	**95.21461%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.98746%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,203,915	2,061,169	1,221,651	1,136,757	0	5,623,492
1a	Audit Adjustments						
2	Cost Per Diem	38.9000	66.5989	39.4730	**36.7300**		181.7019
3	Cost Per Diem Inflated	41.0009	68.7545	41.6048			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0009**	**68.7545**	**41.6048**	**36.7300**		188.0902
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2112		50.8005			
7	Provider Target Rate	**48.2133**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0009**	**68.7545**	**41.6048**	**13.6500**		165.0102
12/13	Medicaid Adjustment Rate		1.8727	1.1332			
14	Prospective Per Diem 11	**41.0009**	**70.6272**	**42.7380**	**13.6500**		**168.0161**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319970-00 - 2013/07

187.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care Of New Port Richey

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**3,920,277**
FRVS Base Asset:	**2,097,277**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information

Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**264,184**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,136,222**	**6.7018**
20% ROE(2):	**784,055**	**0.4807**
Insurance Cost(3):	**54,419**	**1.3049**
Taxes Cost(3):	**56,328**	**1.3507**
Home Office(3):	**35,768**	**0.8577**
Replacement(3&4):	**130,737**	**0.0000**
Total FRVS PD:		**10.6958**

(1) 80% Capital ($3,136,222) amortized at 8.5000% for 20 years Interest of $264,184 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.7018
(2) 20% ROE ($784,055) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4807
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0009**	**41.0009**	**1.7824**	**39.2185**	
Patient Care					
Direct Care	**70.6272**	**70.6272**	**3.0704**	**67.5568**	
Indirect Care	**42.7380**	**42.7380**	**1.8580**	**40.8800**	
Property	**13.6500**	**10.6958**	**0.4650**	**10.2308**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8902**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**168.0161**	**165.0619**	**7.1758**	**187.6127**	

***Medicaid Trend Adjustment :**

0 320111-00 - 2013/07

189.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**08/01/2010-12/31/2011**	Number of Beds: **120**	Superior: **0**
North Ft. Myers FL 33903	Days In CR **518**	Maximum: **62,160**	Standard: **184**
County: **Lee[36]**	First Used: **2012/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2013/07**	Total Patient: **58,518**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **12,768**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **32,591**	
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**			

Medicaid Utilization	**55.69397%**
Occupancy:	**94.14093%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.63443%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,330,647	2,219,799	1,358,885	1,490,712	0	6,400,043
1a	Audit Adjustments						
2	Cost Per Diem	40.8287	68.1108	41.6951	**45.7400**		196.3746
3	Cost Per Diem Inflated	43.2259	70.4932	44.1431			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2259**	**70.4932**	**44.1431**	**45.7400**		203.6022
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0104		52.8299			
7	Provider Target Rate	**51.0719**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2259**	**70.4932**	**44.1431**	**13.6500**		171.5122
12/13	Medicaid Adjustment Rate		0.4516	0.2828			
14	Prospective Per Diem 11	**43.2259**	**70.9448**	**44.4259**	**13.6500**		**172.2466**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320111-00 - 2013/07

189.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of North Ft. Myers

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**3,765,921**
FRVS Base Asset:	**2,181,402**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023680**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**253,782**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,012,737**	**6.4379**
20% ROE(2):	**753,184**	**0.4524**
Insurance Cost(3):	**65,383**	**1.1173**
Taxes Cost(3):	**83,274**	**1.4230**
Home Office(3):	**54,484**	**0.9311**
Replacement(3&4):	**112,769**	**0.0000**
Total FRVS PD:		**10.3617**

(1) 80% Capital ($3,012,737) amortized at 8.5000% for 20 years Interest of $253,782 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.4379
(2) 20% ROE ($753,184) times the ROE factor (0.023680) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4524
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**78**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2259**	**43.2259**	**1.8792**	**41.3467**	
Patient Care					
Direct Care	**70.9448**	**70.9448**	**3.0842**	**67.8606**	
Indirect Care	**44.4259**	**44.4259**	**1.9313**	**42.4946**	
Property	**13.6500**	**10.3617**	**0.4505**	**9.9112**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5915**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.2466**	**168.9583**	**7.3452**	**189.0410**	

***Medicaid Trend Adjustment :**

0 320129-00 - 2013/07

208.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2010-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33948		Days In CR	**487**	Maximum:	**58,440**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**53,290**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,908**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,700**		
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**						

Medicaid Utilization	**51.97973%**
Occupancy:	**91.18754%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.91264%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24804976**
Semester Index:	**1.32132636**
Cost:	**1.05871288**
Target:	**1.01485834**
DC FY Index:	**1.18649811**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03497847**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,272,054	2,048,285	1,294,446	1,317,966	0	5,932,751
1a	Audit Adjustments						
2	Cost Per Diem	45.9225	73.9453	46.7309	**47.5800**		214.1787
3	Cost Per Diem Inflated	48.6187	76.5318	49.4746			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.6187**	**76.5318**	**49.4746**	**47.5800**		222.2051
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1842		52.8299			
7	Provider Target Rate	**53.2919**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.6187**	**76.5318**	**49.4746**	**13.6500**		188.2751
12/13	Medicaid Adjustment Rate		0.1705	0.1102			
14	Prospective Per Diem 11	**48.6187**	**76.7023**	**49.5848**	**13.6500**		**188.5558**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320129-00 - 2013/07

208.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Port Charlotte

FRVS

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

Began FRVS:	**3/12/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**5,341,773**
FRVS Base Asset:	**4,306,175**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023590**

Mortgage Information		
Amount:	**5,604,395.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,338**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,273,418**	**9.6991**
20% ROE(2):	**1,068,355**	**0.6393**
Insurance Cost(3):	**61,274**	**1.1498**
Taxes Cost(3):	**117,219**	**2.1996**
Home Office(3):	**54,615**	**1.0249**
Replacement(3&4):	**121,184**	**0.0000**
Total FRVS PD:		**14.7127**

(1) 80% Capital ($4,273,418) amortized at 6.5000% for 20 years Principal & Interest of $382,338 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6991
(2) 20% ROE ($1,068,355) times the ROE factor (0.023590) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6393
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**115**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,306,175**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6187**	**48.6187**	**2.1136**	**46.5051**	
Patient Care					
Direct Care	**76.7023**	**76.7023**	**3.3345**	**73.3678**	
Indirect Care	**49.5848**	**49.5848**	**2.1556**	**47.4292**	
Property	**13.6500**	**14.7127**	**0.6396**	**14.0731**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4662**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**188.5558**	**189.6185**	**8.2433**	**208.6778**	

***Medicaid Trend Adjustment :**

0 320137-00 - 2013/07

223.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**81**	Superior:	**0**
Sarasota FL 34232		Days In CR	**365**	Maximum:	**29,565**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**29,565**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**27,144**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,293**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**18,289**		
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**						

Medicaid Utilization	**67.37769%**
Occupancy:	**91.81126%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.69864%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	876,425	1,483,969	893,055	920,302	0	4,173,751
1a	Audit Adjustments						
2	Cost Per Diem	47.9209	81.1400	48.8302	**50.3200**		228.2111
3	Cost Per Diem Inflated	50.5090	83.7662	51.4674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5090**	**83.7662**	**51.4674**	**50.3200**		236.0626
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7655		64.5276			
7	Provider Target Rate	**62.0553**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5090**	**83.7662**	**51.4674**	**13.6500**		199.3926
12/13	Medicaid Adjustment Rate		1.6376	1.0062			
14	Prospective Per Diem 11	**50.5090**	**85.4038**	**52.4736**	**13.6500**		**202.0364**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320137-00 - 2013/07

223.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Sarasota

FRVS

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

Began FRVS:	**2/18/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1998/01**
Indexed Asset Value	**3,871,337**
FRVS Base Asset:	**3,033,045**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,269,231.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5012**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**277,091**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,097,070**	**10.4136**
20% ROE(2):	**774,267**	**0.7033**
Insurance Cost(3):	**46,485**	**1.7125**
Taxes Cost(3):	**46,072**	**1.6973**
Home Office(3):	**27,562**	**1.0154**
Replacement(3&4):	**54,888**	**0.0000**
Total FRVS PD:		**15.5421**

(1) 80% Capital ($3,097,070) amortized at 6.5000% for 20 years Principal & Interest of $277,091 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.4136
(2) 20% ROE ($774,267) times the ROE factor (0.024170) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.7033
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**81**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,033,045**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5090**	**50.5090**	**2.1958**	**48.3132**	
Patient Care					
Direct Care	**85.4038**	**85.4038**	**3.7128**	**81.6910**	
Indirect Care	**52.4736**	**52.4736**	**2.2812**	**50.1924**	
Property	**13.6500**	**15.5421**	**0.6757**	**14.8664**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0190**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**202.0364**	**203.9285**	**8.8655**	**223.9184**	

***Medicaid Trend Adjustment :**

0 320145-00 - 2013/07

196.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**159**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**365**	Maximum:	**58,035**	Standard:	**184**
County:	**Indian River[31]**	First Used:	**2013/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**55,160**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,144**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**36,436**		
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**						

Medicaid Utilization	**66.05511%**
Occupancy:	**95.04609%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.77510%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,331,587	2,671,349	1,577,540	1,484,038	0	7,064,514
1a	Audit Adjustments						
2	Cost Per Diem	36.5459	73.3162	43.2962	**40.7300**		193.8883
3	Cost Per Diem Inflated	38.5197	75.6892	45.6345			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5197**	**75.6892**	**45.6345**	**40.7300**		200.5734
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.6508		52.8299			
7	Provider Target Rate	**51.7259**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5197**	**75.6892**	**45.6345**	**13.6500**		173.4934
12/13	Medicaid Adjustment Rate		1.3671	0.8243			
14	Prospective Per Diem 11	**38.5197**	**77.0563**	**46.4588**	**13.6500**		**175.6848**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320145-00 - 2013/07

196.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of Vero Beach

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,277,886**
FRVS Base Asset:	**2,240,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**490,451**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,822,309**	**9.3899**
20% ROE(2):	**1,455,577**	**0.6736**
Insurance Cost(3):	**46,431**	**0.8418**
Taxes Cost(3):	**83,196**	**1.5083**
Home Office(3):	**51,999**	**0.9427**
Replacement(3&4):	**96,947**	**0.0000**
Total FRVS PD:		**13.3563**

(1) 80% Capital ($5,822,309) amortized at 8.5000% for 20 years Interest of $490,451 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $9.3899
(2) 20% ROE ($1,455,577) times the ROE factor (0.024170) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.6736
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5197**	**38.5197**	**1.6746**	**36.8451**	
Patient Care					
Direct Care	**77.0563**	**77.0563**	**3.3499**	**73.7064**	
Indirect Care	**46.4588**	**46.4588**	**2.0197**	**44.4391**	
Property	**13.6500**	**13.3563**	**0.5806**	**12.7757**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4068**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.6848**	**175.3911**	**7.6248**	**196.0095**	

***Medicaid Trend Adjustment :**

0 320153-00 - 2013/07

209.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33406		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**42,450**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,309**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,337**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**62.04240%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.91781%**	Cost:	**1.05400743**
Open Date:	**3/18/1985**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**3/18/1985**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**3/18/1985**	Low Occupancy Adjustment Factor:			**122.13380%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**213586**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,064,634	2,018,673	1,375,204	695,560	0	5,154,071
1a	Audit Adjustments						
2	Cost Per Diem	40.4235	76.6478	52.2157	**26.4100**		195.6970
3	Cost Per Diem Inflated	42.6067	79.1286	55.0357			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6067**	**79.1286**	**55.0357**	**26.4100**		203.1810
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6843		55.0130			
7	Provider Target Rate	**62.9936**		**56.1807**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6067**	**79.1286**	**55.0357**	**13.6500**		190.4210
12/13	Medicaid Adjustment Rate		1.0720	0.7456			
14	Prospective Per Diem 11	**42.6067**	**80.2006**	**55.7813**	**13.6500**		**192.2386**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320153-00 - 2013/07

209.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Consulate Health Care of West Palm Beach

FRVS

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

Began FRVS:	**4/1/1998**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**4,454,788**
FRVS Base Asset:	**2,282,012**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**300,205**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,563,830**	**7.6156**
20% ROE(2):	**890,958**	**0.5463**
Insurance Cost(3):	**47,174**	**1.1113**
Taxes Cost(3):	**81,402**	**1.9176**
Home Office(3):	**44,410**	**1.0462**
Replacement(3&4):	**239,445**	**0.0000**
Total FRVS PD:		**12.2370**

(1) 80% Capital ($3,563,830) amortized at 8.5000% for 20 years Interest of $300,205 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6156
(2) 20% ROE ($890,958) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5463
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6067**	**42.6067**	**1.8522**	**40.7545**	
Patient Care					
Direct Care	**80.2006**	**80.2006**	**3.4866**	**76.7140**	
Indirect Care	**55.7813**	**55.7813**	**2.4250**	**53.3563**	
Property	**13.6500**	**12.2370**	**0.5320**	**11.7050**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5652**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.2386**	**190.8256**	**8.2958**	**209.9314**	

***Medicaid Trend Adjustment :**

0 320391-00 - 2013/07

201.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**01/01/2011-12/31/2011**	Number of Beds: **120**	Superior: **0**
Zephyrhills FL 33542	Days In CR **365**	Maximum: **43,800**	Standard: **184**
County: **Pasco[51]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **41,396**	Total: **184**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **5,118**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **30,004**	
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**			

Medicaid Utilization	**72.48043%**
Occupancy:	**94.51141%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.10131%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,161,659	2,446,802	1,256,525	272,136	0	5,137,122
1a	Audit Adjustments						
2	Cost Per Diem	38.7168	81.5492	41.8786	**9.0700**		171.2146
3	Cost Per Diem Inflated	40.8078	84.1887	44.1404			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8078**	**84.1887**	**44.1404**	**9.0700**		178.2069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8872		50.8005			
7	Provider Target Rate	**56.0522**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8078**	**84.1887**	**44.1404**	**9.0700**		178.2069
12/13	Medicaid Adjustment Rate		2.1292	1.1163			
14	Prospective Per Diem 11	**40.8078**	**86.3179**	**45.2567**	**9.0700**		**181.4524**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320391-00 - 2013/07

201.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Zephyr Haven Health & Rehab Center, Inc.

FRVS

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

Began FRVS:	**6/28/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/01**
Indexed Asset Value	**4,647,828**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,250,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**2.3000**	**%**
Chase Rate:	**4.5000**	**%**
Amortization Rate:	**2.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**232,115**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,718,262**	**5.8883**
20% ROE(2):	**929,566**	**0.5700**
Insurance Cost(3):	**5,479**	**0.1324**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**43,545**	**1.0519**
Replacement(3&4):	**125,943**	**0.0000**
Total FRVS PD:		**7.6426**

(1) 80% Capital ($3,718,262) amortized at 2.3000% for 20 years Principal & Interest of $232,115 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8883
(2) 20% ROE ($929,566) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5700
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8078**	**40.8078**	**1.7740**	**39.0338**	
Patient Care					
Direct Care	**86.3179**	**86.3179**	**3.7525**	**82.5654**	
Indirect Care	**45.2567**	**45.2567**	**1.9675**	**43.2892**	
Property	**9.0700**	**7.6426**	**0.3322**	**7.3104**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8400**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.4524**	**180.0250**	**7.8262**	**201.8752**	

***Medicaid Trend Adjustment :**

0 320404-00 - 2013/07

201.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**103**	Superior:	**184**
Zephyrhills FL 33540		Days In CR	**366**	Maximum:	**37,698**	Standard:	**0**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**35,959**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,868**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,945**		
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**						

Medicaid Utilization	**52.68500%**
Occupancy:	**95.38702%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.20473%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	768,576	1,443,961	928,095	168,989	0	3,309,621
1a	Audit Adjustments						
2	Cost Per Diem	40.5688	76.2186	48.9889	**8.9200**		174.6963
3	Cost Per Diem Inflated	42.2070	78.2144	50.9671			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2070**	**78.2144**	**50.9671**	**8.9200**		180.3085
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5441		59.0489			
7	Provider Target Rate	**50.5957**		**60.3023**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2070**	**78.2144**	**50.9671**	**8.9200**		180.3085
12/13	Medicaid Adjustment Rate		0.2363	0.1540			
14	Prospective Per Diem 11	**42.2070**	**78.4507**	**51.1211**	**8.9200**		**180.6988**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320404-00 - 2013/07

201.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,746,901**
FRVS Base Asset:	**2,171,810**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**319,890**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,797,521**	**9.4543**
20% ROE(2):	**949,380**	**0.4705**
Insurance Cost(3):	**6,202**	**0.1725**
Taxes Cost(3):	**378**	**0.0105**
Home Office(3):	**42,554**	**1.1834**
Replacement(3&4):	**89,731**	**0.0000**
Total FRVS PD:		**11.2912**

(1) 80% Capital ($3,797,521) amortized at 8.5000% for 20 years Interest of $319,890 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $9.4543
(2) 20% ROE ($949,380) times the ROE factor (0.016770) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.4705
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**58**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,171,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2070**	**42.2070**	**1.8349**	**40.3721**	
Patient Care					
Direct Care	**78.4507**	**78.4507**	**3.4105**	**75.0402**	
Indirect Care	**51.1211**	**51.1211**	**2.2224**	**48.8987**	
Property	**8.9200**	**11.2912**	**0.4909**	**10.8003**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9155**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.6988**	**183.0700**	**7.9587**	**201.8632**	

***Medicaid Trend Adjustment :**

0 320412-00 - 2013/07

205.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Apopka FL 32703		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,401**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,148**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,701**		
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**						

Medicaid Utilization	**48.82196%**
Occupancy:	**96.54144%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.65951%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,684	1,666,720	1,140,238	170,369	0	3,868,011
1a	Audit Adjustments						
2	Cost Per Diem	43.0261	80.5140	55.0813	**8.2300**		186.8514
3	Cost Per Diem Inflated	44.7635	82.6223	57.3055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7635**	**82.6223**	**57.3055**	**8.2300**		192.9213
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.6396		50.8005			
7	Provider Target Rate	**46.6084**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7635**	**82.6223**	**51.8788**	**8.2300**		187.4946
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.7635**	**82.6223**	**51.8788**	**8.2300**		**187.4946**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320412-00 - 2013/07

205.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Sunbelt Health & Rehab Center - Apopka, Inc.

FRVS

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

Began FRVS:	**2/9/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**6,097,560**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**6,313,226.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**0.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**0.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**256,352**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,878,048**	**6.5031**
20% ROE(2):	**1,219,512**	**0.5188**
Insurance Cost(3):	**8,027**	**0.1893**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**53,716**	**1.2669**
Replacement(3&4):	**111,650**	**0.0000**
Total FRVS PD:		**8.4781**

(1) 80% Capital ($4,878,048) amortized at 0.5000% for 20 years Principal & Interest of $256,352 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5031
(2) 20% ROE ($1,219,512) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5188
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7635**	**44.7635**	**1.9460**	**42.8175**	
Patient Care					
Direct Care	**82.6223**	**82.6223**	**3.5919**	**79.0304**	
Indirect Care	**51.8788**	**51.8788**	**2.2553**	**49.6235**	
Property	**8.2300**	**8.4781**	**0.3686**	**8.1095**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5278**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**187.4946**	**187.7427**	**8.1618**	**205.9451**	

***Medicaid Trend Adjustment :**

0 320421-00 - 2013/07

232.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**184**
Orlando FL 32825		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,320**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,075**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,670**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**63.01985%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.35701%**	Cost:	**1.04038050**
Open Date:	**1/6/1993**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/6/1993**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**2/8/1993**	Low Occupancy Adjustment Factor:			**121.42709%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**1/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**206261**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,342,876	2,384,730	1,600,083	241,364	0	5,569,053
1a	Audit Adjustments						
2	Cost Per Diem	50.3516	89.4162	59.9956	**9.0500**		208.8134
3	Cost Per Diem Inflated	52.3848	91.7576	62.4183			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3848**	**91.7576**	**62.4183**	**9.0500**		215.6107
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1026		71.9223			
7	Provider Target Rate	**58.3147**		**73.4489**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**91.7576**	**59.9006**	**9.0500**		212.2888
12/13	Medicaid Adjustment Rate		1.3440	0.8774			
14	Prospective Per Diem 11	**51.5806**	**93.1016**	**60.7780**	**9.0500**		**214.5102**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320421-00 - 2013/07

232.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

East Orlando Health & Rehab Center, Inc.

FRVS

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

Began FRVS:	**2/8/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**6,097,560**
FRVS Base Asset:	**2,574,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**7,675,729.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**0.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**0.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**256,352**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,878,048**	**6.5031**
20% ROE(2):	**1,219,512**	**0.5188**
Insurance Cost(3):	**7,753**	**0.1832**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**57,992**	**1.3703**
Replacement(3&4):	**63,399**	**0.0000**
Total FRVS PD:		**8.5754**

(1) 80% Capital ($4,878,048) amortized at 0.5000% for 20 years Principal & Interest of $256,352 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5031
(2) 20% ROE ($1,219,512) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5188
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**80**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,574,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**93.1016**	**93.1016**	**4.0474**	**89.0542**	
Indirect Care	**60.7780**	**60.7780**	**2.6422**	**58.1358**	
Property	**9.0500**	**8.5754**	**0.3728**	**8.2026**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6807**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.5102**	**214.0356**	**9.3048**	**232.2479**	

***Medicaid Trend Adjustment :**

0 320439-00 - 2013/07

213.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Orlando Fl 32804		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,492**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,722**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,690**		
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**						

Medicaid Utilization	**60.45844%**
Occupancy:	**97.01370%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.25463%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,056,733	2,059,477	1,362,168	300,573	0	4,778,951
1a	Audit Adjustments						
2	Cost Per Diem	41.1340	80.1665	53.0233	**11.7000**		186.0238
3	Cost Per Diem Inflated	43.3555	82.7612	55.8870			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3555**	**82.7612**	**55.8870**	**11.7000**		193.7037
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6482		62.9656			
7	Provider Target Rate	**52.7445**		**64.3021**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3555**	**82.7612**	**55.8870**	**11.7000**		193.7037
12/13	Medicaid Adjustment Rate		0.9737	0.6576			
14	Prospective Per Diem 11	**43.3555**	**83.7349**	**56.5446**	**11.7000**		**195.3350**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320439-00 - 2013/07

213.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Adventist Care Centers - Courtland, Inc.

FRVS

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

Began FRVS:	**7/27/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2000/01**
Indexed Asset Value	**4,317,093**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**325,496**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,453,674**	**8.2571**
20% ROE(2):	**863,419**	**0.5294**
Insurance Cost(3):	**6,432**	**0.1514**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**53,009**	**1.2475**
Replacement(3&4):	**382,614**	**0.0000**
Total FRVS PD:		**10.1854**

(1) 80% Capital ($3,453,674) amortized at 9.5000% for 20 years Interest of $325,496 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2571
(2) 20% ROE ($863,419) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5294
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1999**	Used Per Bed Standard:	**39,324**
Comparison Bed	**87**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,421,188**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3555**	**43.3555**	**1.8848**	**41.4707**	
Patient Care					
Direct Care	**83.7349**	**83.7349**	**3.6402**	**80.0947**	
Indirect Care	**56.5446**	**56.5446**	**2.4582**	**54.0864**	
Property	**11.7000**	**10.1854**	**0.4428**	**9.7426**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8989**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.3350**	**193.8204**	**8.4260**	**213.1297**	

***Medicaid Trend Adjustment :**

0 320463-00 - 2013/07

220.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**08/01/2011-07/31/2012**		Number of Beds:	**202**	Superior:	**0**
Apopka FL 32703		Days In CR	**366**	Maximum:	**73,932**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**73,730**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**72,002**	Total:	**184**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,821**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**50,569**		
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**						

Medicaid Utilization	**70.23277%**
Occupancy:	**97.38950%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.72820%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,984,655	4,417,055	2,521,472	1,066,500	0	9,989,682
1a	Audit Adjustments						
2	Cost Per Diem	39.2465	87.3471	49.8620	**21.0900**		197.5456
3	Cost Per Diem Inflated	40.8313	89.6344	51.8755			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8313**	**89.6344**	**51.8755**	**21.0900**		203.4312
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1010		61.9845			
7	Provider Target Rate	**48.1008**		**63.3002**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8313**	**89.6344**	**51.8755**	**13.6500**		195.9912
12/13	Medicaid Adjustment Rate		2.0402	1.1808			
14	Prospective Per Diem 11	**40.8313**	**91.6746**	**53.0563**	**13.6500**		**199.2122**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320463-00 - 2013/07

220.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Florida Living Nursing Center

FRVS

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

Began FRVS:	**8/24/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**8,598,306**
FRVS Base Asset:	**1,690,206**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**855,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,878,645**	**12.8879**
20% ROE(2):	**1,719,661**	**0.4346**
Insurance Cost(3):	**12,306**	**0.1709**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**77,914**	**1.0821**
Replacement(3&4):	**181,575**	**0.0000**
Total FRVS PD:		**14.5755**

(1) 80% Capital ($6,878,645) amortized at 12.5000% for 20 years Interest of $855,204 divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $12.8879
(2) 20% ROE ($1,719,661) times the ROE factor (0.016770) divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $0.4346
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8313**	**40.8313**	**1.7751**	**39.0562**	
Patient Care					
Direct Care	**91.6746**	**91.6746**	**3.9854**	**87.6892**	
Indirect Care	**53.0563**	**53.0563**	**2.3065**	**50.7498**	
Property	**13.6500**	**14.5755**	**0.6336**	**13.9419**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5364**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**199.2122**	**200.1377**	**8.7006**	**220.8099**	

***Medicaid Trend Adjustment :**

0 320978-00 - 2013/07

249.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**110**	Superior:	**0**
Lehigh Acres FL 33936		Days In CR	**365**	Maximum:	**40,150**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2012/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**36,271**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,592**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,821**	FY Index:	**1.25362148**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.05400743**
Open Date:	**1/1/1986**					Target:	**1.01485834**
Acquired Date:	**1/1/1986**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**1/1/1986**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/1/2007**					**DC Inflation:**	**1.03236654**
Previous Med #	**225169**					**PS Target:**	**1.02122620**

Medicaid Utilization	**43.61887%**
Occupancy:	**90.33873%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.84298%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	893,516	1,638,810	1,020,391	436,976	7,515	3,997,208
1a	Audit Adjustments						
2	Cost Per Diem	56.4766	103.5845	64.4960	**27.6200**	**0.4750**	252.6521
3	Cost Per Diem Inflated	59.5268	106.9372	67.9793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.5268**	**106.9372**	**67.9793**	**27.6200**	**0.4750**	262.5383
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.8364		60.3415			
7	Provider Target Rate	**66.2126**		**61.6223**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**53.0460**		**63.5394**			
10b	Base for line 10a	51.9434		62.2187			
11	Lesser of 5,7,8,10, 10a	**53.0460**	**99.9385**	**61.6223**	**13.6500**	**0.4750**	228.7318
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.0460**	**99.9385**	**61.6223**	**13.6500**	**0.4750**	**228.7318**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320978-00 - 2013/07

249.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Lehigh Acres Health & Rehabilitation Center

FRVS

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

Began FRVS:	**5/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**5,549,862**
FRVS Base Asset:	**3,135,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information

Amount:	**5,960,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**11.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**559,030**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,439,890**	**15.4706**
20% ROE(2):	**1,109,972**	**0.7424**
Insurance Cost(3):	**68,590**	**1.8910**
Taxes Cost(3):	**52,294**	**1.4418**
Home Office(3):	**32,336**	**0.8915**
Replacement(3&4):	**15,178**	**0.0000**
Total FRVS PD:		**20.4373**

(1) 80% Capital ($4,439,890) amortized at 11.2500% for 20 years Principal & Interest of $559,030 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $15.4706
(2) 20% ROE ($1,109,972) times the ROE factor (0.024170) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.7424
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**110**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.0460**	**53.0460**	**2.3061**	**50.7399**	
Patient Care					
Direct Care	**99.9385**	**99.9385**	**4.3446**	**95.5939**	
Indirect Care	**61.6223**	**61.6223**	**2.6789**	**58.9434**	
Property	**13.6500**	**20.4373**	**0.8885**	**19.5488**	
ROE	**0.4750**	**0.4211**	**0.0183**	**0.4028**	
ROE Adjustment	**-0.4211**	**-0.4211**	**-0.0183**	**-0.4028**	
Quality Assess-Medicaid Share				**$16.1801**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**228.3107**	**235.0441**	**10.2181**	**249.8425**	

***Medicaid Trend Adjustment :**

0 321303-00 - 2013/07

233.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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.		**01/01/2011-12/31/2011**		Number of Beds:	**169**	Superior:	**0**
Ft. Lauderdale FL 33308		Days In CR	**365**	Maximum:	**61,685**	Standard:	**184**
County: **Broward[6]**		First Used:	**2013/01**	Max Annualized:	**61,685**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**50,700**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,994**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**27,868**	FY Index:	**1.25362148**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**54.96647%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**82.19178%**	Cost:	**1.05400743**
Open Date:	**10/3/1984**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/3/1984**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**10/3/1984**	Low Occupancy Adjustment Factor:			**103.57637%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03236654**
Previous Med #	**228109**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,370,122	2,384,041	1,591,914	463,724	0	5,809,801
1a	Audit Adjustments						
2	Cost Per Diem	49.1647	85.5476	57.1234	**16.6400**		208.4757
3	Cost Per Diem Inflated	51.8200	88.3165	60.2085			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8200**	**88.3165**	**60.2085**	**16.6400**		216.9850
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0613		66.1550			
7	Provider Target Rate	**54.1876**		**67.5592**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**54.0455**		**63.3118**			
10b	Base for line 10a	52.9222		61.9959			
11	Lesser of 5,7,8,10, 10a	**51.8200**	**88.3165**	**60.2085**	**13.6500**		213.9950
12/13	Medicaid Adjustment Rate		0.4934	0.3364			
14	Prospective Per Diem 11	**51.8200**	**88.8099**	**60.5449**	**13.6500**		**214.8248**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321303-00 - 2013/07

233.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Ft. Lauderdale Health & Rehab Center

FRVS

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

Began FRVS:	**7/1/2007**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**5,851,836**
FRVS Base Asset:	**1,978,789**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information

Amount:	**6,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.1670**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**9.1670**	**%**
Interest Only:	**False**	
Yearly Payment:	**511,494**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,681,469**	**9.2134**
20% ROE(2):	**1,170,367**	**0.5095**
Insurance Cost(3):	**53,254**	**1.0504**
Taxes Cost(3):	**140,523**	**2.7717**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5450**

(1) 80% Capital ($4,681,469) amortized at 9.1670% for 20 years Principal & Interest of $511,494 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $9.2134
(2) 20% ROE ($1,170,367) times the ROE factor (0.024170) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $0.5095
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**253**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**7,210,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.8200**	**51.8200**	**2.2528**	**49.5672**	
Patient Care					
Direct Care	**88.8099**	**88.8099**	**3.8609**	**84.9490**	
Indirect Care	**60.5449**	**60.5449**	**2.6321**	**57.9128**	
Property	**13.6500**	**13.5450**	**0.5888**	**12.9562**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5615**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.8248**	**214.7198**	**9.3346**	**233.7831**	

***Medicaid Trend Adjustment :**

0 321532-00 - 2013/07

241.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**120**	Superior:	**0**
Lauderdale Lakes FL 33319		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**40,723**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,717**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,482**		
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**						

Medicaid Utilization	**74.85205%**
Occupancy:	**92.97488%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.16501%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,405,091	2,792,224	1,920,617	1,162,279	0	7,280,211
1a	Audit Adjustments						
2	Cost Per Diem	46.0958	91.6024	63.0082	**38.1300**		238.8364
3	Cost Per Diem Inflated	48.5853	94.5673	66.4111			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5853**	**94.5673**	**66.4111**	**38.1300**		247.6937
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5386		74.3776			
7	Provider Target Rate	**54.6750**		**75.9564**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.5853**	**94.5673**	**61.8071**	**13.6500**		218.6097
12/13	Medicaid Adjustment Rate		2.6440	1.7280			
14	Prospective Per Diem 11	**48.5853**	**97.2113**	**63.5351**	**13.6500**		**222.9817**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321532-00 - 2013/07

241.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

The Palms Rehabilitation and Nursing Center

FRVS

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

Began FRVS:	**1/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**2,205,136**
FRVS Base Asset:	**1,323,819**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**1,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**7.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**164,125**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,764,109**	**4.1635**
20% ROE(2):	**441,027**	**0.2704**
Insurance Cost(3):	**158,750**	**3.8983**
Taxes Cost(3):	**194,253**	**4.7701**
Home Office(3):	**12,776**	**0.3137**
Replacement(3&4):	**31,200**	**0.0000**
Total FRVS PD:		**13.4160**

(1) 80% Capital ($1,764,109) amortized at 7.0000% for 20 years Principal & Interest of $164,125 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.1635
(2) 20% ROE ($441,027) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2704
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5853**	**48.5853**	**2.1122**	**46.4731**	
Patient Care					
Direct Care	**97.2113**	**97.2113**	**4.2261**	**92.9852**	
Indirect Care	**63.5351**	**63.5351**	**2.7621**	**60.7730**	
Property	**13.6500**	**13.4160**	**0.5832**	**12.8328**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2737**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**222.9817**	**222.7477**	**9.6836**	**241.1742**	

***Medicaid Trend Adjustment :**

0 323772-00 - 2013/07

221.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**87**	Superior:	**0**
Miami FL 33144		Days In CR	**366**	Maximum:	**31,842**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**27,758**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,258**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**18,279**		
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**						

Medicaid Utilization	**65.85129%**
Occupancy:	**87.17417%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.85507%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	904,958	1,313,757	1,031,927	297,034	0	3,547,676
1a	Audit Adjustments						
2	Cost Per Diem	49.5081	71.8725	56.4542	**16.2500**		194.0848
3	Cost Per Diem Inflated	50.9654	73.3966	58.1159			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9654**	**73.3966**	**58.1159**	**16.2500**		198.7279
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1063		64.5276			
7	Provider Target Rate	**56.2760**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**59.6177**		**67.6669**			
10b	Base for line 10a	58.3785		66.2604			
11	Lesser of 5,7,8,10, 10a	**50.9654**	**73.3966**	**58.1159**	**13.6500**		196.1279
12/13	Medicaid Adjustment Rate		1.3089	1.0364			
14	Prospective Per Diem 11	**50.9654**	**74.7055**	**59.1523**	**13.6500**		**198.4732**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323772-00 - 2013/07

221.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**4,111,584**
FRVS Base Asset:	**2,479,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**394,073**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,289,267**	**13.7887**
20% ROE(2):	**822,317**	**0.4195**
Insurance Cost(3):	**76,530**	**2.7570**
Taxes Cost(3):	**42,789**	**1.5415**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**49,909**	**0.0000**
Total FRVS PD:		**18.5067**

(1) 80% Capital ($3,289,267) amortized at 10.5000% for 20 years Principal & Interest of $394,073 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $13.7887
(2) 20% ROE ($822,317) times the ROE factor (0.014580) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.4195
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**87**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,580,594**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9654**	**50.9654**	**2.2156**	**48.7498**	
Patient Care					
Direct Care	**74.7055**	**74.7055**	**3.2477**	**71.4578**	
Indirect Care	**59.1523**	**59.1523**	**2.5715**	**56.5808**	
Property	**13.6500**	**18.5067**	**0.8045**	**17.7022**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4188**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**198.4732**	**203.3299**	**8.8393**	**221.7458**	

***Medicaid Trend Adjustment :**

0 323781-00 - 2013/07

236.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Tarpon Point 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	
5157 Park Club Drive		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34235		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**38,455**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,373**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,029**		
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**						

Medicaid Utilization	**72.88779%**
Occupancy:	**87.55692%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**110.33740%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,416,710	2,440,079	1,472,758	773,320	0	6,102,867
1a	Audit Adjustments						
2	Cost Per Diem	50.5444	87.0555	52.5441	**27.5900**		217.7340
3	Cost Per Diem Inflated	52.0322	88.9016	54.0907			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0322**	**88.9016**	**54.0907**	**27.5900**		222.6145
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	100.7775		66.7196			
7	Provider Target Rate	**102.9166**		**68.1358**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation	**52.0750**		**57.5289**			
10b	Base for line 10a	50.9926		56.3332			
11	Lesser of 5,7,8,10, 10a	**52.0322**	**88.9016**	**54.0907**	**13.6500**		208.6745
12/13	Medicaid Adjustment Rate		2.2891	1.3928			
14	Prospective Per Diem 11	**52.0322**	**91.1907**	**55.4835**	**13.6500**		**212.3564**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323781-00 - 2013/07

236.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Tarpon Point Nursing and Rehabilitation Center

FRVS

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

Began FRVS:	**7/27/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**6,087,498**
FRVS Base Asset:	**1,810,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**10.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**573,672**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,869,998**	**14.5528**
20% ROE(2):	**1,217,500**	**0.4503**
Insurance Cost(3):	**13,912**	**0.3618**
Taxes Cost(3):	**53,811**	**1.3993**
Home Office(3):	**2,512**	**0.0653**
Replacement(3&4):	**123,637**	**0.0000**
Total FRVS PD:		**16.8295**

(1) 80% Capital ($4,869,998) amortized at 10.2500% for 20 years Principal & Interest of $573,672 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.5528
(2) 20% ROE ($1,217,500) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4503
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.0322**	**52.0322**	**2.2620**	**49.7702**	
Patient Care					
Direct Care	**91.1907**	**91.1907**	**3.9644**	**87.2263**	
Indirect Care	**55.4835**	**55.4835**	**2.4120**	**53.0715**	
Property	**13.6500**	**16.8295**	**0.7316**	**16.0979**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0758**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.3564**	**215.5359**	**9.3700**	**236.0781**	

***Medicaid Trend Adjustment :**

0 323799-00 - 2013/07

217.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

St. Andrew's Bay 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 Avenue		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32405		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**39,175**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,267**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,001**	FY Index:	**1.28354541**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**53.60817%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.19626%**	Cost:	**1.02943484**
Open Date:	**1/1/1986**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1986**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**5/1/1986**	Low Occupancy Adjustment Factor:			**112.40327%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02120582**
Previous Med #	**312011**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	895,243	1,788,229	1,050,437	660,691	0	4,394,600
1a	Audit Adjustments						
2	Cost Per Diem	42.6286	85.1497	50.0184	**31.4600**		209.2567
3	Cost Per Diem Inflated	43.8834	86.9554	51.4907			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8834**	**86.9554**	**51.4907**	**31.4600**		213.7895
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.4982		48.5340			
7	Provider Target Rate	**43.4003**		**49.5642**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**44.8216**		**53.5663**			
10b	Base for line 10a	43.8900		52.4529			
11	Lesser of 5,7,8,10, 10a	**43.4003**	**86.9554**	**49.5642**	**13.6500**		193.5699
12/13	Medicaid Adjustment Rate		0.3530	0.2012			
14	Prospective Per Diem 11	**43.4003**	**87.3084**	**49.7654**	**13.6500**		**194.1241**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323799-00 - 2013/07

217.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

St. Andrew's Bay Skilled Nursing and Rehabilitati

FRVS

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

Began FRVS:	**1/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1986/01**
Indexed Asset Value	**6,076,889**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,650,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**662,803**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,861,511**	**16.8139**
20% ROE(2):	**1,215,378**	**0.4495**
Insurance Cost(3):	**17,430**	**0.4449**
Taxes Cost(3):	**43,964**	**1.1222**
Home Office(3):	**2,705**	**0.0690**
Replacement(3&4):	**9,324**	**0.0000**
Total FRVS PD:		**18.8995**

(1) 80% Capital ($4,861,511) amortized at 12.5000% for 20 years Principal & Interest of $662,803 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.8139
(2) 20% ROE ($1,215,378) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4495
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4003**	**43.4003**	**1.8867**	**41.5136**	
Patient Care					
Direct Care	**87.3084**	**87.3084**	**3.7956**	**83.5128**	
Indirect Care	**49.7654**	**49.7654**	**2.1635**	**47.6019**	
Property	**13.6500**	**18.8995**	**0.8216**	**18.0779**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5477**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.1241**	**199.3736**	**8.6674**	**217.0903**	

***Medicaid Trend Adjustment :**

0 324027-00 - 2013/07

250.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
North Miami Beach FL 33169		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**37,646**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,757**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,255**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.27684492**
Open Date:	**1/3/1991**					Semester Index:	**1.32132636**
Acquired Date:	**1/3/1991**					Cost:	**1.03483699**
Entered Medicaid	**1/3/1991**					Target:	**1.01485834**
Med # Active Date:	**11/1/2007**					**DC FY Index:**	**1.20000000**
Previous Med #	**203131**					**DC Sem Index:**	**1.22800000**
						DC Inflation:	**1.02333333**
						PS Target:	**1.02122620**

Medicaid Utilization		**59.11651%**
Occupancy:		**85.71494%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**108.01617%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,088,529	2,176,639	1,481,355	502,295	0	5,248,818
1a	Audit Adjustments						
2	Cost Per Diem	48.9117	97.8045	66.5628	**22.5700**		235.8490
3	Cost Per Diem Inflated	50.6156	100.0866	68.8816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6156**	**100.0866**	**68.8816**	**22.5700**		242.1538
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9191		64.6687			
7	Provider Target Rate	**48.9362**		**66.0414**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9362**	**99.9385**	**61.8071**	**13.6500**		224.3318
12/13	Medicaid Adjustment Rate		1.0250	0.6339			
14	Prospective Per Diem 11	**48.9362**	**100.9635**	**62.4410**	**13.6500**		**225.9907**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324027-00 - 2013/07

250.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Hampton Court Nursing Center

FRVS

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

Began FRVS:	**1/3/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,201,995**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,420,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**532,566**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,161,596**	**13.5100**
20% ROE(2):	**1,040,399**	**0.4070**
Insurance Cost(3):	**112,443**	**2.9869**
Taxes Cost(3):	**71,733**	**1.9055**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,119**	**0.0000**
Total FRVS PD:		**18.8094**

(1) 80% Capital ($4,161,596) amortized at 11.5000% for 20 years Principal & Interest of $532,566 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.5100
(2) 20% ROE ($1,040,399) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4070
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9362**	**48.9362**	**2.1274**	**46.8088**	
Patient Care					
Direct Care	**100.9635**	**100.9635**	**4.3892**	**96.5743**	
Indirect Care	**62.4410**	**62.4410**	**2.7145**	**59.7265**	
Property	**13.6500**	**18.8094**	**0.8177**	**17.9917**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7751**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.9907**	**231.1501**	**10.0488**	**250.7128**	

***Medicaid Trend Adjustment :**

0 324094-00 - 2013/07

240.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**42,271**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,903**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,289**		
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**						

Medicaid Utilization	**71.65433%**
Occupancy:	**96.24544%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.28650%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,339,950	2,788,720	1,715,597	1,371,183	0	7,215,450
1a	Audit Adjustments						
2	Cost Per Diem	44.2388	92.0704	56.6409	**45.2700**		238.2201
3	Cost Per Diem Inflated	46.5136	94.9706	59.5534			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5136**	**94.9706**	**59.5534**	**45.2700**		246.3076
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4923		64.2892			
7	Provider Target Rate	**56.6702**		**65.6538**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**52.7488**		**63.7818**			
10b	Base for line 10a	51.6524		62.4561			
11	Lesser of 5,7,8,10, 10a	**46.5136**	**94.9706**	**59.5534**	**13.6500**		214.6876
12/13	Medicaid Adjustment Rate		2.3136	1.4508			
14	Prospective Per Diem 11	**46.5136**	**97.2842**	**61.0042**	**13.6500**		**218.4520**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324094-00 - 2013/07

240.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Advanced Rehabilitation & Health Center

FRVS

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

Began FRVS:	**2/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,816,948**
FRVS Base Asset:	**2,775,941**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**2,391,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.1000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.1000**	**%**
Interest Only:	**False**	
Yearly Payment:	**480,463**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,853,558**	**12.1883**
20% ROE(2):	**963,390**	**0.5347**
Insurance Cost(3):	**112,901**	**2.6709**
Taxes Cost(3):	**60,699**	**1.4359**
Home Office(3):	**13,262**	**0.3137**
Replacement(3&4):	**47,626**	**0.0000**
Total FRVS PD:		**17.1435**

(1) 80% Capital ($3,853,558) amortized at 11.1000% for 20 years Principal & Interest of $480,463 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.1883
(2) 20% ROE ($963,390) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5347
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5136**	**46.5136**	**2.0221**	**44.4915**	
Patient Care					
Direct Care	**97.2842**	**97.2842**	**4.2293**	**93.0549**	
Indirect Care	**61.0042**	**61.0042**	**2.6520**	**58.3522**	
Property	**13.6500**	**17.1435**	**0.7453**	**16.3982**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3341**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.4520**	**221.9455**	**9.6487**	**240.4673**	

***Medicaid Trend Adjustment :**

0 324108-00 - 2013/07

261.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**92**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**366**	Maximum:	**33,672**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**33,580**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**31,111**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,933**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**23,408**		
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**						

Medicaid Utilization	**75.24027%**
Occupancy:	**92.39427%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.43333%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,326,273	2,197,904	1,438,307	1,182,104	0	6,144,588
1a	Audit Adjustments						
2	Cost Per Diem	56.6590	93.8954	61.4451	**50.5000**		262.4995
3	Cost Per Diem Inflated	59.5725	96.8531	64.6047			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.5725**	**96.8531**	**64.6047**	**50.5000**		271.5303
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6808		74.5376			
7	Provider Target Rate	**65.0325**		**76.1198**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**57.2935**		**73.3302**			
10b	Base for line 10a	56.1027		71.8060			
11	Lesser of 5,7,8,10, 10a	**57.2935**	**96.8531**	**64.6047**	**13.6500**		232.4013
12/13	Medicaid Adjustment Rate		2.7502	1.8345			
14	Prospective Per Diem 11	**57.2935**	**99.6033**	**66.4392**	**13.6500**		**236.9860**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324108-00 - 2013/07

261.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Bayside Rehabilitation & Health Center

FRVS

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

Began FRVS:	**10/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**4,634,256**
FRVS Base Asset:	**1,335,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**2,033,590.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**474,442**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,707,405**	**15.6986**
20% ROE(2):	**926,851**	**0.6710**
Insurance Cost(3):	**87,208**	**2.8031**
Taxes Cost(3):	**50,956**	**1.6379**
Home Office(3):	**9,761**	**0.3137**
Replacement(3&4):	**33,960**	**0.0000**
Total FRVS PD:		**21.1243**

(1) 80% Capital ($3,707,405) amortized at 11.5000% for 20 years Principal & Interest of $474,442 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $15.6986
(2) 20% ROE ($926,851) times the ROE factor (0.021880) divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $0.6710
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**66**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,881,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.2935**	**57.2935**	**2.4907**	**54.8028**	
Patient Care					
Direct Care	**99.6033**	**99.6033**	**4.3301**	**95.2732**	
Indirect Care	**66.4392**	**66.4392**	**2.8883**	**63.5509**	
Property	**13.6500**	**21.1243**	**0.9183**	**20.2060**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2451**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**236.9860**	**244.4603**	**10.6274**	**261.9144**	

***Medicaid Trend Adjustment :**

0 324116-00 - 2013/07

235.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**39,371**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,896**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,338**		
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**						

Medicaid Utilization	**54.19725%**
Occupancy:	**89.64253%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**112.96564%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,108,411	1,844,851	1,432,262	932,471	0	5,317,995
1a	Audit Adjustments						
2	Cost Per Diem	51.9454	86.4585	67.1226	**43.7000**		249.2265
3	Cost Per Diem Inflated	54.6165	89.1819	70.5741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6165**	**89.1819**	**70.5741**	**43.7000**		258.0725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7992		61.1127			
7	Provider Target Rate	**56.9836**		**62.4099**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**50.9667**		**64.1321**			
10b	Base for line 10a	49.9074		62.7991			
11	Lesser of 5,7,8,10, 10a	**50.9667**	**89.1819**	**59.9006**	**13.6500**		213.6992
12/13	Medicaid Adjustment Rate		0.4211	0.2828			
14	Prospective Per Diem 11	**50.9667**	**89.6030**	**60.1834**	**13.6500**		**214.4031**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324116-00 - 2013/07

235.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Excel Rehabilitation & Health Center

FRVS

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

Began FRVS:	**5/15/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1995/01**
Indexed Asset Value	**5,649,928**
FRVS Base Asset:	**4,123,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**4,950,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.2636**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**12.2636**	**%**
Interest Only:	**False**	
Yearly Payment:	**607,219**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,519,942**	**15.4038**
20% ROE(2):	**1,129,986**	**0.6272**
Insurance Cost(3):	**111,362**	**2.8285**
Taxes Cost(3):	**76,984**	**1.9553**
Home Office(3):	**12,352**	**0.3137**
Replacement(3&4):	**174,512**	**0.0000**
Total FRVS PD:		**21.1285**

(1) 80% Capital ($4,519,942) amortized at 12.2636% for 20 years Principal & Interest of $607,219 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.4038
(2) 20% ROE ($1,129,986) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6272
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9667**	**50.9667**	**2.2157**	**48.7510**	
Patient Care					
Direct Care	**89.6030**	**89.6030**	**3.8953**	**85.7077**	
Indirect Care	**60.1834**	**60.1834**	**2.6164**	**57.5670**	
Property	**13.6500**	**21.1285**	**0.9185**	**20.2100**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1788**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.4031**	**221.8816**	**9.6459**	**235.2509**	

***Medicaid Trend Adjustment :**

0 324124-00 - 2013/07

231.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**119**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**366**	Maximum:	**43,554**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,171**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,492**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,482**		
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**						

Medicaid Utilization	**55.96575%**
Occupancy:	**92.23263%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.22964%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	932,066	2,049,760	1,314,256	1,022,706	0	5,318,788
1a	Audit Adjustments						
2	Cost Per Diem	41.4583	91.1734	58.4581	**45.4900**		236.5798
3	Cost Per Diem Inflated	43.5901	94.0453	61.4641			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5901**	**94.0453**	**61.4641**	**45.4900**		244.5895
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.9786		65.1838			
7	Provider Target Rate	**57.1668**		**66.5674**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**49.5840**		**64.1321**			
10b	Base for line 10a	48.5534		62.7991			
11	Lesser of 5,7,8,10, 10a	**43.5901**	**94.0453**	**59.9006**	**13.6500**		211.1860
12/13	Medicaid Adjustment Rate		0.6312	0.4020			
14	Prospective Per Diem 11	**43.5901**	**94.6765**	**60.3026**	**13.6500**		**212.2192**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324124-00 - 2013/07

231.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Madison Pointe Rehabilitation & Health Center

FRVS

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

Began FRVS:	**12/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**4,451,516**
FRVS Base Asset:	**2,077,025**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information

Amount:	**2,525,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6337**	**%**
Chase Rate:	**9.5000**	**%**
Amortization Rate:	**11.6337**	**%**
Interest Only:	**False**	
Yearly Payment:	**459,677**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,561,213**	**11.7590**
20% ROE(2):	**890,303**	**0.4983**
Insurance Cost(3):	**112,579**	**2.8025**
Taxes Cost(3):	**62,782**	**1.5629**
Home Office(3):	**12,603**	**0.3137**
Replacement(3&4):	**22,267**	**0.0000**
Total FRVS PD:		**16.9364**

(1) 80% Capital ($3,561,213) amortized at 11.6337% for 20 years Principal & Interest of $459,677 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $11.7590
(2) 20% ROE ($890,303) times the ROE factor (0.021880) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.4983
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**119**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,391,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5901**	**43.5901**	**1.8950**	**41.6951**	
Patient Care					
Direct Care	**94.6765**	**94.6765**	**4.1159**	**90.5606**	
Indirect Care	**60.3026**	**60.3026**	**2.6215**	**57.6811**	
Property	**13.6500**	**16.9364**	**0.7363**	**16.2001**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3851**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**212.2192**	**215.5056**	**9.3687**	**231.3584**	

***Medicaid Trend Adjustment :**

0 324132-00 - 2013/07

235.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**109**	Superior:	**0**
St. Petersburg FL 33703		Days In CR	**366**	Maximum:	**39,894**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**37,303**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,179**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,688**		
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**						

Medicaid Utilization	**74.22459%**
Occupancy:	**93.50529%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.83341%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,260,688	2,568,538	1,611,365	1,409,873	0	6,850,464
1a	Audit Adjustments						
2	Cost Per Diem	45.5319	92.7672	58.1972	**50.9200**		247.4163
3	Cost Per Diem Inflated	47.8732	95.6893	61.1898			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8732**	**95.6893**	**61.1898**	**50.9200**		255.6723
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.3735		66.0680			
7	Provider Target Rate	**61.6550**		**67.4704**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**52.0752**		**63.7027**			
10b	Base for line 10a	50.9928		62.3786			
11	Lesser of 5,7,8,10, 10a	**47.8732**	**95.6893**	**59.9006**	**13.6500**		217.1131
12/13	Medicaid Adjustment Rate		2.6078	1.6325			
14	Prospective Per Diem 11	**47.8732**	**98.2971**	**61.5331**	**13.6500**		**221.3534**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324132-00 - 2013/07

235.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Shore Acres Rehabilitation & Health Center

FRVS

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

Began FRVS:	**1/1/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,977,617**
FRVS Base Asset:	**1,206,806**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**2,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**180,077**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,582,094**	**5.0292**
20% ROE(2):	**395,523**	**0.2417**
Insurance Cost(3):	**109,374**	**2.9320**
Taxes Cost(3):	**38,398**	**1.0294**
Home Office(3):	**11,704**	**0.3138**
Replacement(3&4):	**67,519**	**0.0000**
Total FRVS PD:		**9.5461**

(1) 80% Capital ($1,582,094) amortized at 9.7500% for 20 years Principal & Interest of $180,077 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $5.0292
(2) 20% ROE ($395,523) times the ROE factor (0.021880) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.2417
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**109**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,106,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.8732**	**47.8732**	**2.0812**	**45.7920**	
Patient Care					
Direct Care	**98.2971**	**98.2971**	**4.2733**	**94.0238**	
Indirect Care	**61.5331**	**61.5331**	**2.6750**	**58.8581**	
Property	**13.6500**	**9.5461**	**0.4150**	**9.1311**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2035**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**221.3534**	**217.2495**	**9.4445**	**235.8449**	

***Medicaid Trend Adjustment :**

0 324141-00 - 2013/07

232.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33615		Days In CR	**365**	Maximum:	**43,800**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,611**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,395**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,363**		
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**						

Medicaid Utilization	**67.37830%**
Occupancy:	**92.71918%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.84277%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28775230**
Semester Index:	**1.32132636**
Cost:	**1.02607183**
Target:	**1.01485834**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.01951087**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,268,078	2,423,576	1,664,720	1,162,654	0	6,519,028
1a	Audit Adjustments						
2	Cost Per Diem	46.3428	88.5713	60.8384	**42.4900**		238.2425
3	Cost Per Diem Inflated	47.5510	90.2994	62.4246			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5510**	**90.2994**	**62.4246**	**42.4900**		242.7650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8783		67.4506			
7	Provider Target Rate	**56.0432**		**68.8823**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**51.3893**		**64.1321**			
10b	Base for line 10a	50.3212		62.7991			
11	Lesser of 5,7,8,10, 10a	**47.5510**	**90.2994**	**59.9006**	**13.6500**		211.4010
12/13	Medicaid Adjustment Rate		1.7654	1.1711			
14	Prospective Per Diem 11	**47.5510**	**92.0648**	**61.0717**	**13.6500**		**214.3375**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324141-00 - 2013/07

232.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Woodbridge Rehabilitation & Health Center

FRVS

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

Began FRVS:	**9/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**3,906,525**
FRVS Base Asset:	**2,176,171**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

Mortgage Information		
Amount:	**4,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.6700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**11.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**393,499**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,125,220**	**9.9822**
20% ROE(2):	**781,305**	**0.2912**
Insurance Cost(3):	**117,501**	**2.8933**
Taxes Cost(3):	**40,600**	**0.9997**
Home Office(3):	**12,899**	**0.3176**
Replacement(3&4):	**33,782**	**0.0000**
Total FRVS PD:		**14.4840**

(1) 80% Capital ($3,125,220) amortized at 11.2500% for 20 years Principal & Interest of $393,499 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9822
(2) 20% ROE ($781,305) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2912
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5510**	**47.5510**	**2.0672**	**45.4838**	
Patient Care					
Direct Care	**92.0648**	**92.0648**	**4.0024**	**88.0624**	
Indirect Care	**61.0717**	**61.0717**	**2.6550**	**58.4167**	
Property	**13.6500**	**14.4840**	**0.6297**	**13.8543**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2787**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**214.3375**	**215.1715**	**9.3543**	**232.9323**	

***Medicaid Trend Adjustment :**

0 324159-00 - 2013/07

226.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ocoee FL 34761		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**36,878**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,826**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,709**		
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**						

Medicaid Utilization	**56.15543%**
Occupancy:	**83.96630%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**105.81259%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28354541**
Semester Index:	**1.32132636**
Cost:	**1.02943484**
Target:	**1.01485834**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02120582**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	756,869	2,039,195	987,191	130,260	0	3,913,515
1a	Audit Adjustments						
2	Cost Per Diem	36.5478	98.4690	47.6697	**6.2900**		188.9765
3	Cost Per Diem Inflated	37.6236	100.5571	49.0728			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6236**	**100.5571**	**49.0728**	**6.2900**		193.5435
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3824		54.2979			
7	Provider Target Rate	**42.2608**		**55.4504**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**45.9837**		**56.6683**			
10b	Base for line 10a	45.0279		55.4904			
11	Lesser of 5,7,8,10, 10a	**37.6236**	**98.1795**	**49.0728**	**6.2900**		191.1659
12/13	Medicaid Adjustment Rate		0.6799	0.3398			
14	Prospective Per Diem 11	**37.6236**	**98.8594**	**49.4126**	**6.2900**		**192.1856**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324159-00 - 2013/07

226.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**6,097,560**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**3,420,145.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.0000**	**%**
Chase Rate:	**10.5000**	**%**
Amortization Rate:	**12.0000**	**%**
Interest Only:	**False**	
Yearly Payment:	**644,538**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,878,048**	**16.3505**
20% ROE(2):	**1,219,512**	**0.4511**
Insurance Cost(3):	**34,076**	**0.9240**
Taxes Cost(3):	**79,164**	**2.1466**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**33,526**	**0.0000**
Total FRVS PD:		**19.8722**

(1) 80% Capital ($4,878,048) amortized at 12.0000% for 20 years Principal & Interest of $644,538 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.3505
(2) 20% ROE ($1,219,512) times the ROE factor (0.014580) divided by annual available days (43,800) 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			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6236**	**37.6236**	**1.6356**	**35.9880**	
Patient Care					
Direct Care	**98.8594**	**98.8594**	**4.2977**	**94.5617**	
Indirect Care	**49.4126**	**49.4126**	**2.1481**	**47.2645**	
Property	**6.2900**	**19.8722**	**0.8639**	**19.0083**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3129**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.1856**	**205.7678**	**8.9453**	**226.9718**	

***Medicaid Trend Adjustment :**

0 324167-00 - 2013/07

254.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**90**	Superior:	**0**
Hialeah FL 33016		Days In CR	**366**	Maximum:	**32,940**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**31,310**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**15,596**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**14,210**		
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**						

Medicaid Utilization	**45.38486%**
Occupancy:	**95.05161%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**119.78205%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	719,564	1,277,220	1,278,468	739,346	0	4,014,598
1a	Audit Adjustments						
2	Cost Per Diem	50.6379	89.8818	89.9696	**52.0300**		282.5193
3	Cost Per Diem Inflated	53.2418	92.7130	94.5959			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.2418**	**92.7130**	**94.5959**	**52.0300**		292.5807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.2658		94.2303			
7	Provider Target Rate	**65.6299**		**96.2305**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**59.4640**		**79.9401**			
10b	Base for line 10a	58.2280		78.2785			
11	Lesser of 5,7,8,10, 10a	**53.2418**	**92.7130**	**77.6541**	**13.6500**		237.2589
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.2418**	**92.7130**	**77.6541**	**13.6500**		**237.2589**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324167-00 - 2013/07

254.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Palmetto Rehabilitation and Health Center

FRVS

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

Began FRVS:	**9/2/1987**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/07**
Indexed Asset Value	**4,561,264**
FRVS Base Asset:	**3,246,544**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**5,400,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.7500**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**9.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**415,338**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,649,011**	**14.0483**
20% ROE(2):	**912,253**	**0.6751**
Insurance Cost(3):	**83,956**	**2.6814**
Taxes Cost(3):	**85,240**	**2.7225**
Home Office(3):	**9,823**	**0.3137**
Replacement(3&4):	**23,979**	**0.0000**
Total FRVS PD:		**20.4410**

(1) 80% Capital ($3,649,011) amortized at 9.7500% for 20 years Principal & Interest of $415,338 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $14.0483
(2) 20% ROE ($912,253) times the ROE factor (0.021880) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.6751
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.2418**	**53.2418**	**2.3146**	**50.9272**	
Patient Care					
Direct Care	**92.7130**	**92.7130**	**4.0305**	**88.6825**	
Indirect Care	**77.6541**	**77.6541**	**3.3759**	**74.2782**	
Property	**13.6500**	**20.4410**	**0.8886**	**19.5524**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.9348**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**237.2589**	**244.0499**	**10.6096**	**254.2115**	

***Medicaid Trend Adjustment :**

0 324175-00 - 2013/07

218.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Courtvards 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		**03/01/2011-02/29/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**42,219**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,520**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,343**		
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**						

Medicaid Utilization	**76.60769%**
Occupancy:	**96.12705%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.13730%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,306,890	2,920,748	1,474,026	1,567,018	0	7,268,682
1a	Audit Adjustments						
2	Cost Per Diem	40.4072	90.3054	45.5748	**48.4500**		224.7374
3	Cost Per Diem Inflated	42.4850	93.1500	47.9183			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4850**	**93.1500**	**47.9183**	**48.4500**		232.0033
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5221		64.7498			
7	Provider Target Rate	**52.6157**		**66.1242**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**51.4259**		**64.0867**			
10b	Base for line 10a	50.3570		62.7547			
11	Lesser of 5,7,8,10, 10a	**42.4850**	**93.1500**	**47.9183**	**13.6500**		197.2033
12/13	Medicaid Adjustment Rate		2.7883	1.4344			
14	Prospective Per Diem 11	**42.4850**	**95.9383**	**49.3527**	**13.6500**		**201.4260**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324175-00 - 2013/07

218.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Courtvards 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	**3,489,782**
FRVS Base Asset:	**1,913,236**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**3,055,432.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.0940**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.0940**	**%**
Interest Only:	**False**	
Yearly Payment:	**282,187**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,791,826**	**7.1585**
20% ROE(2):	**697,956**	**0.3874**
Insurance Cost(3):	**112,951**	**2.6754**
Taxes Cost(3):	**58,236**	**1.3794**
Home Office(3):	**13,246**	**0.3137**
Replacement(3&4):	**5,520**	**0.0000**
Total FRVS PD:		**11.9144**

(1) 80% Capital ($2,791,826) amortized at 8.0940% for 20 years Principal & Interest of $282,187 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1585
(2) 20% ROE ($697,956) times the ROE factor (0.021880) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3874
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4850**	**42.4850**	**1.8470**	**40.6380**	
Patient Care					
Direct Care	**95.9383**	**95.9383**	**4.1707**	**91.7676**	
Indirect Care	**49.3527**	**49.3527**	**2.1455**	**47.2072**	
Property	**13.6500**	**11.9144**	**0.5180**	**11.3964**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9811**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.4260**	**199.6904**	**8.6812**	**218.8267**	

***Medicaid Trend Adjustment :**

0 324213-00 - 2013/07

198.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Roval 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.		**01/01/2011-12/31/2011**		Number of Beds:	**90**	Superior:	**0**
Avon Park FL 33825		Days In CR	**365**	Maximum:	**32,850**	Standard:	**184**
County:	**Highlands[28]**	First Used:	**2013/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**30,158**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,774**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**18,946**		
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**						

Medicaid Utilization	**62.82247%**
Occupancy:	**91.80518%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.69097%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	733,441	1,346,761	869,412	281,727	0	3,231,341
1a	Audit Adjustments						
2	Cost Per Diem	38.7122	71.0842	45.8889	**14.8700**		170.5553
3	Cost Per Diem Inflated	40.8029	73.3849	48.3672			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8029**	**73.3849**	**48.3672**	**14.8700**		177.4250
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4420		59.1031			
7	Provider Target Rate	**52.5339**		**60.3576**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**59.4968**	**99.6051**	**76.7367**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	58.4466		69.0407			
10	Target Rate Class Ceiling	**59.3150**		**70.0665**			
10a	New Provider Target Limitation	**51.2096**		**62.2480**			
10b	Base for line 10a	50.1452		60.9542			
11	Lesser of 5,7,8,10, 10a	**40.8029**	**73.3849**	**48.3672**	**13.6500**		176.2050
12/13	Medicaid Adjustment Rate		1.0586	0.6977			
14	Prospective Per Diem 11	**40.8029**	**74.4435**	**49.0649**	**13.6500**		**177.9613**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324213-00 - 2013/07

198.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Roval Care of Avon Park

FRVS

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

Began FRVS:	**1/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/01**
Indexed Asset Value	**2,153,821**
FRVS Base Asset:	**1,076,683**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**192,734**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,723,057**	**6.5190**
20% ROE(2):	**430,764**	**0.3522**
Insurance Cost(3):	**64,801**	**2.1487**
Taxes Cost(3):	**21,489**	**0.7125**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**32,166**	**0.0000**
Total FRVS PD:		**9.7324**

(1) 80% Capital ($1,723,057) amortized at 9.5000% for 20 years Principal & Interest of $192,734 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $6.5190
(2) 20% ROE ($430,764) times the ROE factor (0.024170) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.3522
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8029**	**40.8029**	**1.7738**	**39.0291**	
Patient Care					
Direct Care	**74.4435**	**74.4435**	**3.2363**	**71.2072**	
Indirect Care	**49.0649**	**49.0649**	**2.1330**	**46.9319**	
Property	**13.6500**	**9.7324**	**0.4231**	**9.3093**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4386**	
Supplemental Rate Add-on				**$8.8364**	
Fire Sprinkler Component	**$4.5708**	**$4.5708**	**$0.1987**	**$4.3721**	
Totals	**182.5321**	**178.6145**	**7.7649**	**198.1246**	

***Medicaid Trend Adjustment :**

0 324230-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33772		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,259**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,012**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**16,714**	FY Index:	**1.26384602**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**41.51618%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.66439%**	Cost:	**1.04548049**
Open Date:	**7/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**7/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid	**7/1/1982**	Low Occupancy Adjustment Factor:			**115.51355%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med #	**206814**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	725,847	1,439,171	961,612	286,311	0	3,412,941
1a	Audit Adjustments						
2	Cost Per Diem	43.4275	86.1057	57.5333	**17.1300**		204.1965
3	Cost Per Diem Inflated	45.4026	88.5825	60.1499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4026**	**88.5825**	**60.1499**	**17.1300**		211.2650
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6437		68.5439			
7	Provider Target Rate	**60.9097**		**69.9988**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**53.2014**		**64.1321**			
10b	Base for line 10a	52.0956		62.7991			
11	Lesser of 5,7,8,10, 10a	**45.4026**	**88.5825**	**59.9006**	**13.6500**		207.5357
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.4026**	**88.5825**	**59.9006**	**13.6500**		**207.5357**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324230-00 - 2013/07

207.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Seminole Pavilion Rehabilitation & Nursing Servi

FRVS

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

Began FRVS:	**7/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**4,952,968**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**5,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.7700**	**%**
Interest Only:	**False**	
Yearly Payment:	**334,373**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,962,374**	**8.4823**
20% ROE(2):	**990,594**	**0.4712**
Insurance Cost(3):	**50,180**	**1.2464**
Taxes Cost(3):	**57,193**	**1.4206**
Home Office(3):	**82,269**	**2.0435**
Replacement(3&4):	**321,177**	**0.0000**
Total FRVS PD:		**13.6640**

(1) 80% Capital ($3,962,374) amortized at 5.7700% for 20 years Principal & Interest of $334,373 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4823
(2) 20% ROE ($990,594) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4712
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4026**	**45.4026**	**1.9738**	**43.4288**	
Patient Care					
Direct Care	**88.5825**	**88.5825**	**3.8510**	**84.7315**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**13.6640**	**0.5940**	**13.0700**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.5357**	**207.5497**	**9.0229**	**207.3632**	

***Medicaid Trend Adjustment :**

0 324248-00 - 2013/07

207.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Freedom Square Rehabilitation & Nursing Servic

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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.		**09/01/2010-12/31/2011**		Number of Beds:	**116**	Superior:	**0**
Seminole Fl 33772		Days In CR	**487**	Maximum:	**56,492**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**50,950**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,011**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,910**	FY Index:	**1.24804976**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**39.07753%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.18976%**	Cost:	**1.05871288**
Open Date:	**9/14/1988**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/14/1988**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.18649811**
Entered Medicaid	**2/19/2002**	Low Occupancy Adjustment Factor:			**113.65526%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**7/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03497847**
Previous Med #	**253715**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,140,888	1,632,507	1,184,946	574,802	0	4,533,143
1a	Audit Adjustments						
2	Cost Per Diem	57.3023	81.9943	59.5151	**28.8700**		227.6817
3	Cost Per Diem Inflated	60.6667	84.8623	63.0094			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.6667**	**84.8623**	**63.0094**	**28.8700**		237.4084
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.7630		71.1927			
7	Provider Target Rate	**68.1801**		**72.7039**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation	**55.4613**		**61.9466**			
10b	Base for line 10a	54.3085		60.6590			
11	Lesser of 5,7,8,10, 10a	**51.5806**	**84.8623**	**59.9006**	**13.6500**		209.9935
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**84.8623**	**59.9006**	**13.6500**		**209.9935**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324248-00 - 2013/07

207.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Freedom Square Rehabilitation & Nursing Servic

FRVS

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

Began FRVS:	**2/19/2002**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**3,717,393**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.023590**

Mortgage Information		
Amount:	**7,700,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**5.7700**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**5.7700**	**%**
Interest Only:	**False**	
Yearly Payment:	**250,960**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,973,914**	**6.5858**
20% ROE(2):	**743,479**	**0.4603**
Insurance Cost(3):	**23,233**	**0.4560**
Taxes Cost(3):	**46,205**	**0.9069**
Home Office(3):	**154,911**	**3.0405**
Replacement(3&4):	**138,127**	**0.0000**
Total FRVS PD:		**11.4495**

(1) 80% Capital ($2,973,914) amortized at 5.7700% for 20 years Principal & Interest of $250,960 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $6.5858
(2) 20% ROE ($743,479) times the ROE factor (0.023590) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.4603
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**116**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,440,792**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**84.8623**	**84.8623**	**3.6892**	**81.1731**	
Indirect Care	**59.9006**	**59.9006**	**2.6041**	**57.2965**	
Property	**13.6500**	**11.4495**	**0.4977**	**10.9518**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.9935**	**207.7930**	**9.0334**	**207.5960**	

***Medicaid Trend Adjustment :**

0 324345-00 - 2013/07

204.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34209		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**38,821**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,030**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,623**		
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**						

Medicaid Utilization	**47.97146%**
Occupancy:	**88.39025%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.38755%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	845,911	1,400,329	882,722	871,556	0	4,000,518
1a	Audit Adjustments						
2	Cost Per Diem	45.4229	75.1935	47.3996	**46.8000**		214.8160
3	Cost Per Diem Inflated	47.0053	76.9480	49.0509			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0053**	**76.9480**	**49.0509**	**46.8000**		219.8042
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3251		50.8005			
7	Provider Target Rate	**44.2447**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2447**	**76.9480**	**49.0509**	**13.6500**		183.8936
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.2447**	**76.9480**	**49.0509**	**13.6500**		**183.8936**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324345-00 - 2013/07

204.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**5,339,486**
FRVS Base Asset:	**3,352,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**4,500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.2500**	**%**
Chase Rate:	**7.5000**	**%**
Amortization Rate:	**9.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**469,465**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,271,589**	**11.9093**
20% ROE(2):	**1,067,897**	**0.4177**
Insurance Cost(3):	**42,625**	**1.0980**
Taxes Cost(3):	**79,354**	**2.0441**
Home Office(3):	**26,620**	**0.6857**
Replacement(3&4):	**56,114**	**0.0000**
Total FRVS PD:		**16.1548**

(1) 80% Capital ($4,271,589) amortized at 9.2500% for 20 years Principal & Interest of $469,465 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9093
(2) 20% ROE ($1,067,897) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4177
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1984**	Used Per Bed Standard:	**27,939**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,352,680**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2447**	**44.2447**	**1.9235**	**42.3212**	
Patient Care					
Direct Care	**76.9480**	**76.9480**	**3.3452**	**73.6028**	
Indirect Care	**49.0509**	**49.0509**	**2.1324**	**46.9185**	
Property	**13.6500**	**16.1548**	**0.7023**	**15.4525**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6361**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.8936**	**186.3984**	**8.1034**	**204.7675**	

***Medicaid Trend Adjustment :**

0 324353-00 - 2013/07

205.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Washington Rehabilitation & 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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Chipley FL 32428		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Washington[67]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**54,490**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,058**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,280**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**81.26262%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**82.71099%**	Cost:	**1.04038050**
Open Date:	**1/1/1982**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**1/1/1982**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**6/1/1982**	Low Occupancy Adjustment Factor:			**104.23065%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02618583**
Previous Med #	**312339**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,087,095	2,966,685	1,977,607	1,539,616	0	8,571,003
1a	Audit Adjustments						
2	Cost Per Diem	47.1340	66.9983	44.6614	**34.7700**		193.5637
3	Cost Per Diem Inflated	49.0373	68.7527	46.4648			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0373**	**68.7527**	**46.4648**	**34.7700**		199.0248
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.2819		59.0687			
7	Provider Target Rate	**64.6251**		**60.3225**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.0373**	**68.7527**	**46.4648**	**13.6500**		177.9048
12/13	Medicaid Adjustment Rate		2.4181	1.6342			
14	Prospective Per Diem 11	**49.0373**	**71.1708**	**48.0990**	**13.6500**		**181.9571**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324353-00 - 2013/07

205.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Washington Rehabilitation & Nursing Center

FRVS

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

Began FRVS:	**12/31/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/01**
Indexed Asset Value	**6,189,185**
FRVS Base Asset:	**1,915,339**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**3,760,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.2740**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.2740**	**%**
Interest Only:	**False**	
Yearly Payment:	**707,736**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,951,348**	**11.9692**
20% ROE(2):	**1,237,837**	**0.3511**
Insurance Cost(3):	**54,867**	**1.0069**
Taxes Cost(3):	**52,244**	**0.9588**
Home Office(3):	**47,054**	**0.8635**
Replacement(3&4):	**43,600**	**0.0000**
Total FRVS PD:		**15.1495**

(1) 80% Capital ($4,951,348) amortized at 13.2740% for 20 years Principal & Interest of $707,736 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.9692
(2) 20% ROE ($1,237,837) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3511
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0373**	**49.0373**	**2.1318**	**46.9055**	
Patient Care					
Direct Care	**71.1708**	**71.1708**	**3.0940**	**68.0768**	
Indirect Care	**48.0990**	**48.0990**	**2.0910**	**46.0080**	
Property	**13.6500**	**15.1495**	**0.6586**	**14.4909**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6998**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.9571**	**183.4566**	**7.9754**	**205.0174**	

***Medicaid Trend Adjustment :**

0 324361-00 - 2013/07

202.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Chautauqua Rehabilitation & 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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Defuniak Springs FL 32435		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Walton[66]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**46,764**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,150**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,077**		
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**						

Medicaid Utilization	**68.59336%**
Occupancy:	**70.98361%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**89.45206%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,440,867	2,329,316	1,502,527	1,033,200	0	6,305,910
1a	Audit Adjustments						
2	Cost Per Diem	44.9190	72.6164	46.8413	**32.2100**		196.5867
3	Cost Per Diem Inflated	46.7329	74.5179	48.7328			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7329**	**74.5179**	**48.7328**	**32.2100**		202.1936
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.9773		59.2316			
7	Provider Target Rate	**57.1655**		**60.4889**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7329**	**74.5179**	**48.7328**	**13.6500**		183.6336
12/13	Medicaid Adjustment Rate		1.5587	1.0194			
14	Prospective Per Diem 11	**46.7329**	**76.0766**	**49.7522**	**13.6500**		**186.2117**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324361-00 - 2013/07

202.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Chautauqua Rehabilitation & Nursing Center

FRVS

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

Began FRVS:	**3/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/01**
Indexed Asset Value	**5,892,140**
FRVS Base Asset:	**1,743,133**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**1,395,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.9040**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.9040**	**%**
Interest Only:	**False**	
Yearly Payment:	**505,439**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,713,712**	**8.5479**
20% ROE(2):	**1,178,428**	**0.3342**
Insurance Cost(3):	**45,315**	**0.9690**
Taxes Cost(3):	**26,187**	**0.5600**
Home Office(3):	**44,309**	**0.9475**
Replacement(3&4):	**39,209**	**0.0000**
Total FRVS PD:		**11.3586**

(1) 80% Capital ($4,713,712) amortized at 8.9040% for 20 years Principal & Interest of $505,439 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.5479
(2) 20% ROE ($1,178,428) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3342
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7329**	**46.7329**	**2.0316**	**44.7013**	
Patient Care					
Direct Care	**76.0766**	**76.0766**	**3.3073**	**72.7693**	
Indirect Care	**49.7522**	**49.7522**	**2.1629**	**47.5893**	
Property	**13.6500**	**11.3586**	**0.4938**	**10.8648**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1101**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.2117**	**183.9203**	**7.9956**	**202.8712**	

***Medicaid Trend Adjustment :**

0 324370-00 - 2013/07

210.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**107**	Superior:	**0**
Fort Myers FL 33919-5146		Days In CR	**366**	Maximum:	**39,162**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**26,326**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,090**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,863**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**64.05455%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**67.22333%**	Cost:	**1.03483699**
Open Date:	**4/1/1981**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**4/1/1981**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**4/1/1981**	Low Occupancy Adjustment Factor:			**84.71344%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**258253**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	890,577	1,253,904	836,177	563,899	0	3,544,557
1a	Audit Adjustments						
2	Cost Per Diem	52.8125	74.3583	49.5865	**33.4400**		210.1973
3	Cost Per Diem Inflated	54.6523	76.0933	51.3139			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6523**	**76.0933**	**51.3139**	**33.4400**		215.4995
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5650		52.8299			
7	Provider Target Rate	**49.5959**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.5959**	**76.0933**	**51.3139**	**13.6500**		190.6531
12/13	Medicaid Adjustment Rate		1.2031	0.8113			
14	Prospective Per Diem 11	**49.5959**	**77.2964**	**52.1252**	**13.6500**		**192.6675**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324370-00 - 2013/07

210.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE of College Park

FRVS

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

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/01**
Indexed Asset Value	**3,081,069**
FRVS Base Asset:	**1,699,288**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,825,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**220,528**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,464,855**	**6.2740**
20% ROE(2):	**616,214**	**0.2703**
Insurance Cost(3):	**26,492**	**1.0063**
Taxes Cost(3):	**53,946**	**2.0492**
Home Office(3):	**17,227**	**0.6544**
Replacement(3&4):	**230,897**	**0.0000**
Total FRVS PD:		**10.2542**

(1) 80% Capital ($2,464,855) amortized at 6.5000% for 20 years Principal & Interest of $220,528 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $6.2740
(2) 20% ROE ($616,214) times the ROE factor (0.015420) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.2703
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**107**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.5959**	**49.5959**	**2.1561**	**47.4398**	
Patient Care					
Direct Care	**77.2964**	**77.2964**	**3.3603**	**73.9361**	
Indirect Care	**52.1252**	**52.1252**	**2.2660**	**49.8592**	
Property	**13.6500**	**10.2542**	**0.4458**	**9.8084**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9888**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.6675**	**189.2717**	**8.2282**	**210.8687**	

***Medicaid Trend Adjustment :**

0 324388-00 - 2013/07

199.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32607		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Alachua[1]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**38,396**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,731**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,806**	FY Index:	**1.27684492**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**67.21013%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**87.42259%**	Cost:	**1.03483699**
Open Date:	**5/1/1980**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/1/1980**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**5/1/1980**	Low Occupancy Adjustment Factor:			**110.16811%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**266639**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,132,745	1,782,237	1,292,958	667,859	0	4,875,799
1a	Audit Adjustments						
2	Cost Per Diem	43.8946	69.0629	50.1030	**25.8800**		188.9405
3	Cost Per Diem Inflated	45.4238	70.6744	51.8484			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4238**	**70.6744**	**51.8484**	**25.8800**		193.8266
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.7244		48.7710			
7	Provider Target Rate	**43.6313**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.6313**	**70.6744**	**49.8062**	**13.6500**		177.7619
12/13	Medicaid Adjustment Rate		1.3684	0.9643			
14	Prospective Per Diem 11	**43.6313**	**72.0428**	**50.7705**	**13.6500**		**180.0946**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324388-00 - 2013/07

199.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE of Gainesville

FRVS

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

Began FRVS:	**3/8/2004**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**3,281,444**
FRVS Base Asset:	**1,076,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**2,349,600.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**314,508**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,625,155**	**7.9784**
20% ROE(2):	**656,289**	**0.2567**
Insurance Cost(3):	**44,591**	**1.1613**
Taxes Cost(3):	**58,657**	**1.5277**
Home Office(3):	**23,460**	**0.6110**
Replacement(3&4):	**54,230**	**0.0000**
Total FRVS PD:		**11.5351**

(1) 80% Capital ($2,625,155) amortized at 10.5000% for 20 years Principal & Interest of $314,508 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.9784
(2) 20% ROE ($656,289) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2567
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**93**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.6313**	**43.6313**	**1.8968**	**41.7345**	
Patient Care					
Direct Care	**72.0428**	**72.0428**	**3.1319**	**68.9109**	
Indirect Care	**50.7705**	**50.7705**	**2.2072**	**48.5633**	
Property	**13.6500**	**11.5351**	**0.5015**	**11.0336**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2306**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.0946**	**177.9797**	**7.7374**	**199.3093**	

***Medicaid Trend Adjustment :**

0 324396-00 - 2013/07

195.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Graceville FL 32440		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County: **Jackson[32]**		First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2013/07**	Total Patient:	**55,440**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,364**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**40,381**		
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**							

Medicaid Utilization	**72.83730%**
Occupancy:	**84.15300%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.04786%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,751,810	2,550,125	1,963,669	1,105,632	0	7,371,236
1a	Audit Adjustments						
2	Cost Per Diem	43.3820	63.1516	48.6285	**27.3800**		182.5421
3	Cost Per Diem Inflated	45.1338	64.8053	50.5921			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1338**	**64.8053**	**50.5921**	**27.3800**		187.9112
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.7724		59.0042			
7	Provider Target Rate	**74.3171**		**60.2566**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1338**	**64.8053**	**50.5921**	**13.6500**		174.1812
12/13	Medicaid Adjustment Rate		1.6650	1.2998			
14	Prospective Per Diem 11	**45.1338**	**66.4703**	**51.8919**	**13.6500**		**177.1460**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324396-00 - 2013/07

195.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare of North Florida

FRVS

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

Began FRVS:	**6/28/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**5,629,180**
FRVS Base Asset:	**1,657,362**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information

Amount:	**1,245,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0260**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.0260**	**%**
Interest Only:	**False**	
Yearly Payment:	**487,117**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,503,344**	**8.2381**
20% ROE(2):	**1,125,836**	**0.3193**
Insurance Cost(3):	**44,390**	**0.8007**
Taxes Cost(3):	**38,568**	**0.6957**
Home Office(3):	**44,872**	**0.8094**
Replacement(3&4):	**13,527**	**0.0000**
Total FRVS PD:		**10.8632**

(1) 80% Capital ($4,503,344) amortized at 9.0260% for 20 years Principal & Interest of $487,117 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.2381
(2) 20% ROE ($1,125,836) times the ROE factor (0.016770) divided by annual available days (65,700) 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

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1338**	**45.1338**	**1.9621**	**43.1717**	
Patient Care					
Direct Care	**66.4703**	**66.4703**	**2.8897**	**63.5806**	
Indirect Care	**51.8919**	**51.8919**	**2.2559**	**49.6360**	
Property	**13.6500**	**10.8632**	**0.4723**	**10.3909**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1924**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**177.1460**	**174.3592**	**7.5800**	**195.8080**	

***Medicaid Trend Adjustment :**

0 324400-00 - 2013/07

197.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**214**	Superior:	**0**
Hialeah Gardens FL 33016		Days In CR	**366**	Maximum:	**78,324**	Standard:	**171**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**78,110**	Conditional:	**13**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**75,278**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,055**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**58,728**		
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**						

Medicaid Utilization	**78.01483%**
Occupancy:	**96.11102%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.11710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,555,373	4,626,404	2,592,613	2,218,157	0	11,992,547
1a	Audit Adjustments						
2	Cost Per Diem	43.5120	78.7768	44.1461	**37.7700**		204.2049
3	Cost Per Diem Inflated	45.2690	80.8396	45.9287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2690**	**80.8396**	**45.9287**	**37.7700**		209.8073
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9864		66.0954			
7	Provider Target Rate	**65.3446**		**67.4984**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2690**	**80.8396**	**45.9287**	**13.6500**		185.6873
12/13	Medicaid Adjustment Rate		2.3678	1.3453			
14	Prospective Per Diem 11	**45.2690**	**83.2074**	**47.2740**	**13.6500**		**189.4004**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324400-00 - 2013/07

197.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature HealthCARE Center of Waterford

FRVS

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

Began FRVS:	**1/1/2001**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**9,137,633**
FRVS Base Asset:	**4,589,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**7,645,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.6100**	**%**
Chase Rate:	**11.2500**	**%**
Amortization Rate:	**12.6100**	**%**
Interest Only:	**False**	
Yearly Payment:	**1,003,447**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,310,106**	**14.2740**
20% ROE(2):	**1,827,527**	**0.4360**
Insurance Cost(3):	**93,627**	**1.2437**
Taxes Cost(3):	**134,466**	**1.7863**
Home Office(3):	**62,846**	**0.8349**
Replacement(3&4):	**45,493**	**0.0000**
Total FRVS PD:		**18.5749**

(1) 80% Capital ($7,310,106) amortized at 12.6100% for 20 years Principal & Interest of $1,003,447 divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = $14.2740
(2) 20% ROE ($1,827,527) times the ROE factor (0.016770) divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = $0.4360
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**160**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,589,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2690**	**45.2690**	**1.9680**	**43.3010**	
Patient Care					
Direct Care	**83.2074**	**83.2074**	**3.6173**	**79.5901**	
Indirect Care	**47.2740**	**47.2740**	**2.0552**	**45.2188**	
Property	**13.6500**	**18.5749**	**0.8075**	**17.7674**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.9563**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**189.4004**	**194.3253**	**8.4480**	**197.6700**	

***Medicaid Trend Adjustment :**

0 324418-00 - 2013/07

211.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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 South Canal Drive		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Homestead FL 33035		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2013/07**	Total Patient:	**52,149**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,994**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,141**		
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**						

Medicaid Utilization	**63.55060%**
Occupancy:	**79.15756%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**99.75271%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,572,435	2,460,510	1,320,430	1,209,978	0	6,563,353
1a	Audit Adjustments						
2	Cost Per Diem	47.4468	74.2437	39.8428	**36.5100**		198.0433
3	Cost Per Diem Inflated	49.3627	76.1878	41.4517			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3627**	**76.1878**	**41.4517**	**36.5100**		203.5122
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.7145		64.1610			
7	Provider Target Rate	**74.2580**		**65.5229**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.3627**	**76.1878**	**41.4517**	**13.6500**		180.6522
12/13	Medicaid Adjustment Rate		1.1614	0.6319			
14	Prospective Per Diem 11	**49.3627**	**77.3492**	**42.0836**	**13.6500**		**182.4455**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324418-00 - 2013/07

211.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare of Brookwood Gardens

FRVS

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

Began FRVS:	**11/1/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1987/01**
Indexed Asset Value	**8,400,400**
FRVS Base Asset:	**3,441,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**5,075,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**12.9500**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**12.9500**	**%**
Interest Only:	**False**	
Yearly Payment:	**941,933**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,720,320**	**15.9299**
20% ROE(2):	**1,680,080**	**0.4765**
Insurance Cost(3):	**45,980**	**0.8817**
Taxes Cost(3):	**103,431**	**1.9834**
Home Office(3):	**49,397**	**0.9472**
Replacement(3&4):	**28,735**	**0.0000**
Total FRVS PD:		**20.2187**

(1) 80% Capital ($6,720,320) amortized at 12.9500% for 20 years Principal & Interest of $941,933 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.9299
(2) 20% ROE ($1,680,080) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4765
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.3627**	**49.3627**	**2.1460**	**47.2167**	
Patient Care					
Direct Care	**77.3492**	**77.3492**	**3.3626**	**73.9866**	
Indirect Care	**42.0836**	**42.0836**	**1.8295**	**40.2541**	
Property	**13.6500**	**20.2187**	**0.8790**	**19.3397**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5027**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**182.4455**	**189.0142**	**8.2171**	**211.1362**	

***Medicaid Trend Adjustment :**

0 324426-00 - 2013/07

202.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Marianna FL 32446		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Jackson[32]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**42,241**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,131**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,290**		
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**						

Medicaid Utilization	**71.70758%**
Occupancy:	**96.17714%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.20043%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,365,081	2,041,364	1,331,476	833,884	0	5,571,805
1a	Audit Adjustments						
2	Cost Per Diem	45.0671	67.3940	43.9576	**27.5300**		183.9487
3	Cost Per Diem Inflated	46.8869	69.1588	45.7326			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8869**	**69.1588**	**45.7326**	**27.5300**		189.3083
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.0277		59.2559			
7	Provider Target Rate	**64.3655**		**60.5137**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8869**	**69.1588**	**45.7326**	**13.6500**		175.4283
12/13	Medicaid Adjustment Rate		1.6889	1.1168			
14	Prospective Per Diem 11	**46.8869**	**70.8477**	**46.8494**	**13.6500**		**178.2340**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324426-00 - 2013/07

202.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare at the Courtyard

FRVS

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

Began FRVS:	**8/27/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/07**
Indexed Asset Value	**5,506,194**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**4,200,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**527,738**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,404,955**	**13.3876**
20% ROE(2):	**1,101,239**	**0.4685**
Insurance Cost(3):	**35,055**	**0.8299**
Taxes Cost(3):	**36,353**	**0.8606**
Home Office(3):	**33,812**	**0.8005**
Replacement(3&4):	**12,153**	**0.0000**
Total FRVS PD:		**16.3471**

(1) 80% Capital ($4,404,955) amortized at 10.5000% for 20 years Principal & Interest of $527,738 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.3876
(2) 20% ROE ($1,101,239) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4685
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8869**	**46.8869**	**2.0383**	**44.8486**	
Patient Care					
Direct Care	**70.8477**	**70.8477**	**3.0800**	**67.7677**	
Indirect Care	**46.8494**	**46.8494**	**2.0367**	**44.8127**	
Property	**13.6500**	**16.3471**	**0.7107**	**15.6364**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3285**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.2340**	**180.9311**	**7.8657**	**202.2303**	

***Medicaid Trend Adjustment :**

0 324434-00 - 2013/07

201.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**105**	Superior:	**0**
Orange Park FL 32073		Days In CR	**366**	Maximum:	**38,430**	Standard:	**184**
County: **Clay[10]**		First Used:	**2013/07**	Max Annualized:	**38,325**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**36,174**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,141**	Inflation	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**24,047**	FY Index:	**1.27684492**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**66.47592%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**94.12959%**	Cost:	**1.03483699**
Open Date:	**10/1/1980**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1980**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**10/1/1980**	Low Occupancy Adjustment Factor:			**118.62013%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**258211**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,154,823	1,778,615	1,125,396	517,972	0	4,576,806
1a	Audit Adjustments						
2	Cost Per Diem	48.0236	73.9641	46.7999	**21.5400**		190.3276
3	Cost Per Diem Inflated	49.6966	75.6899	48.4303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6966**	**75.6899**	**48.4303**	**21.5400**		195.3568
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0347		48.7710			
7	Provider Target Rate	**44.9694**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9694**	**75.6899**	**48.4303**	**13.6500**		182.7396
12/13	Medicaid Adjustment Rate		1.4029	0.8977			
14	Prospective Per Diem 11	**44.9694**	**77.0928**	**49.3280**	**13.6500**		**185.0402**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324434-00 - 2013/07

201.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare of Orange Park

FRVS

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

Began FRVS:	**9/1/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/07**
Indexed Asset Value	**2,919,483**
FRVS Base Asset:	**1,610,843**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,425,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**208,962**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,335,586**	**6.0582**
20% ROE(2):	**583,897**	**0.2610**
Insurance Cost(3):	**29,080**	**0.8039**
Taxes Cost(3):	**43,380**	**1.1992**
Home Office(3):	**22,101**	**0.6110**
Replacement(3&4):	**64,203**	**0.0000**
Total FRVS PD:		**8.9333**

(1) 80% Capital ($2,335,586) amortized at 6.5000% for 20 years Principal & Interest of $208,962 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $6.0582
(2) 20% ROE ($583,897) times the ROE factor (0.015420) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.2610
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**105**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9694**	**44.9694**	**1.9550**	**43.0144**	
Patient Care					
Direct Care	**77.0928**	**77.0928**	**3.3515**	**73.7413**	
Indirect Care	**49.3280**	**49.3280**	**2.1444**	**47.1836**	
Property	**13.6500**	**8.9333**	**0.3884**	**8.5449**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7430**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.0402**	**180.3235**	**7.8393**	**201.0636**	

***Medicaid Trend Adjustment :**

0 324442-00 - 2013/07

214.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**60**	Superior:	**0**
Ormond Beach FL 32074		Days In CR	**366**	Maximum:	**21,960**	Standard:	**184**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**20,599**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,269**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**10,520**		
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**						

Medicaid Utilization	**51.07044%**
Occupancy:	**93.80237%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.20779%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	554,157	837,692	545,838	264,157	0	2,201,844
1a	Audit Adjustments						
2	Cost Per Diem	52.6765	79.6285	51.8857	**25.1100**		209.3007
3	Cost Per Diem Inflated	54.5116	81.4865	53.6932			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.5116**	**81.4865**	**53.6932**	**25.1100**		214.8013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0472		57.2072			
7	Provider Target Rate	**51.1095**		**58.4215**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.1095**	**81.4865**	**53.6932**	**13.6500**		199.9392
12/13	Medicaid Adjustment Rate		0.0981	0.0647			
14	Prospective Per Diem 11	**51.1095**	**81.5846**	**53.7579**	**13.6500**		**200.1020**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324442-00 - 2013/07

214.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare of Ormond

FRVS

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

Began FRVS:	**5/20/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**2,558,542**
FRVS Base Asset:	**1,623,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.7500**	**%**
Chase Rate:	**4.7500**	**%**
Amortization Rate:	**4.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**95,868**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,046,834**	**4.8639**
20% ROE(2):	**511,708**	**0.4003**
Insurance Cost(3):	**20,687**	**1.0043**
Taxes Cost(3):	**32,408**	**1.5733**
Home Office(3):	**13,730**	**0.6665**
Replacement(3&4):	**8,015**	**0.0000**
Total FRVS PD:		**8.5083**

(1) 80% Capital ($2,046,834) amortized at 4.7500% for 20 years Interest of $95,868 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $4.8639
(2) 20% ROE ($511,708) times the ROE factor (0.015420) divided by annual available days (21,900) 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			
Comparison Date:	**7/1/1983**	Used Per Bed Standard:	**27,062**
Comparison Bed	**60**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**1,623,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1095**	**51.1095**	**2.2219**	**48.8876**	
Patient Care					
Direct Care	**81.5846**	**81.5846**	**3.5467**	**78.0379**	
Indirect Care	**53.7579**	**53.7579**	**2.3370**	**51.4209**	
Property	**13.6500**	**8.5083**	**0.3699**	**8.1384**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8518**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**200.1020**	**194.9603**	**8.4755**	**214.1730**	

***Medicaid Trend Adjustment :**

0 324451-00 - 2013/07

198.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Bay FL 32905		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**39,532**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,029**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,699**		
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**						

Medicaid Utilization	**67.53769%**
Occupancy:	**90.00911%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.42759%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,132,201	2,041,448	1,120,692	788,688	0	5,083,029
1a	Audit Adjustments						
2	Cost Per Diem	42.4061	76.4616	41.9751	**29.5400**		190.3828
3	Cost Per Diem Inflated	43.8834	78.2457	43.4374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8834**	**78.2457**	**43.4374**	**29.5400**		195.1065
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8063		50.8005			
7	Provider Target Rate	**43.7149**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7149**	**78.2457**	**43.4374**	**13.6500**		179.0480
12/13	Medicaid Adjustment Rate		1.5438	0.8570			
14	Prospective Per Diem 11	**43.7149**	**79.7895**	**44.2944**	**13.6500**		**181.4488**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324451-00 - 2013/07

198.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Anchor Care & 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:	**1984/01**
Indexed Asset Value	**3,284,260**
FRVS Base Asset:	**1,787,493**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**235,071**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,627,408**	**5.9632**
20% ROE(2):	**656,852**	**0.2569**
Insurance Cost(3):	**47,424**	**1.1996**
Taxes Cost(3):	**48,063**	**1.2158**
Home Office(3):	**23,943**	**0.6057**
Replacement(3&4):	**5,934**	**0.0000**
Total FRVS PD:		**9.2412**

(1) 80% Capital ($2,627,408) amortized at 6.5000% for 20 years Principal & Interest of $235,071 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.9632
(2) 20% ROE ($656,852) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2569
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7149**	**43.7149**	**1.9004**	**41.8145**	
Patient Care					
Direct Care	**79.7895**	**79.7895**	**3.4687**	**76.3208**	
Indirect Care	**44.2944**	**44.2944**	**1.9256**	**42.3688**	
Property	**13.6500**	**9.2412**	**0.4017**	**8.8395**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7549**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**181.4488**	**177.0400**	**7.6964**	**198.9349**	

***Medicaid Trend Adjustment :**

0 324469-00 - 2013/07

199.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**41,974**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,838**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,150**		
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**						

Medicaid Utilization	**62.30047%**
Occupancy:	**95.56922%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.43433%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,167,335	1,933,834	925,117	916,035	0	4,942,321
1a	Audit Adjustments						
2	Cost Per Diem	44.6400	73.9516	35.3773	**35.0300**		188.9989
3	Cost Per Diem Inflated	46.1951	75.6771	36.6097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1951**	**75.6771**	**36.6097**	**35.0300**		193.5119
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2457		50.8005			
7	Provider Target Rate	**48.2485**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1951**	**75.6771**	**36.6097**	**13.6500**		172.1319
12/13	Medicaid Adjustment Rate		1.0472	0.5066			
14	Prospective Per Diem 11	**46.1951**	**76.7243**	**37.1163**	**13.6500**		**173.6857**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324469-00 - 2013/07

199.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Pinellas Park Care and Rehabilitation Center

FRVS

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

Began FRVS:	**3/1/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1982/07**
Indexed Asset Value	**5,271,044**
FRVS Base Asset:	**3,261,497**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information

Amount:	**3,000,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**13.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**13.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**610,956**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,216,835**	**15.4986**
20% ROE(2):	**1,054,209**	**0.4124**
Insurance Cost(3):	**39,856**	**0.9495**
Taxes Cost(3):	**58,016**	**1.3822**
Home Office(3):	**24,624**	**0.5866**
Replacement(3&4):	**6,561**	**0.0000**
Total FRVS PD:		**18.8293**

(1) 80% Capital ($4,216,835) amortized at 13.5000% for 20 years Principal & Interest of $610,956 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.4986
(2) 20% ROE ($1,054,209) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4124
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1951**	**46.1951**	**2.0082**	**44.1869**	
Patient Care					
Direct Care	**76.7243**	**76.7243**	**3.3355**	**73.3888**	
Indirect Care	**37.1163**	**37.1163**	**1.6136**	**35.5027**	
Property	**13.6500**	**18.8293**	**0.8186**	**18.0107**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3394**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.6857**	**178.8650**	**7.7759**	**199.2649**	

***Medicaid Trend Adjustment :**

0 324477-00 - 2013/07

215.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**164**	Superior:	**0**
Port Charlotte FL 33952		Days In CR	**366**	Maximum:	**60,024**	Standard:	**184**
County:	**Charlotte[8]**	First Used:	**2013/07**	Max Annualized:	**59,860**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**49,594**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,143**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,452**		
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**						

Medicaid Utilization	**61.40259%**
Occupancy:	**82.62362%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**104.12056%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,521,943	2,397,392	1,578,095	844,129	0	6,341,559
1a	Audit Adjustments						
2	Cost Per Diem	49.9784	78.7269	51.8224	**27.7200**		208.2477
3	Cost Per Diem Inflated	51.7195	80.5639	53.6277			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.7195**	**80.5639**	**53.6277**	**27.7200**		213.6311
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.1149		61.9895			
7	Provider Target Rate	**53.2211**		**63.3053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.7195**	**80.5639**	**53.6277**	**13.6500**		199.5611
12/13	Medicaid Adjustment Rate		1.0335	0.6879			
14	Prospective Per Diem 11	**51.7195**	**81.5974**	**54.3156**	**13.6500**		**201.2825**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324477-00 - 2013/07

215.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Signature Healthcare of Port Charlotte

FRVS

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

Began FRVS:	**8/31/1994**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1980/01**
Indexed Asset Value	**4,643,292**
FRVS Base Asset:	**2,619,548**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**5,435,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.5000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**6.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**332,344**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,714,634**	**6.1689**
20% ROE(2):	**928,658**	**0.2658**
Insurance Cost(3):	**44,394**	**0.8951**
Taxes Cost(3):	**63,062**	**1.2716**
Home Office(3):	**33,955**	**0.6847**
Replacement(3&4):	**51,881**	**0.0000**
Total FRVS PD:		**9.2861**

(1) 80% Capital ($3,714,634) amortized at 6.5000% for 20 years Principal & Interest of $332,344 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $6.1689
(2) 20% ROE ($928,658) times the ROE factor (0.015420) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $0.2658
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**164**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,674,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.7195**	**51.7195**	**2.2484**	**49.4711**	
Patient Care					
Direct Care	**81.5974**	**81.5974**	**3.5473**	**78.0501**	
Indirect Care	**54.3156**	**54.3156**	**2.3613**	**51.9543**	
Property	**13.6500**	**9.2861**	**0.4037**	**8.8824**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9575**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.2825**	**196.9186**	**8.5607**	**215.1518**	

***Medicaid Trend Adjustment :**

0 324485-00 - 2013/07

189.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Port St. Joe FL 32456		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Gulf[23]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2013/07**	Total Patient:	**40,195**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,041**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,048**	FY Index:	**1.27684492**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**77.24344%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.51867%**	Cost:	**1.03483699**
Open Date:	**5/1/1983**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/1/1983**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**5/1/1983**	Low Occupancy Adjustment Factor:			**115.32992%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**11/1/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**266621**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,412,945	2,266,886	1,294,057	732,422	0	5,706,310
1a	Audit Adjustments						
2	Cost Per Diem	45.5084	73.0123	41.6792	**23.5900**		183.7899
3	Cost Per Diem Inflated	47.0938	74.7159	43.1312			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0938**	**74.7159**	**43.1312**	**23.5900**		188.5309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	39.8374		48.7710			
7	Provider Target Rate	**40.6830**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6830**	**74.7159**	**43.1312**	**13.6500**		172.1801
12/13	Medicaid Adjustment Rate		2.2900	1.3219			
14	Prospective Per Diem 11	**40.6830**	**77.0059**	**44.4531**	**13.6500**		**175.7920**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324485-00 - 2013/07

189.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**3,320,769**
FRVS Base Asset:	**1,859,117**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**4.0000**	**%**
Chase Rate:	**4.0000**	**%**
Amortization Rate:	**4.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**104,653**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,656,615**	**2.6548**
20% ROE(2):	**664,154**	**0.2598**
Insurance Cost(3):	**44,085**	**1.0968**
Taxes Cost(3):	**60,674**	**1.5095**
Home Office(3):	**22,588**	**0.5620**
Replacement(3&4):	**20,473**	**0.0000**
Total FRVS PD:		**6.0829**

(1) 80% Capital ($2,656,615) amortized at 4.0000% for 20 years Interest of $104,653 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.6548
(2) 20% ROE ($664,154) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2598
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6830**	**40.6830**	**1.7686**	**38.9144**	
Patient Care					
Direct Care	**77.0059**	**77.0059**	**3.3477**	**73.6582**	
Indirect Care	**44.4531**	**44.4531**	**1.9325**	**42.5206**	
Property	**13.6500**	**6.0829**	**0.2644**	**5.8185**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2060**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.7920**	**168.2249**	**7.3132**	**189.9541**	

***Medicaid Trend Adjustment :**

0 324493-00 - 2013/07

189.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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.		**10/01/2011-09/30/2012**		Number of Beds:	**104**	Superior:	**0**
Sebring FL 33870		Days In CR	**366**	Maximum:	**38,064**	Standard:	**184**
County:	**Highlands[28]**	First Used:	**2013/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**35,297**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,330**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,628**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1979**						
Acquired Date:	**7/1/1979**						
Entered Medicaid	**7/1/1979**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**258261**						

Medicaid Utilization	**58.44123%**
Occupancy:	**92.73067%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.85724%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	901,014	1,385,630	900,067	673,710	0	3,860,421
1a	Audit Adjustments						
2	Cost Per Diem	43.6792	67.1723	43.6333	**32.6600**		187.1448
3	Cost Per Diem Inflated	45.2009	68.7397	45.1534			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2009**	**68.7397**	**45.1534**	**32.6600**		191.7540
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8747		55.0578			
7	Provider Target Rate	**44.8060**		**56.2265**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8060**	**68.7397**	**45.1534**	**13.6500**		172.3491
12/13	Medicaid Adjustment Rate		0.6528	0.4288			
14	Prospective Per Diem 11	**44.8060**	**69.3925**	**45.5822**	**13.6500**		**173.4307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324493-00 - 2013/07

189.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Kenilworth Care and Rehabilitation Center

FRVS

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

Began FRVS:	**7/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1979/07**
Indexed Asset Value	**2,384,803**
FRVS Base Asset:	**1,315,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**1,100,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**195,073**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,907,842**	**5.7099**
20% ROE(2):	**476,961**	**0.2153**
Insurance Cost(3):	**29,377**	**0.8323**
Taxes Cost(3):	**58,485**	**1.6569**
Home Office(3):	**21,333**	**0.6044**
Replacement(3&4):	**17,538**	**0.0000**
Total FRVS PD:		**9.0188**

(1) 80% Capital ($1,907,842) amortized at 8.2500% for 20 years Principal & Interest of $195,073 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $5.7099
(2) 20% ROE ($476,961) times the ROE factor (0.015420) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.2153
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8060**	**44.8060**	**1.9479**	**42.8581**	
Patient Care					
Direct Care	**69.3925**	**69.3925**	**3.0167**	**66.3758**	
Indirect Care	**45.5822**	**45.5822**	**1.9816**	**43.6006**	
Property	**13.6500**	**9.0188**	**0.3921**	**8.6267**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8417**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.4307**	**168.7995**	**7.3383**	**189.1393**	

***Medicaid Trend Adjustment :**

0 324507-00 - 2013/07

206.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Tarpon Springs FL 34689		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**40,973**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,087**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,761**		
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**						

Medicaid Utilization	**67.75437%**
Occupancy:	**93.29007%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.56220%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,174,396	2,025,984	1,177,185	979,686	0	5,357,251
1a	Audit Adjustments						
2	Cost Per Diem	42.3038	72.9795	42.4043	**35.2900**		192.9776
3	Cost Per Diem Inflated	43.7775	74.6824	43.8815			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7775**	**74.6824**	**43.8815**	**35.2900**		197.6314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.3360		50.8005			
7	Provider Target Rate	**46.2983**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7775**	**74.6824**	**43.8815**	**13.6500**		175.9914
12/13	Medicaid Adjustment Rate		1.4917	0.8765			
14	Prospective Per Diem 11	**43.7775**	**76.1741**	**44.7580**	**13.6500**		**178.3596**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324507-00 - 2013/07

206.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Peninsula Care and Rehabilitation Center

FRVS

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

Began FRVS:	**3/1/1995**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/01**
Indexed Asset Value	**5,752,816**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information

Amount:	**3,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**14.2000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**14.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**694,796**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,602,253**	**17.6255**
20% ROE(2):	**1,150,563**	**0.4501**
Insurance Cost(3):	**42,493**	**1.0371**
Taxes Cost(3):	**62,229**	**1.5188**
Home Office(3):	**24,569**	**0.5996**
Replacement(3&4):	**56,171**	**0.0000**
Total FRVS PD:		**21.2311**

(1) 80% Capital ($4,602,253) amortized at 14.2000% for 20 years Principal & Interest of $694,796 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $17.6255
(2) 20% ROE ($1,150,563) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4501
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7775**	**43.7775**	**1.9031**	**41.8744**	
Patient Care					
Direct Care	**76.1741**	**76.1741**	**3.3115**	**72.8626**	
Indirect Care	**44.7580**	**44.7580**	**1.9458**	**42.8122**	
Property	**13.6500**	**21.2311**	**0.9230**	**20.3081**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2472**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.3596**	**185.9407**	**8.0834**	**206.9409**	

***Medicaid Trend Adjustment :**

0 324515-00 - 2013/07

208.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**103**	Superior:	**0**
Winter Park FL 32792		Days In CR	**366**	Maximum:	**37,698**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**30,024**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,758**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,604**		
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**						

Medicaid Utilization	**65.29443%**
Occupancy:	**79.64348%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.36505%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,565	1,402,700	980,638	484,611	0	3,949,514
1a	Audit Adjustments						
2	Cost Per Diem	55.1706	71.5517	50.0223	**24.7200**		201.4646
3	Cost Per Diem Inflated	57.0926	73.2212	51.7649			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.0926**	**73.2212**	**51.7649**	**24.7200**		206.7987
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1372		55.7024			
7	Provider Target Rate	**52.2226**		**56.8848**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**73.2212**	**51.7649**	**13.6500**		190.2167
12/13	Medicaid Adjustment Rate		1.2599	0.8907			
14	Prospective Per Diem 11	**51.5806**	**74.4811**	**52.6556**	**13.6500**		**192.3673**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324515-00 - 2013/07

208.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Winter 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:	**1979/07**
Indexed Asset Value	**2,153,759**
FRVS Base Asset:	**1,171,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,750,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**176,174**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,723,007**	**5.2068**
20% ROE(2):	**430,752**	**0.1963**
Insurance Cost(3):	**29,388**	**0.9788**
Taxes Cost(3):	**69,525**	**2.3156**
Home Office(3):	**19,155**	**0.6380**
Replacement(3&4):	**13,576**	**0.0000**
Total FRVS PD:		**9.3355**

(1) 80% Capital ($1,723,007) amortized at 8.2500% for 20 years Principal & Interest of $176,174 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $5.2068
(2) 20% ROE ($430,752) times the ROE factor (0.015420) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.1963
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**103**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,935,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**74.4811**	**74.4811**	**3.2379**	**71.2432**	
Indirect Care	**52.6556**	**52.6556**	**2.2891**	**50.3665**	
Property	**13.6500**	**9.3355**	**0.4058**	**8.9297**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0115**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.3673**	**188.0528**	**8.1752**	**208.7255**	

***Medicaid Trend Adjustment :**

0 324566-00 - 2013/07

216.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**01/01/2011-12/31/2011**		Number of Beds:	**210**	Superior:	**0**
Pensacola FL 32501		Days In CR	**365**	Maximum:	**76,650**	Standard:	**184**
County:	**Escambia[17]**	First Used:	**2012/07**	Max Annualized:	**76,650**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2013/07**	Total Patient:	**66,621**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,299**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**54,232**		
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**						

Medicaid Utilization	**81.40376%**
Occupancy:	**86.91585%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**109.52954%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.32132636**
Cost:	**1.05400743**
Target:	**1.01485834**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03236654**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,491,413	5,135,841	2,878,814	1,254,386	0	11,760,454
1a	Audit Adjustments						
2	Cost Per Diem	45.9399	94.7013	53.0833	**23.1300**		216.8545
3	Cost Per Diem Inflated	48.4210	97.7665	55.9502			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4210**	**97.7665**	**55.9502**	**23.1300**		225.2677
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1441		63.0595			
7	Provider Target Rate	**51.2085**		**64.3980**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**52.6211**		**54.9708**			
10b	Base for line 10a	51.5274		53.8282			
11	Lesser of 5,7,8,10, 10a	**48.4210**	**96.4205**	**54.9708**	**13.6500**		213.4623
12/13	Medicaid Adjustment Rate		3.4065	1.9421			
14	Prospective Per Diem 11	**48.4210**	**99.8270**	**56.9129**	**13.6500**		**218.8109**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324566-00 - 2013/07

216.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Southern Oaks Rehabilitation and Nursing Center

FRVS

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

Began FRVS:	**11/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1978/07**
Indexed Asset Value	**5,050,862**
FRVS Base Asset:	**2,938,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

Mortgage Information		
Amount:	**3,485,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.2500**	**%**
Chase Rate:	**4.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**326,736**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,040,690**	**4.7363**
20% ROE(2):	**1,010,172**	**0.3539**
Insurance Cost(3):	**201,382**	**3.0228**
Taxes Cost(3):	**42,900**	**0.6439**
Home Office(3):	**20,902**	**0.3137**
Replacement(3&4):	**61,388**	**0.0000**
Total FRVS PD:		**9.0706**

(1) 80% Capital ($4,040,690) amortized at 5.2500% for 20 years Principal & Interest of $326,736 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $4.7363
(2) 20% ROE ($1,010,172) times the ROE factor (0.024170) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.3539
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**210**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,985,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4210**	**48.4210**	**2.1050**	**46.3160**	
Patient Care					
Direct Care	**99.8270**	**99.8270**	**4.3398**	**95.4872**	
Indirect Care	**56.9129**	**56.9129**	**2.4742**	**54.4387**	
Property	**13.6500**	**9.0706**	**0.3943**	**8.6763**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1343**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**218.8109**	**214.2315**	**9.3133**	**216.8889**	

***Medicaid Trend Adjustment :**

0 325031-00 - 2013/07

251.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**99**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**366**	Maximum:	**36,234**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**33,517**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,414**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**27,064**		
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**						

Medicaid Utilization	**80.74708%**
Occupancy:	**92.50152%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.56848%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,314,286	2,379,876	1,661,404	1,375,392	0	6,730,958
1a	Audit Adjustments						
2	Cost Per Diem	48.5621	87.9351	61.3880	**50.8200**		248.7052
3	Cost Per Diem Inflated	51.0592	90.7050	64.5446			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0592**	**90.7050**	**64.5446**	**50.8200**		257.1288
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.8171		80.6837			
7	Provider Target Rate	**71.2991**		**82.3963**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**58.6715**		**74.7430**			
10b	Base for line 10a	57.4520		73.1895			
11	Lesser of 5,7,8,10, 10a	**51.0592**	**90.7050**	**64.5446**	**13.6500**		219.9588
12/13	Medicaid Adjustment Rate		3.1375	2.2326			
14	Prospective Per Diem 11	**51.0592**	**93.8425**	**66.7772**	**13.6500**		**225.3289**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325031-00 - 2013/07

251.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Terraces of Lake Worth Rehab and Health Center

FRVS

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

Began FRVS:	**8/1/1986**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**4,777,601**
FRVS Base Asset:	**1,103,813**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information

Amount:	**2,768,698.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.3000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.3000**	**%**
Interest Only:	**False**	
Yearly Payment:	**451,762**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,822,081**	**13.8912**
20% ROE(2):	**955,520**	**0.6429**
Insurance Cost(3):	**95,934**	**2.8622**
Taxes Cost(3):	**70,695**	**2.1092**
Home Office(3):	**10,516**	**0.3138**
Replacement(3&4):	**5,100**	**0.0000**
Total FRVS PD:		**19.8193**

(1) 80% Capital ($3,822,081) amortized at 10.3000% for 20 years Principal & Interest of $451,762 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $13.8912
(2) 20% ROE ($955,520) times the ROE factor (0.021880) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.6429
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**99**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.0592**	**51.0592**	**2.2197**	**48.8395**	
Patient Care					
Direct Care	**93.8425**	**93.8425**	**4.0796**	**89.7629**	
Indirect Care	**66.7772**	**66.7772**	**2.9030**	**63.8742**	
Property	**13.6500**	**19.8193**	**0.8616**	**18.9577**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3578**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**225.3289**	**231.4982**	**10.0639**	**251.6285**	

***Medicaid Trend Adjustment :**

0 325040-00 - 2013/07

218.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**210**	Superior:	**0**
Wildwood FL 34785		Days In CR	**366**	Maximum:	**76,860**	Standard:	**184**
County:	**Sumter[60]**	First Used:	**2013/01**	Max Annualized:	**76,650**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**74,604**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**24,010**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**42,427**		
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**						

Medicaid Utilization	**56.86960%**
Occupancy:	**97.06479%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**122.31903%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,752,884	3,715,697	2,122,675	2,221,902	0	9,813,158
1a	Audit Adjustments						
2	Cost Per Diem	41.3153	87.5786	50.0312	**52.3700**		231.2951
3	Cost Per Diem Inflated	43.4398	90.3373	52.6039			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4398**	**90.3373**	**52.6039**	**52.3700**		238.7510
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9336		61.6486			
7	Provider Target Rate	**53.0360**		**62.9572**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation	**46.1554**		**59.7628**			
10b	Base for line 10a	45.1961		58.5206			
11	Lesser of 5,7,8,10, 10a	**43.4398**	**90.3373**	**52.6039**	**13.6500**		200.0310
12/13	Medicaid Adjustment Rate		0.6982	0.4065			
14	Prospective Per Diem 11	**43.4398**	**91.0355**	**53.0104**	**13.6500**		**201.1357**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325040-00 - 2013/07

218.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**8,502,583**
FRVS Base Asset:	**2,419,633**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**6,300,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**5.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**695,497**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,802,066**	**10.0819**
20% ROE(2):	**1,700,517**	**0.5394**
Insurance Cost(3):	**195,493**	**2.6204**
Taxes Cost(3):	**72,319**	**0.9694**
Home Office(3):	**23,406**	**0.3137**
Replacement(3&4):	**56,803**	**0.0000**
Total FRVS PD:		**14.5248**

(1) 80% Capital ($6,802,066) amortized at 8.2500% for 20 years Principal & Interest of $695,497 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $10.0819
(2) 20% ROE ($1,700,517) times the ROE factor (0.021880) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.5394
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4398**	**43.4398**	**1.8885**	**41.5513**	
Patient Care					
Direct Care	**91.0355**	**91.0355**	**3.9576**	**87.0779**	
Indirect Care	**53.0104**	**53.0104**	**2.3045**	**50.7059**	
Property	**13.6500**	**14.5248**	**0.6314**	**13.8934**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1268**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**201.1357**	**202.0105**	**8.7820**	**218.1917**	

***Medicaid Trend Adjustment :**

0 325163-00 - 2013/07

255.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**03/01/2011-02/29/2012**		Number of Beds:	**85**	Superior:	**0**
Lake Park FL 33403		Days In CR	**366**	Maximum:	**31,110**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**31,025**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**28,375**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,686**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**25,037**		
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**						

Medicaid Utilization	**88.23612%**
Occupancy:	**91.20861%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.93919%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25670530**
Semester Index:	**1.32132636**
Cost:	**1.05142101**
Target:	**1.01485834**
DC FY Index:	**1.19049979**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.03149955**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,184,920	2,316,150	1,710,965	1,021,009	0	6,233,044
1a	Audit Adjustments						
2	Cost Per Diem	47.3268	92.5091	68.3375	**40.7800**		248.9534
3	Cost Per Diem Inflated	49.7604	95.4231	71.8515			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7604**	**95.4231**	**71.8515**	**40.7800**		257.8150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.1851		84.2847			
7	Provider Target Rate	**73.7173**		**86.0737**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation	**62.5311**		**76.2549**			
10b	Base for line 10a	61.2314		74.6699			
11	Lesser of 5,7,8,10, 10a	**49.7604**	**95.4231**	**71.8515**	**13.6500**		230.6850
12/13	Medicaid Adjustment Rate		4.1047	3.0907			
14	Prospective Per Diem 11	**49.7604**	**99.5278**	**74.9422**	**13.6500**		**237.8804**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325163-00 - 2013/07

255.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

North Lake Rehabilitation and Health Center

FRVS

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

Began FRVS:	**2/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1971/07**
Indexed Asset Value	**1,385,980**
FRVS Base Asset:	**480,912**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.021880**

Mortgage Information		
Amount:	**500,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**124,024**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,108,784**	**4.4417**
20% ROE(2):	**277,196**	**0.2172**
Insurance Cost(3):	**81,696**	**2.8792**
Taxes Cost(3):	**63,007**	**2.2205**
Home Office(3):	**8,902**	**0.3137**
Replacement(3&4):	**11,604**	**0.0000**
Total FRVS PD:		**10.0723**

(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 (0.021880) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.2172
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**85**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,422,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.7604**	**49.7604**	**2.1632**	**47.5972**	
Patient Care					
Direct Care	**99.5278**	**99.5278**	**4.3268**	**95.2010**	
Indirect Care	**74.9422**	**74.9422**	**3.2580**	**71.6842**	
Property	**13.6500**	**10.0723**	**0.4379**	**9.6344**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3670**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**237.8804**	**234.3027**	**10.1859**	**255.3202**	

***Medicaid Trend Adjustment :**

0 325236-00 - 2013/07

186.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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 Boulevard		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32221		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**42,405**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,079**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**16,775**		
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**						

Medicaid Utilization	**39.55901%**
Occupancy:	**96.55055%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.67099%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	637,793	1,215,966	730,679	206,668	16,865	2,807,971
1a	Audit Adjustments						
2	Cost Per Diem	38.0204	72.4868	43.5576	**12.3200**	**1.0054**	167.3902
3	Cost Per Diem Inflated	39.6615	74.4885	45.4377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6615**	**74.4885**	**45.4377**	**12.3200**	**1.0054**	172.9131
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.1241		50.3809			
7	Provider Target Rate	**67.5277**		**51.4503**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.6615**	**74.4885**	**45.4377**	**12.3200**	**1.0054**	172.9131
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.6615**	**74.4885**	**45.4377**	**12.3200**	**1.0054**	**172.9131**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325236-00 - 2013/07

186.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Jacksonville

FRVS

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

Began FRVS:	**1/12/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,892,559**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**405,764**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,714,047**	**10.2934**
20% ROE(2):	**1,178,512**	**0.5325**
Insurance Cost(3):	**7,809**	**0.1842**
Taxes Cost(3):	**63,156**	**1.4894**
Home Office(3):	**27,049**	**0.6379**
Replacement(3&4):	**19,850**	**0.0000**
Total FRVS PD:		**13.1374**

(1) 80% Capital ($4,714,047) amortized at 6.0150% for 20 years Principal & Interest of $405,764 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2934
(2) 20% ROE ($1,178,512) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5325
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.6615**	**39.6615**	**1.7242**	**37.9373**	
Patient Care					
Direct Care	**74.4885**	**74.4885**	**3.2383**	**71.2502**	
Indirect Care	**45.4377**	**45.4377**	**1.9753**	**43.4624**	
Property	**12.3200**	**13.1374**	**0.5711**	**12.5663**	
ROE	**1.0054**	**0.0251**	**0.0011**	**0.0240**	
ROE Adjustment	**-0.0251**	**-0.0251**	**-0.0011**	**-0.0240**	
Quality Assess-Medicaid Share				**$11.9593**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.8880**	**172.7251**	**7.5089**	**186.0119**	

***Medicaid Trend Adjustment :**

0 325244-00 - 2013/07

212.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Kendall

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Kendall FL 33186		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**42,368**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**27,427**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**11,227**	FY Index:	**1.26665332**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**26.49877%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**96.46630%**	Cost:	**1.04316338**
Open Date:	**8/31/1989**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**8/31/1989**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19500000**
Entered Medicaid	**8/31/1989**	Low Occupancy Adjustment Factor:			**121.56482%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02761506**
Previous Med #	**211591**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	685,249	974,336	523,285	143,818	25,202	2,351,890
1a	Audit Adjustments						
2	Cost Per Diem	61.0358	86.7851	46.6095	**12.8100**	**2.2448**	209.4852
3	Cost Per Diem Inflated	63.6703	89.1817	48.6213			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.6703**	**89.1817**	**48.6213**	**12.8100**	**2.2448**	216.5281
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.8056		53.3260			
7	Provider Target Rate	**65.1600**		**54.4579**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**89.1817**	**48.6213**	**12.8100**	**2.2448**	206.8797
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**89.1817**	**48.6213**	**12.8100**	**2.2448**	**206.8797**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325244-00 - 2013/07

212.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Kendall

FRVS

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

Began FRVS:	**8/31/1989**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1989/07**
Indexed Asset Value	**4,998,840**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**3,215,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.7400**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.7400**	**%**
Interest Only:	**False**	
Yearly Payment:	**364,605**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,999,072**	**9.2492**
20% ROE(2):	**999,768**	**0.4517**
Insurance Cost(3):	**8,460**	**0.1997**
Taxes Cost(3):	**62,612**	**1.4778**
Home Office(3):	**18,810**	**0.4440**
Replacement(3&4):	**734,547**	**0.0000**
Total FRVS PD:		**11.8224**

(1) 80% Capital ($3,999,072) amortized at 6.7400% for 20 years Principal & Interest of $364,605 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2492
(2) 20% ROE ($999,768) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4517
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**89.1817**	**89.1817**	**3.8770**	**85.3047**	
Indirect Care	**48.6213**	**48.6213**	**2.1137**	**46.5076**	
Property	**12.8100**	**11.8224**	**0.5140**	**11.3084**	
ROE	**2.2448**	**1.2084**	**0.0525**	**1.1559**	
ROE Adjustment	**-1.2084**	**-1.2084**	**-0.0525**	**-1.1559**	
Quality Assess-Medicaid Share				**$8.3860**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**205.6713**	**203.6473**	**8.8532**	**212.0165**	

***Medicaid Trend Adjustment :**

0 325252-00 - 2013/07

210.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Hialeah FL 33015		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2013/07**	Total Patient:	**42,779**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**30,798**	Inflation	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**9,871**	FY Index:	**1.27684492**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**23.07441%**	Semester Index:	**1.32132636**
Operating Ex **> 18 months [1]**		Occupancy:			**97.40210%**	Cost:	**1.03483699**
Open Date:	**9/14/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**9/14/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**9/14/1990**	Low Occupancy Adjustment Factor:			**122.74408%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**202932**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	487,563	813,667	509,376	152,902	17,193	1,980,701
1a	Audit Adjustments						
2	Cost Per Diem	49.3935	82.4300	51.6033	**15.4900**	**1.7418**	200.6586
3	Cost Per Diem Inflated	51.1142	84.3534	53.4010			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1142**	**84.3534**	**53.4010**	**15.4900**	**1.7418**	206.1004
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.1887		52.8333			
7	Provider Target Rate	**63.5087**		**53.9548**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.1142**	**84.3534**	**53.4010**	**13.6500**	**1.7418**	204.2604
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.1142**	**84.3534**	**53.4010**	**13.6500**	**1.7418**	**204.2604**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325252-00 - 2013/07

210.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Miami Lakes

FRVS

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

Began FRVS:	**9/14/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**5,126,944**
FRVS Base Asset:	**3,620,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**10.5000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**491,389**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,101,555**	**12.4655**
20% ROE(2):	**1,025,389**	**0.4011**
Insurance Cost(3):	**15,355**	**0.3589**
Taxes Cost(3):	**52,780**	**1.2338**
Home Office(3):	**31,131**	**0.7277**
Replacement(3&4):	**94,508**	**0.0000**
Total FRVS PD:		**15.1870**

(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 (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4011
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1142**	**51.1142**	**2.2221**	**48.8921**	
Patient Care					
Direct Care	**84.3534**	**84.3534**	**3.6671**	**80.6863**	
Indirect Care	**53.4010**	**53.4010**	**2.3215**	**51.0795**	
Property	**13.6500**	**15.1870**	**0.6602**	**14.5268**	
ROE	**1.7418**	**0.3133**	**0.0136**	**0.2997**	
ROE Adjustment	**-0.3133**	**-0.3133**	**-0.0136**	**-0.2997**	
Quality Assess-Medicaid Share				**$6.6600**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**203.9471**	**204.0556**	**8.8709**	**210.6811**	

***Medicaid Trend Adjustment :**

0 325261-00 - 2013/07

203.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Orange Park FL 32073		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Clay[10]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**39,944**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**14,099**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**18,586**		
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**						

Medicaid Utilization	**46.53014%**
Occupancy:	**90.94718%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.60973%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,000,970	1,457,557	819,830	156,866	10,855	3,446,078
1a	Audit Adjustments						
2	Cost Per Diem	53.8561	78.4223	44.1101	**8.4400**	**0.5840**	185.4125
3	Cost Per Diem Inflated	55.7323	80.2522	45.6468			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7323**	**80.2522**	**45.6468**	**8.4400**	**0.5840**	190.6553
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.5773		51.8308			
7	Provider Target Rate	**67.9905**		**52.9310**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**80.2522**	**45.6468**	**8.4400**	**0.5840**	184.0622
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**80.2522**	**45.6468**	**8.4400**	**0.5840**	**184.0622**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325261-00 - 2013/07

203.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Orange Park

FRVS

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

Began FRVS:	**4/26/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,041,763**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2600**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**7.2600**	**%**
Interest Only:	**False**	
Yearly Payment:	**382,843**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,033,410**	**9.7119**
20% ROE(2):	**1,008,353**	**0.3944**
Insurance Cost(3):	**8,979**	**0.2248**
Taxes Cost(3):	**74,200**	**1.8576**
Home Office(3):	**25,206**	**0.6310**
Replacement(3&4):	**198,088**	**0.0000**
Total FRVS PD:		**12.8197**

(1) 80% Capital ($4,033,410) amortized at 7.2600% for 20 years Principal & Interest of $382,843 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7119
(2) 20% ROE ($1,008,353) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3944
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**80.2522**	**80.2522**	**3.4888**	**76.7634**	
Indirect Care	**45.6468**	**45.6468**	**1.9844**	**43.6624**	
Property	**8.4400**	**12.8197**	**0.5573**	**12.2624**	
ROE	**0.5840**	**0.0578**	**0.0025**	**0.0553**	
ROE Adjustment	**-0.0578**	**-0.0578**	**-0.0025**	**-0.0553**	
Quality Assess-Medicaid Share				**$15.3864**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.0044**	**187.8579**	**8.1667**	**203.9140**	

***Medicaid Trend Adjustment :**

0 325279-00 - 2013/07

190.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare 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	
2075 Lochmond Drvie		**10/01/2011-09/30/2012**		Number of Beds:	**138**	Superior:	**0**
Winter Park FL 32792		Days In CR	**366**	Maximum:	**50,508**	Standard:	**184**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2013/07**	Total Patient:	**37,727**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,702**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,728**		
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**						

Medicaid Utilization	**46.99022%**
Occupancy:	**74.69510%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**94.12920%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,783	1,369,688	767,982	180,116	11,640	3,000,209
1a	Audit Adjustments						
2	Cost Per Diem	37.8375	77.2613	43.3203	**10.1600**	**0.6566**	169.2357
3	Cost Per Diem Inflated	39.1556	79.0641	44.8294			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1556**	**79.0641**	**44.8294**	**10.1600**	**0.6566**	173.8657
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.0374		50.8005			
7	Provider Target Rate	**69.4816**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.1556**	**79.0641**	**44.8294**	**10.1600**	**0.6566**	173.8657
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**39.1556**	**79.0641**	**44.8294**	**10.1600**	**0.6566**	**173.8657**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325279-00 - 2013/07

190.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1977/07**
Indexed Asset Value	**3,675,106**
FRVS Base Asset:	**2,386,545**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**2,068,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**7.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**7.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**284,222**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,940,085**	**6.2696**
20% ROE(2):	**735,021**	**0.2500**
Insurance Cost(3):	**9,336**	**0.2475**
Taxes Cost(3):	**57,569**	**1.5259**
Home Office(3):	**24,855**	**0.6588**
Replacement(3&4):	**67,953**	**0.0000**
Total FRVS PD:		**8.9518**

(1) 80% Capital ($2,940,085) amortized at 7.5000% for 20 years Principal & Interest of $284,222 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $6.2696
(2) 20% ROE ($735,021) times the ROE factor (0.015420) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.2500
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**138**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1556**	**39.1556**	**1.7022**	**37.4534**	
Patient Care					
Direct Care	**79.0641**	**79.0641**	**3.4372**	**75.6269**	
Indirect Care	**44.8294**	**44.8294**	**1.9489**	**42.8805**	
Property	**10.1600**	**8.9518**	**0.4417**	**9.7183**	
ROE	**0.6566**	**0.3129**	**0.0285**	**0.6281**	
ROE Adjustment	**-0.3129**	**-0.3129**	**-0.0136**	**-0.2993**	
Quality Assess-Medicaid Share				**$15.7737**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**173.5528**	**172.0009**	**7.5449**	**190.6180**	

***Medicaid Trend Adjustment :**

0 325287-00 - 2013/07

206.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center of South Jacksonvil

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**117**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**366**	Maximum:	**42,822**	Standard:	**184**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2013/07**	Total Patient:	**40,097**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,264**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**13,528**		
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**						

Medicaid Utilization	**33.73818%**
Occupancy:	**93.63645%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.99870%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	679,140	1,066,464	644,994	189,121	14,728	2,594,447
1a	Audit Adjustments						
2	Cost Per Diem	50.2025	78.8338	47.6784	**13.9800**	**1.0887**	191.7834
3	Cost Per Diem Inflated	52.4857	81.1014	49.8468			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4857**	**81.1014**	**49.8468**	**13.9800**	**1.0887**	198.5026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7307		48.7710			
7	Provider Target Rate	**62.0198**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1392**	**81.1014**	**49.8062**	**13.6500**	**1.0887**	194.7855
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1392**	**81.1014**	**49.8062**	**13.6500**	**1.0887**	**194.7855**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325287-00 - 2013/07

206.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center of South Jacksonvil

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1981/07**
Indexed Asset Value	**4,935,538**
FRVS Base Asset:	**2,155,424**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**1,521,100.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**9.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**441,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,948,430**	**11.4911**
20% ROE(2):	**987,108**	**0.4816**
Insurance Cost(3):	**6,547**	**0.1633**
Taxes Cost(3):	**75,816**	**1.8908**
Home Office(3):	**26,978**	**0.6728**
Replacement(3&4):	**63,969**	**0.0000**
Total FRVS PD:		**14.6996**

(1) 80% Capital ($3,948,430) amortized at 9.5000% for 20 years Principal & Interest of $441,655 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $11.4911
(2) 20% ROE ($987,108) times the ROE factor (0.018750) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.4816
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**89**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1392**	**49.1392**	**2.1362**	**47.0030**	
Patient Care					
Direct Care	**81.1014**	**81.1014**	**3.5257**	**77.5757**	
Indirect Care	**49.8062**	**49.8062**	**2.1652**	**47.6410**	
Property	**13.6500**	**14.6996**	**0.5934**	**13.0566**	
ROE	**1.0887**	**0.0000**	**0.0473**	**1.0414**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.7622**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.7855**	**194.7464**	**8.4678**	**206.9163**	

***Medicaid Trend Adjustment :**

0 325295-00 - 2013/07

194.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**09/01/2011-08/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34601		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hernando[27]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2013/07**	Total Patient:	**33,625**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,778**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,026**	FY Index:	**1.27343864**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.03760505**
Open Date:	**1/1/1988**					Target:	**1.01485834**
Acquired Date:	**1/1/1988**					**DC FY Index:**	**1.19833101**
Entered Medicaid	**1/1/1988**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**					**DC Inflation:**	**1.02475859**
Previous Med #	**211575**					**PS Target:**	**1.02122620**

Medicaid Utilization	**71.45279%**
Occupancy:	**76.55966%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**96.47888%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	904,249	1,679,622	1,090,286	272,935	20,114	3,967,206
1a	Audit Adjustments						
2	Cost Per Diem	37.6363	69.9085	45.3794	**11.3600**	**0.8372**	165.1214
3	Cost Per Diem Inflated	39.0516	71.6393	47.0859			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0516**	**71.6393**	**47.0859**	**11.3600**	**0.8372**	169.9740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9257		48.7710			
7	Provider Target Rate	**65.2826**		**49.8062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.1392**	**96.4205**	**61.8952**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	48.4296		57.2593			
10	Target Rate Class Ceiling	**49.1492**		**58.1101**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.0516**	**71.6393**	**47.0859**	**11.3600**	**0.8372**	169.9740
12/13	Medicaid Adjustment Rate		1.7290	1.1364			
14	Prospective Per Diem 11	**39.0516**	**73.3683**	**48.2223**	**11.3600**	**0.8372**	**172.8394**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325295-00 - 2013/07

194.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Brooksville

FRVS

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

Began FRVS:	**1/1/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,791,487**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**398,805**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,633,190**	**10.1168**
20% ROE(2):	**1,158,297**	**0.4684**
Insurance Cost(3):	**7,235**	**0.2152**
Taxes Cost(3):	**71,834**	**2.1363**
Home Office(3):	**18,542**	**0.5514**
Replacement(3&4):	**249,118**	**0.0000**
Total FRVS PD:		**13.4881**

(1) 80% Capital ($4,633,190) amortized at 6.0150% for 20 years Principal & Interest of $398,805 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1168
(2) 20% ROE ($1,158,297) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4684
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0516**	**39.0516**	**1.6977**	**37.3539**	
Patient Care					
Direct Care	**73.3683**	**73.3683**	**3.1896**	**70.1787**	
Indirect Care	**48.2223**	**48.2223**	**2.0964**	**46.1259**	
Property	**11.3600**	**13.4881**	**0.5864**	**12.9017**	
ROE	**0.8372**	**0.4291**	**0.0187**	**0.4104**	
ROE Adjustment	**-0.4291**	**-0.4291**	**-0.0187**	**-0.4104**	
Quality Assess-Medicaid Share				**$18.9865**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**172.4103**	**174.1303**	**7.5701**	**194.3831**	

***Medicaid Trend Adjustment :**

0 325309-00 - 2013/07

193.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Boynton Beach FL 33436		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**42,196**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,747**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,550**		
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**						

Medicaid Utilization	**58.18087%**
Occupancy:	**96.07468%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**121.07130%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.32132636**
Cost:	**1.04316338**
Target:	**1.01485834**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02761506**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,272,516	1,648,969	843,160	341,982	39,027	4,145,654
1a	Audit Adjustments						
2	Cost Per Diem	51.8336	67.1678	34.3446	**13.9300**	**1.5897**	168.8657
3	Cost Per Diem Inflated	54.0709	69.0226	35.8270			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.0709**	**69.0226**	**35.8270**	**13.9300**	**1.5897**	174.4402
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.1106		52.8299			
7	Provider Target Rate	**64.4502**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**69.0226**	**35.8270**	**13.6500**	**1.5897**	174.1112
12/13	Medicaid Adjustment Rate		0.6352	0.3297			
14	Prospective Per Diem 11	**54.0219**	**69.6578**	**36.1567**	**13.6500**	**1.5897**	**175.0761**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325309-00 - 2013/07

193.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Boynton Beach

FRVS

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

Began FRVS:	**1/16/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/01**
Indexed Asset Value	**5,083,962**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**342,604**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,067,170**	**8.6911**
20% ROE(2):	**1,016,792**	**0.4594**
Insurance Cost(3):	**8,481**	**0.2010**
Taxes Cost(3):	**102,244**	**2.4231**
Home Office(3):	**20,932**	**0.4961**
Replacement(3&4):	**81,977**	**0.0000**
Total FRVS PD:		**12.2707**

(1) 80% Capital ($4,067,170) amortized at 8.5000% for 20 years Interest of $342,604 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6911
(2) 20% ROE ($1,016,792) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4594
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**69.6578**	**69.6578**	**3.0282**	**66.6296**	
Indirect Care	**36.1567**	**36.1567**	**1.5718**	**34.5849**	
Property	**13.6500**	**12.2707**	**0.5334**	**11.7373**	
ROE	**1.5897**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9777**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**175.0761**	**172.1071**	**7.4819**	**193.4393**	

***Medicaid Trend Adjustment :**

0 325325-00 - 2013/07

190.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33907		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Lee[36]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,493**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,390**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,690**		
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**						

Medicaid Utilization	**33.80831%**
Occupancy:	**92.19717%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.18495%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	561,191	1,129,807	509,246	209,594	18,854	2,428,692
1a	Audit Adjustments						
2	Cost Per Diem	40.9928	82.5279	37.1984	**15.3100**	**1.3772**	177.4063
3	Cost Per Diem Inflated	42.4209	84.4536	38.4943			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4209**	**84.4536**	**38.4943**	**15.3100**	**1.3772**	182.0560
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.2845		52.8299			
7	Provider Target Rate	**66.6702**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4209**	**84.4536**	**38.4943**	**13.6500**	**1.3772**	180.3960
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.4209**	**84.4536**	**38.4943**	**13.6500**	**1.3772**	**180.3960**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325325-00 - 2013/07

190.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Ft. Myers

FRVS

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

Began FRVS:	**4/25/1991**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**4,505,169**
FRVS Base Asset:	**2,715,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information

Amount:	**5,500,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**310,228**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,604,135**	**7.8698**
20% ROE(2):	**901,034**	**0.3525**
Insurance Cost(3):	**12,057**	**0.2978**
Taxes Cost(3):	**92,769**	**2.2910**
Home Office(3):	**26,988**	**0.6665**
Replacement(3&4):	**231,205**	**0.0000**
Total FRVS PD:		**11.4776**

(1) 80% Capital ($3,604,135) amortized at 6.0150% for 20 years Principal & Interest of $310,228 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8698
(2) 20% ROE ($901,034) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3525
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination

Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**90**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,715,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4209**	**42.4209**	**1.8442**	**40.5767**	
Patient Care					
Direct Care	**84.4536**	**84.4536**	**3.6715**	**80.7821**	
Indirect Care	**38.4943**	**38.4943**	**1.6735**	**36.8208**	
Property	**13.6500**	**11.4776**	**0.4990**	**10.9786**	
ROE	**1.3772**	**0.1326**	**0.0058**	**0.1268**	
ROE Adjustment	**-0.1326**	**-0.1326**	**-0.0058**	**-0.1268**	
Quality Assess-Medicaid Share				**$12.9803**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**180.2634**	**176.8464**	**7.6882**	**190.9749**	

***Medicaid Trend Adjustment :**

0 325333-00 - 2013/07

204.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**08/01/2011-07/31/2012**		Number of Beds:	**109**	Superior:	**0**
Lauderhill FL 33313		Days In CR	**366**	Maximum:	**39,894**	Standard:	**184**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2013/07**	Total Patient:	**38,153**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,088**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,807**		
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**						

Medicaid Utilization	**72.88287%**
Occupancy:	**95.63593%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**120.51841%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.32132636**
Cost:	**1.04038050**
Target:	**1.01485834**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02618583**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,196,232	2,195,243	1,104,369	386,517	32,764	4,915,125
1a	Audit Adjustments						
2	Cost Per Diem	43.0191	78.9457	39.7155	**13.9000**	**1.1783**	176.7586
3	Cost Per Diem Inflated	44.7562	81.0130	41.3192			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7562**	**81.0130**	**41.3192**	**13.9000**	**1.1783**	182.1667
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.1102		52.8299			
7	Provider Target Rate	**67.5135**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7562**	**81.0130**	**41.3192**	**13.6500**	**1.1783**	181.9167
12/13	Medicaid Adjustment Rate		2.0855	1.0637			
14	Prospective Per Diem 11	**44.7562**	**83.0985**	**42.3829**	**13.6500**	**1.1783**	**185.0659**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325333-00 - 2013/07

204.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Lauderhill

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	**4,702,190**
FRVS Base Asset:	**2,519,910**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

Mortgage Information		
Amount:	**4,050,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**323,795**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,761,752**	**9.0429**
20% ROE(2):	**940,438**	**0.4405**
Insurance Cost(3):	**7,904**	**0.2072**
Taxes Cost(3):	**131,355**	**3.4428**
Home Office(3):	**19,875**	**0.5209**
Replacement(3&4):	**117,618**	**0.0000**
Total FRVS PD:		**13.6543**

(1) 80% Capital ($3,761,752) amortized at 6.0150% for 20 years Principal & Interest of $323,795 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $9.0429
(2) 20% ROE ($940,438) times the ROE factor (0.016770) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.4405
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**85**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,519,910**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7562**	**44.7562**	**1.9457**	**42.8105**	
Patient Care					
Direct Care	**83.0985**	**83.0985**	**3.6126**	**79.4859**	
Indirect Care	**42.3829**	**42.3829**	**1.8425**	**40.5404**	
Property	**13.6500**	**13.6543**	**0.5936**	**13.0607**	
ROE	**1.1783**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9855**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.0659**	**183.8919**	**7.9944**	**204.7194**	

***Medicaid Trend Adjustment :**

0 325341-00 - 2013/07

200.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Beach FL 33410		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**39,537**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,600**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,462**		
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**						

Medicaid Utilization	**51.75405%**
Occupancy:	**90.02049%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.44194%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,671,940	1,457,555	874,305	282,785	27,715	4,314,300
1a	Audit Adjustments						
2	Cost Per Diem	81.7095	71.2323	42.7282	**13.8200**	**1.3545**	210.8445
3	Cost Per Diem Inflated	84.5560	72.8944	44.2167			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**84.5560**	**72.8944**	**44.2167**	**13.8200**	**1.3545**	216.8416
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5510		52.8299			
7	Provider Target Rate	**68.9849**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**72.8944**	**44.2167**	**13.6500**	**1.3545**	186.1375
12/13	Medicaid Adjustment Rate		0.1438	0.0873			
14	Prospective Per Diem 11	**54.0219**	**73.0382**	**44.3040**	**13.6500**	**1.3545**	**186.3686**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325341-00 - 2013/07

200.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-Prosperity Oaks

FRVS

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

Began FRVS:	**7/7/1992**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1991/07**
Indexed Asset Value	**4,876,554**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**5,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**335,802**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,901,243**	**8.5186**
20% ROE(2):	**975,311**	**0.3815**
Insurance Cost(3):	**11,442**	**0.2894**
Taxes Cost(3):	**98,124**	**2.4818**
Home Office(3):	**23,580**	**0.5964**
Replacement(3&4):	**241,271**	**0.0000**
Total FRVS PD:		**12.2677**

(1) 80% Capital ($3,901,243) amortized at 6.0150% for 20 years Principal & Interest of $335,802 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5186
(2) 20% ROE ($975,311) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3815
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**73.0382**	**73.0382**	**3.1752**	**69.8630**	
Indirect Care	**44.3040**	**44.3040**	**1.9260**	**42.3780**	
Property	**13.6500**	**12.2677**	**0.5333**	**11.7344**	
ROE	**1.3545**	**0.0333**	**0.0014**	**0.0319**	
ROE Adjustment	**-0.0333**	**-0.0333**	**-0.0014**	**-0.0319**	
Quality Assess-Medicaid Share				**$15.6001**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.3353**	**183.6318**	**7.9830**	**200.0853**	

***Medicaid Trend Adjustment :**

0 325350-00 - 2013/07

207.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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		**10/01/2011-09/30/2012**		Number of Beds:	**151**	Superior:	**0**
Tamarac FL 33321		Days In CR	**366**	Maximum:	**55,266**	Standard:	**184**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**55,115**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2013/07**	Total Patient:	**51,551**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**19,365**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**23,676**		
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**							

Medicaid Utilization	**45.92733%**
Occupancy:	**93.27797%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.54694%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,650,763	1,800,576	1,055,754	330,517	33,693	4,871,303
1a	Audit Adjustments						
2	Cost Per Diem	69.7231	76.0507	44.5917	**13.9600**	**1.4231**	205.7486
3	Cost Per Diem Inflated	72.1520	77.8252	46.1451			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.1520**	**77.8252**	**46.1451**	**13.9600**	**1.4231**	211.5054
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.0368		52.8299			
7	Provider Target Rate	**70.5022**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**77.8252**	**46.1451**	**13.6500**	**1.4231**	193.0653
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**77.8252**	**46.1451**	**13.6500**	**1.4231**	**193.0653**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325350-00 - 2013/07

207.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Tamarac

FRVS

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

Began FRVS:	**7/7/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/07**
Indexed Asset Value	**6,566,261**
FRVS Base Asset:	**2,971,723**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**1,952,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.1300**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**6.1300**	**%**
Interest Only:	**False**	
Yearly Payment:	**456,351**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,253,009**	**9.2000**
20% ROE(2):	**1,313,252**	**0.4082**
Insurance Cost(3):	**17,488**	**0.3392**
Taxes Cost(3):	**166,611**	**3.2320**
Home Office(3):	**31,105**	**0.6034**
Replacement(3&4):	**437,790**	**0.0000**
Total FRVS PD:		**13.7828**

(1) 80% Capital ($5,253,009) amortized at 6.1300% for 20 years Principal & Interest of $456,351 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $9.2000
(2) 20% ROE ($1,313,252) times the ROE factor (0.015420) divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $0.4082
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**101**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,971,723**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**77.8252**	**77.8252**	**3.3833**	**74.4419**	
Indirect Care	**46.1451**	**46.1451**	**2.0061**	**44.1390**	
Property	**13.6500**	**13.7828**	**0.5992**	**13.1836**	
ROE	**1.4231**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8471**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**193.0653**	**191.7750**	**8.3371**	**207.1214**	

***Medicaid Trend Adjustment :**

0 325368-00 - 2013/07

200.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (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 Northwest 51st Street	**06/01/2011-05/31/2012**	Number of Beds: **180**	Superior: **0**
Boca Raton FL 33431	Days In CR **366**	Maximum: **65,880**	Standard: **184**
County: **Palm Beach[50]**	First Used: **2013/01**	Max Annualized: **65,700**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2013/07**	Total Patient: **59,389**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,115**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **41,265**	
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**			

Medicaid Utilization	**69.48256%**
Occupancy:	**90.14724%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**113.60167%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,594,220	3,067,058	1,737,497	833,140	72,367	7,304,282
1a	Audit Adjustments						
2	Cost Per Diem	38.6337	74.3259	42.1058	**20.1900**	**1.7537**	177.0091
3	Cost Per Diem Inflated	40.3908	76.4638	44.0208			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3908**	**76.4638**	**44.0208**	**20.1900**	**1.7537**	182.8191
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.5131		52.8299			
7	Provider Target Rate	**70.9886**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.3908**	**76.4638**	**44.0208**	**13.6500**	**1.7537**	176.2791
12/13	Medicaid Adjustment Rate		1.6759	0.9648			
14	Prospective Per Diem 11	**40.3908**	**78.1397**	**44.9856**	**13.6500**	**1.7537**	**178.9198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325368-00 - 2013/07

200.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (Boca Raton)

FRVS

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

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1984/07**
Indexed Asset Value	**7,506,226**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,600,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**7.2000**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**7.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**567,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,004,981**	**9.5952**
20% ROE(2):	**1,501,245**	**0.4760**
Insurance Cost(3):	**11,432**	**0.1925**
Taxes Cost(3):	**158,387**	**2.6669**
Home Office(3):	**33,520**	**0.5644**
Replacement(3&4):	**1,196,955**	**0.0000**
Total FRVS PD:		**13.4950**

(1) 80% Capital ($6,004,981) amortized at 7.2000% for 20 years Principal & Interest of $567,362 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.5952
(2) 20% ROE ($1,501,245) times the ROE factor (0.018750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4760
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.3908**	**40.3908**	**1.7559**	**38.6349**	
Patient Care					
Direct Care	**78.1397**	**78.1397**	**3.3970**	**74.7427**	
Indirect Care	**44.9856**	**44.9856**	**1.9557**	**43.0299**	
Property	**13.6500**	**13.4950**	**0.5934**	**13.0566**	
ROE	**1.7537**	**0.0000**	**0.0762**	**1.6775**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1303**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.9198**	**177.0111**	**7.7782**	**200.1083**	

***Medicaid Trend Adjustment :**

0 325376-00 - 2013/07

211.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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	
3001 S Congress Ave		**06/01/2011-05/31/2012**		Number of Beds:	**180**	Superior:	**0**
Boynton Beach FL 33426		Days In CR	**366**	Maximum:	**65,880**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**52,701**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,036**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,229**		
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**						

Medicaid Utilization	**47.87196%**
Occupancy:	**79.99545%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**100.80860%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,282,450	1,954,993	1,134,577	561,093	45,980	4,979,093
1a	Audit Adjustments						
2	Cost Per Diem	50.8324	77.4899	44.9711	**22.2400**	**1.8225**	197.3559
3	Cost Per Diem Inflated	53.1443	79.7188	47.0164			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1443**	**79.7188**	**47.0164**	**22.2400**	**1.8225**	203.9420
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.8566		52.8299			
7	Provider Target Rate	**68.2757**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.1443**	**79.7188**	**47.0164**	**13.6500**	**1.8225**	195.3520
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.1443**	**79.7188**	**47.0164**	**13.6500**	**1.8225**	**195.3520**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325376-00 - 2013/07

211.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-Boynton Beach

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/01**
Indexed Asset Value	**7,962,054**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**4,116,079.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.9200**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**6.9200**	**%**
Interest Only:	**False**	
Yearly Payment:	**588,940**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,369,643**	**9.9601**
20% ROE(2):	**1,592,411**	**0.5050**
Insurance Cost(3):	**7,974**	**0.1513**
Taxes Cost(3):	**168,860**	**3.2041**
Home Office(3):	**33,345**	**0.6327**
Replacement(3&4):	**89,675**	**0.0000**
Total FRVS PD:		**14.4532**

(1) 80% Capital ($6,369,643) amortized at 6.9200% for 20 years Principal & Interest of $588,940 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.9601
(2) 20% ROE ($1,592,411) times the ROE factor (0.018750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5050
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.1443**	**53.1443**	**2.3104**	**50.8339**	
Patient Care					
Direct Care	**79.7188**	**79.7188**	**3.4656**	**76.2532**	
Indirect Care	**47.0164**	**47.0164**	**2.0440**	**44.9724**	
Property	**13.6500**	**14.4532**	**0.5934**	**13.0566**	
ROE	**1.8225**	**0.0000**	**0.0792**	**1.7433**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0929**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**195.3520**	**194.3327**	**8.4926**	**211.7887**	

***Medicaid Trend Adjustment :**

0 325384-00 - 2013/07

208.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers Fl 33912		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County: **Lee[36]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2013/07**	Total Patient:	**40,252**	Total:	**184**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,939**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**14,768**		
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**							

Medicaid Utilization	**36.68886%**
Occupancy:	**91.64845%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**115.49346%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,319,768	1,142,123	674,309	162,743	36,259	3,335,202
1a	Audit Adjustments						
2	Cost Per Diem	89.3667	77.3377	45.6601	**11.0200**	**2.4552**	225.8397
3	Cost Per Diem Inflated	93.4311	79.5623	47.7367			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**93.4311**	**79.5623**	**47.7367**	**11.0200**	**2.4552**	234.2053
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9397		53.0536			
7	Provider Target Rate	**69.3818**		**54.1797**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**79.5623**	**47.7367**	**11.0200**	**2.4552**	194.7961
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**79.5623**	**47.7367**	**11.0200**	**2.4552**	**194.7961**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325384-00 - 2013/07

208.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services

FRVS

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

Began FRVS:	**5/1/2000**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/07**
Indexed Asset Value	**5,274,317**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**9.0000**	**%**
Chase Rate:	**9.0000**	**%**
Amortization Rate:	**9.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**376,544**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,219,454**	**9.5521**
20% ROE(2):	**1,054,863**	**0.5017**
Insurance Cost(3):	**9,711**	**0.2413**
Taxes Cost(3):	**72,146**	**1.7924**
Home Office(3):	**28,152**	**0.6994**
Replacement(3&4):	**64,809**	**0.0000**
Total FRVS PD:		**12.7869**

(1) 80% Capital ($4,219,454) amortized at 9.0000% for 20 years Interest of $376,544 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5521
(2) 20% ROE ($1,054,863) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5017
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**79.5623**	**79.5623**	**3.4588**	**76.1035**	
Indirect Care	**47.7367**	**47.7367**	**2.0753**	**45.6614**	
Property	**11.0200**	**12.7869**	**0.5559**	**12.2310**	
ROE	**2.4552**	**0.0058**	**0.0003**	**0.0055**	
ROE Adjustment	**-0.0058**	**-0.0058**	**-0.0003**	**-0.0055**	
Quality Assess-Medicaid Share				**$13.7728**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**194.7903**	**194.1078**	**8.4385**	**208.2785**	

***Medicaid Trend Adjustment :**

0 325422-00 - 2013/07

220.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor Care @ 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		**10/01/2011-09/30/2012**		Number of Beds:	**117**	Superior:	**0**
Naples FL 34113		Days In CR	**366**	Maximum:	**42,822**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**39,666**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,779**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,682**		
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**						

Medicaid Utilization	**47.09827%**
Occupancy:	**92.62996%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**116.73033%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,094,551	1,535,978	1,002,106	390,641	31,621	4,054,897
1a	Audit Adjustments						
2	Cost Per Diem	58.5885	82.2170	53.6402	**20.9100**	**1.6926**	217.0483
3	Cost Per Diem Inflated	60.6295	84.1354	55.5089			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.6295**	**84.1354**	**55.5089**	**20.9100**	**1.6926**	222.8764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.7875		52.8299			
7	Provider Target Rate	**78.4174**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**84.1354**	**53.9513**	**13.6500**	**1.6926**	207.4512
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**84.1354**	**53.9513**	**13.6500**	**1.6926**	**207.4512**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325422-00 - 2013/07

220.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Manor Care @ 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	**5,401,630**
FRVS Base Asset:	**2,764,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.7500**	**%**
Chase Rate:	**8.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**374,821**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,321,304**	**9.7522**
20% ROE(2):	**1,080,326**	**0.4334**
Insurance Cost(3):	**12,650**	**0.3189**
Taxes Cost(3):	**34,777**	**0.8767**
Home Office(3):	**26,682**	**0.6727**
Replacement(3&4):	**171,447**	**0.0000**
Total FRVS PD:		**12.0539**

(1) 80% Capital ($4,321,304) amortized at 8.7500% for 20 years Interest of $374,821 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $9.7522
(2) 20% ROE ($1,080,326) times the ROE factor (0.015420) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.4334
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**97**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**84.1354**	**84.1354**	**3.6576**	**80.4778**	
Indirect Care	**53.9513**	**53.9513**	**2.3454**	**51.6059**	
Property	**13.6500**	**12.0539**	**0.5934**	**13.0566**	
ROE	**1.6926**	**0.0142**	**0.0736**	**1.6190**	
ROE Adjustment	**-0.0142**	**-0.0142**	**-0.0006**	**-0.0136**	
Quality Assess-Medicaid Share				**$13.1214**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**207.4370**	**204.1625**	**9.0179**	**220.3769**	

***Medicaid Trend Adjustment :**

0 325449-00 - 2013/07

201.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare 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	
3601 Lakewood Blvd		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Naples FL 34112		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Collier[11]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**38,755**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,910**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,574**		
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**						

Medicaid Utilization	**55.66766%**
Occupancy:	**88.23998%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**111.19817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,256	1,782,120	1,069,735	222,644	10,620	3,835,375
1a	Audit Adjustments						
2	Cost Per Diem	34.7759	82.6050	49.5845	**10.3200**	**0.4923**	177.7777
3	Cost Per Diem Inflated	36.3575	84.9811	51.8396			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.3575**	**84.9811**	**51.8396**	**10.3200**	**0.4923**	183.9905
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9733		52.8299			
7	Provider Target Rate	**69.4161**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.3575**	**84.9811**	**51.8396**	**10.3200**	**0.4923**	183.9905
12/13	Medicaid Adjustment Rate		0.5418	0.3305			
14	Prospective Per Diem 11	**36.3575**	**85.5229**	**52.1701**	**10.3200**	**0.4923**	**184.8628**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325449-00 - 2013/07

201.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Nursing and Rehabilitation Center

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/01**
Indexed Asset Value	**5,947,080**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**4.5500**	**%**
Chase Rate:	**8.0000**	**%**
Amortization Rate:	**4.5500**	**%**
Interest Only:	**False**	
Yearly Payment:	**362,735**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,757,664**	**9.2018**
20% ROE(2):	**1,189,416**	**0.5657**
Insurance Cost(3):	**5,543**	**0.1430**
Taxes Cost(3):	**26,018**	**0.6713**
Home Office(3):	**25,553**	**0.6593**
Replacement(3&4):	**40,461**	**0.0000**
Total FRVS PD:		**11.2411**

(1) 80% Capital ($4,757,664) amortized at 4.5500% for 20 years Principal & Interest of $362,735 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2018
(2) 20% ROE ($1,189,416) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5657
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.3575**	**36.3575**	**1.5806**	**34.7769**	
Patient Care					
Direct Care	**85.5229**	**85.5229**	**3.7180**	**81.8049**	
Indirect Care	**52.1701**	**52.1701**	**2.2680**	**49.9021**	
Property	**10.3200**	**11.2411**	**0.4486**	**9.8714**	
ROE	**0.4923**	**0.0000**	**0.0214**	**0.4709**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8584**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.8628**	**185.2916**	**8.0366**	**201.5210**	

***Medicaid Trend Adjustment :**

0 325457-00 - 2013/07

206.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (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	**06/01/2011-05/31/2012**	Number of Beds: **120**	Superior: **0**
Plantation FL 33313	Days In CR **366**	Maximum: **43,920**	Standard: **184**
County: **Broward[6]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2013/07**	Total Patient: **41,266**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **18,319**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **17,255**	
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**			

Medicaid Utilization	**41.81408%**
Occupancy:	**93.95720%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**118.40290%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	779,089	1,323,954	853,024	286,433	25,337	3,267,837
1a	Audit Adjustments						
2	Cost Per Diem	45.1515	76.7287	49.4363	**16.6000**	**1.4684**	189.3849
3	Cost Per Diem Inflated	47.2050	78.9357	51.6847			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2050**	**78.9357**	**51.6847**	**16.6000**	**1.4684**	195.8938
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.5279		52.8299			
7	Provider Target Rate	**81.2160**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2050**	**78.9357**	**51.6847**	**13.6500**	**1.4684**	192.9438
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.2050**	**78.9357**	**51.6847**	**13.6500**	**1.4684**	**192.9438**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325457-00 - 2013/07

206.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (Plantation)

FRVS

FRVS Status as of this Semester: **On Payback FRV [3]**

Began FRVS:	
Year of Phase-In/ Full:	
RS to Start Calcs:	**1985/07**
Indexed Asset Value	**4,777,344**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**8.2000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**8.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**389,341**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,821,875**	**9.8767**
20% ROE(2):	**955,469**	**0.4545**
Insurance Cost(3):	**8,040**	**0.1948**
Taxes Cost(3):	**77,544**	**1.8791**
Home Office(3):	**28,812**	**0.6982**
Replacement(3&4):	**542,669**	**0.0000**
Total FRVS PD:		**13.1033**

(1) 80% Capital ($3,821,875) amortized at 8.2000% for 20 years Principal & Interest of $389,341 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8767
(2) 20% ROE ($955,469) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4545
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2050**	**47.2050**	**2.0522**	**45.1528**	
Patient Care					
Direct Care	**78.9357**	**78.9357**	**3.4316**	**75.5041**	
Indirect Care	**51.6847**	**51.6847**	**2.2469**	**49.4378**	
Property	**13.6500**	**13.1033**	**0.5934**	**13.0566**	
ROE	**1.4684**	**0.0000**	**0.0638**	**1.4046**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2235**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**192.9438**	**190.9287**	**8.3879**	**206.6158**	

***Medicaid Trend Adjustment :**

0 325465-00 - 2013/07

202.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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	
5511 Swift Road		**06/01/2011-05/31/2012**		Number of Beds:	**178**	Superior:	**0**
Sarasota FL 34231		Days In CR	**366**	Maximum:	**65,148**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**64,970**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**59,404**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,694**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,421**		
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**						

Medicaid Utilization	**52.89374%**
Occupancy:	**91.18315%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.90710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,368,067	2,571,300	1,174,364	494,881	55,169	5,663,781
1a	Audit Adjustments						
2	Cost Per Diem	43.5399	81.8338	37.3751	**15.7500**	**1.7558**	180.2546
3	Cost Per Diem Inflated	45.5201	84.1877	39.0749			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5201**	**84.1877**	**39.0749**	**15.7500**	**1.7558**	186.2885
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9508		52.8299			
7	Provider Target Rate	**61.2233**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5201**	**84.1877**	**39.0749**	**13.6500**	**1.7558**	184.1885
12/13	Medicaid Adjustment Rate		0.2741	0.1272			
14	Prospective Per Diem 11	**45.5201**	**84.4618**	**39.2021**	**13.6500**	**1.7558**	**184.5898**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325465-00 - 2013/07

202.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-Sarasota

FRVS

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

Began FRVS:	**12/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1983/07**
Indexed Asset Value	**7,011,754**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**3,390,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**11.5000**	**%**
Chase Rate:	**13.0000**	**%**
Amortization Rate:	**11.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**717,844**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,609,403**	**12.2765**
20% ROE(2):	**1,402,351**	**0.4497**
Insurance Cost(3):	**7,805**	**0.1314**
Taxes Cost(3):	**50,921**	**0.8572**
Home Office(3):	**35,795**	**0.6026**
Replacement(3&4):	**236,831**	**0.0000**
Total FRVS PD:		**14.3174**

(1) 80% Capital ($5,609,403) amortized at 11.5000% for 20 years Principal & Interest of $717,844 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $12.2765
(2) 20% ROE ($1,402,351) times the ROE factor (0.018750) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $0.4497
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5201**	**45.5201**	**1.9789**	**43.5412**	
Patient Care					
Direct Care	**84.4618**	**84.4618**	**3.6718**	**80.7900**	
Indirect Care	**39.2021**	**39.2021**	**1.7042**	**37.4979**	
Property	**13.6500**	**14.3174**	**0.6224**	**13.6950**	
ROE	**1.7558**	**0.9311**	**0.0405**	**0.8906**	
ROE Adjustment	**-0.9311**	**-0.9311**	**-0.0405**	**-0.8906**	
Quality Assess-Medicaid Share				**$18.2982**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**183.6587**	**183.5014**	**7.9773**	**202.6587**	

***Medicaid Trend Adjustment :**

0 325473-00 - 2013/07

224.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**129**	Superior:	**0**
Venice FL 34292		Days In CR	**366**	Maximum:	**47,214**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/01**	Max Annualized:	**47,085**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**39,720**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,643**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,834**		
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**						

Medicaid Utilization	**39.86405%**
Occupancy:	**84.12759%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**106.01583%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26384602**
Semester Index:	**1.32132636**
Cost:	**1.04548049**
Target:	**1.01485834**
DC FY Index:	**1.19366518**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02876420**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	837,178	1,415,210	778,073	249,544	14,528	3,294,533
1a	Audit Adjustments						
2	Cost Per Diem	52.8722	89.3779	49.1394	**15.7600**	**0.9175**	208.0670
3	Cost Per Diem Inflated	55.2769	91.9488	51.3743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.2769**	**91.9488**	**51.3743**	**15.7600**	**0.9175**	215.2775
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.0692		52.8299			
7	Provider Target Rate	**64.4079**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**91.9488**	**51.3743**	**13.6500**	**0.9175**	211.9125
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0219**	**91.9488**	**51.3743**	**13.6500**	**0.9175**	**211.9125**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325473-00 - 2013/07

224.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services

FRVS

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

Began FRVS:	**6/5/1997**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1997/01**
Indexed Asset Value	**5,596,434**
FRVS Base Asset:	**4,711,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**8.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**377,139**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,477,147**	**8.8997**
20% ROE(2):	**1,119,287**	**0.4952**
Insurance Cost(3):	**9,886**	**0.2489**
Taxes Cost(3):	**84,739**	**2.1334**
Home Office(3):	**28,001**	**0.7050**
Replacement(3&4):	**272,137**	**0.0000**
Total FRVS PD:		**12.4822**

(1) 80% Capital ($4,477,147) amortized at 8.5000% for 20 years Interest of $377,139 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = $8.8997
(2) 20% ROE ($1,119,287) times the ROE factor (0.018750) divided by annual available days (47,085) 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			
Comparison Date:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**129**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,711,854**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**91.9488**	**91.9488**	**3.9973**	**87.9515**	
Indirect Care	**51.3743**	**51.3743**	**2.2334**	**49.1409**	
Property	**13.6500**	**12.4822**	**0.5426**	**11.9396**	
ROE	**0.9175**	**0.5315**	**0.0231**	**0.5084**	
ROE Adjustment	**-0.5315**	**-0.5315**	**-0.0231**	**-0.5084**	
Quality Assess-Medicaid Share				**$15.0134**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**211.3810**	**209.8272**	**9.1218**	**224.5552**	

***Medicaid Trend Adjustment :**

0 325481-00 - 2013/07

205.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33409		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**39,744**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,974**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,702**	FY Index:	**1.27684492**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**52.08837%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.49180%**	Cost:	**1.03483699**
Open Date:	**6/1/1996**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**6/1/1996**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**6/1/1996**	Low Occupancy Adjustment Factor:			**114.03588%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02333333**
Previous Med #	**309931**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,250,224	1,477,582	965,931	302,870	32,542	4,029,149
1a	Audit Adjustments						
2	Cost Per Diem	60.3915	71.3739	46.6588	**14.6300**	**1.5719**	194.6261
3	Cost Per Diem Inflated	62.4954	73.0393	48.2843			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.4954**	**73.0393**	**48.2843**	**14.6300**	**1.5719**	200.0209
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.5044		55.1246			
7	Provider Target Rate	**72.0009**		**56.2947**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0219**	**73.0393**	**48.2843**	**13.6500**	**1.5719**	190.5674
12/13	Medicaid Adjustment Rate		0.1716	0.1134			
14	Prospective Per Diem 11	**54.0219**	**73.2109**	**48.3977**	**13.6500**	**1.5719**	**190.8524**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325481-00 - 2013/07

205.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-West Palm Beach

FRVS

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

Began FRVS:	**6/1/1996**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1996/01**
Indexed Asset Value	**5,138,073**
FRVS Base Asset:	**4,252,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**335,972**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,110,458**	**8.5229**
20% ROE(2):	**1,027,615**	**0.4020**
Insurance Cost(3):	**13,646**	**0.3433**
Taxes Cost(3):	**138,405**	**3.4824**
Home Office(3):	**24,623**	**0.6195**
Replacement(3&4):	**59,056**	**0.0000**
Total FRVS PD:		**13.3701**

(1) 80% Capital ($4,110,458) amortized at 8.2500% for 20 years Interest of $335,972 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5229
(2) 20% ROE ($1,027,615) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4020
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1995**	Used Per Bed Standard:	**35,436**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0219**	**54.0219**	**2.3485**	**51.6734**	
Patient Care					
Direct Care	**73.2109**	**73.2109**	**3.1827**	**70.0282**	
Indirect Care	**48.3977**	**48.3977**	**2.1040**	**46.2937**	
Property	**13.6500**	**13.3701**	**0.5812**	**12.7889**	
ROE	**1.5719**	**0.7973**	**0.0347**	**0.7626**	
ROE Adjustment	**-0.7973**	**-0.7973**	**-0.0347**	**-0.7626**	
Quality Assess-Medicaid Share				**$16.0173**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**190.0551**	**189.0006**	**8.2164**	**205.6379**	

***Medicaid Trend Adjustment :**

0 325490-00 - 2013/07

200.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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		**09/01/2011-08/31/2012**		Number of Beds:	**87**	Superior:	**0**
Sarasota FL 34237		Days In CR	**366**	Maximum:	**31,842**	Standard:	**184**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2013/07**	Total Patient:	**28,423**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,007**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**17,132**	FY Index:	**1.27343864**
Class at 1/94:	**South Small [3]**	Medicaid Utilization			**60.27513%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**89.26261%**	Cost:	**1.03760505**
Open Date:	**10/1/1969**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**10/1/1969**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**5/1/1970**	Low Occupancy Adjustment Factor:			**112.48688%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02475859**
Previous Med #	**309923**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	676,293	1,328,731	804,885	232,995	9,184	3,052,088
1a	Audit Adjustments						
2	Cost Per Diem	39.4754	77.5584	46.9814	**13.6000**	**0.5361**	178.1513
3	Cost Per Diem Inflated	40.9599	79.4786	48.7481			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9599**	**79.4786**	**48.7481**	**13.6000**	**0.5361**	183.3227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.7862		64.5276			
7	Provider Target Rate	**70.2463**		**65.8973**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.8204**	**105.3251**	**84.4223**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	65.0759		76.5172			
10	Target Rate Class Ceiling	**66.0428**		**77.6541**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9599**	**79.4786**	**48.7481**	**13.6000**	**0.5361**	183.3227
12/13	Medicaid Adjustment Rate		0.9187	0.5635			
14	Prospective Per Diem 11	**40.9599**	**80.3973**	**49.3116**	**13.6000**	**0.5361**	**184.8049**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325490-00 - 2013/07

200.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland Health Care Center-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	**0.015940**

Mortgage Information		
Amount:	**825,000.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**True**	
Interest Rate:	**8.5000**	**%**
Chase Rate:	**12.5000**	**%**
Amortization Rate:	**12.5000**	**%**
Interest Only:	**True**	
Yearly Payment:	**220,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,774,786**	**7.7207**
20% ROE(2):	**443,697**	**0.2475**
Insurance Cost(3):	**6,375**	**0.2243**
Taxes Cost(3):	**44,115**	**1.5521**
Home Office(3):	**16,826**	**0.5920**
Replacement(3&4):	**37,644**	**0.0000**
Total FRVS PD:		**10.3366**

(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 (0.015940) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.2475
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**147**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,189,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9599**	**40.9599**	**1.7807**	**39.1792**	
Patient Care					
Direct Care	**80.3973**	**80.3973**	**3.4951**	**76.9022**	
Indirect Care	**49.3116**	**49.3116**	**2.1437**	**47.1679**	
Property	**13.6000**	**10.3366**	**0.4494**	**9.8872**	
ROE	**0.5361**	**0.3139**	**0.0136**	**0.3003**	
ROE Adjustment	**-0.3139**	**-0.3139**	**-0.0136**	**-0.3003**	
Quality Assess-Medicaid Share				**$18.7543**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.4910**	**181.0054**	**7.8689**	**200.7272**	

***Medicaid Trend Adjustment :**

0 325520-00 - 2013/07

197.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (Delray 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	
16200 Jog Road		**05/01/2011-04/30/2012**		Number of Beds:	**120**	Superior:	**0**
Delray Beach FL 33446		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2013/07**	Total Patient:	**41,028**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,526**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,180**		
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**						

Medicaid Utilization	**36.99912%**
Occupancy:	**93.41530%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.72001%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26104493**
Semester Index:	**1.32132636**
Cost:	**1.04780276**
Target:	**1.01485834**
DC FY Index:	**1.19233184**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02991463**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	655,015	1,089,719	770,606	346,559	7,861	2,869,760
1a	Audit Adjustments						
2	Cost Per Diem	43.1499	71.7865	50.7646	**22.8300**	**0.5179**	189.0488
3	Cost Per Diem Inflated	45.2126	73.9340	53.1913			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2126**	**73.9340**	**53.1913**	**22.8300**	**0.5179**	195.6858
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.3259		52.8299			
7	Provider Target Rate	**65.6913**		**53.9513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0219**	**99.9385**	**68.0425**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	53.8793		60.9022			
10	Target Rate Class Ceiling	**54.6799**		**61.8071**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2126**	**73.9340**	**53.1913**	**13.6500**	**0.5179**	186.5058
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2126**	**73.9340**	**53.1913**	**13.6500**	**0.5179**	**186.5058**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325520-00 - 2013/07

197.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services (Delray Beach)

FRVS

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

Began FRVS:	**2/17/1999**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1999/01**
Indexed Asset Value	**5,318,727**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019790**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**7.7500**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**326,516**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,254,982**	**8.2830**
20% ROE(2):	**1,063,745**	**0.5340**
Insurance Cost(3):	**7,468**	**0.1820**
Taxes Cost(3):	**112,200**	**2.7347**
Home Office(3):	**30,592**	**0.7456**
Replacement(3&4):	**40,985**	**0.0000**
Total FRVS PD:		**12.4793**

(1) 80% Capital ($4,254,982) amortized at 7.7500% for 20 years Interest of $326,516 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2830
(2) 20% ROE ($1,063,745) times the ROE factor (0.019790) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5340
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2126**	**45.2126**	**1.9655**	**43.2471**	
Patient Care					
Direct Care	**73.9340**	**73.9340**	**3.2141**	**70.7199**	
Indirect Care	**53.1913**	**53.1913**	**2.3124**	**50.8789**	
Property	**13.6500**	**12.4793**	**0.5425**	**11.9368**	
ROE	**0.5179**	**0.0184**	**0.0008**	**0.0176**	
ROE Adjustment	**-0.0184**	**-0.0184**	**-0.0008**	**-0.0176**	
Quality Assess-Medicaid Share				**$11.8830**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**186.4874**	**184.8172**	**8.0345**	**197.5021**	

***Medicaid Trend Adjustment :**

0 325678-00 - 2013/07

219.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-Carrollwood

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**06/01/2011-05/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33618		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Hillsborough[29]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2013/07**	Total Patient:	**40,385**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,132**	Inflation	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,156**	FY Index:	**1.26384602**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**32.57645%**	Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**	Occupancy:			**91.95127%**	Cost:	**1.04548049**
Open Date:	**5/18/1990**	Statewide Low Occupancy Threshold:			**79.35380%**	Target:	**1.01485834**
Acquired Date:	**5/18/1990**	Medicaid Low Occupancy Threshold:			**41.45590%**	**DC FY Index:**	**1.19366518**
Entered Medicaid	**7/20/1990**	Low Occupancy Adjustment Factor:			**115.87508%**	**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02876420**
Previous Med #	**319350**					**PS Target:**	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,138,937	1,099,892	725,236	182,605	19,265	3,165,935
1a	Audit Adjustments						
2	Cost Per Diem	86.5717	83.6038	55.1259	**13.8800**	**1.4644**	240.6458
3	Cost Per Diem Inflated	90.5090	86.0086	57.6331			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**90.5090**	**86.0086**	**57.6331**	**13.8800**	**1.4644**	249.4951
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.0146		57.7728			
7	Provider Target Rate	**65.3734**		**58.9991**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**86.0086**	**57.6331**	**13.6500**	**1.4644**	210.3367
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**86.0086**	**57.6331**	**13.6500**	**1.4644**	**210.3367**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325678-00 - 2013/07

219.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-Carrollwood

FRVS

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

Began FRVS:	**7/20/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/01**
Indexed Asset Value	**5,101,279**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**405,063**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,081,023**	**10.2756**
20% ROE(2):	**1,020,256**	**0.4853**
Insurance Cost(3):	**5,960**	**0.1476**
Taxes Cost(3):	**53,468**	**1.3240**
Home Office(3):	**29,887**	**0.7401**
Replacement(3&4):	**92,403**	**0.0000**
Total FRVS PD:		**12.9726**

(1) 80% Capital ($4,081,023) amortized at 10.0000% for 20 years Interest of $405,063 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2756
(2) 20% ROE ($1,020,256) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4853
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**86.0086**	**86.0086**	**3.7391**	**82.2695**	
Indirect Care	**57.6331**	**57.6331**	**2.5055**	**55.1276**	
Property	**13.6500**	**12.9726**	**0.5640**	**12.4086**	
ROE	**1.4644**	**0.7704**	**0.0335**	**0.7369**	
ROE Adjustment	**-0.7704**	**-0.7704**	**-0.0335**	**-0.7369**	
Quality Assess-Medicaid Share				**$11.9256**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**209.5663**	**208.1949**	**9.0510**	**219.9059**	

***Medicaid Trend Adjustment :**

0 325686-00 - 2013/07

195.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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	**10/01/2011-09/30/2012**	Number of Beds: **120**	Superior: **184**
Dunedin FL 34698	Days In CR **366**	Maximum: **43,920**	Standard: **0**
County: **Pinellas[52]**	First Used: **2013/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2013/07**	Total Patient: **40,000**	Total: **184**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **13,784**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **19,923**	
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**			

Medicaid Utilization	**49.80750%**
Occupancy:	**91.07468%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**114.77041%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,091,490	1,428,453	869,168	322,952	24,538	4,736,601
1a	Audit Adjustments						
2	Cost Per Diem	104.9787	71.6987	43.6264	**16.2100**	**1.2316**	237.7454
3	Cost Per Diem Inflated	108.6358	73.3717	45.1462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**108.6358**	**73.3717**	**45.1462**	**16.2100**	**1.2316**	244.5953
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.6434		52.5267			
7	Provider Target Rate	**67.0368**		**53.6416**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**73.3717**	**45.1462**	**13.6500**	**1.2316**	184.9801
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**73.3717**	**45.1462**	**13.6500**	**1.2316**	**184.9801**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325686-00 - 2013/07

195.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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	**3,762,981**
FRVS Base Asset:	**3,043,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**8.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**8.2500**	**%**
Interest Only:	**True**	
Yearly Payment:	**246,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,010,385**	**6.2419**
20% ROE(2):	**752,596**	**0.2944**
Insurance Cost(3):	**13,689**	**0.3422**
Taxes Cost(3):	**60,210**	**1.5052**
Home Office(3):	**24,825**	**0.6206**
Replacement(3&4):	**271,402**	**0.0000**
Total FRVS PD:		**9.0043**

(1) 80% Capital ($3,010,385) amortized at 8.2500% for 20 years Interest of $246,057 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.2419
(2) 20% ROE ($752,596) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2944
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1982**	Used Per Bed Standard:	**25,365**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**73.3717**	**73.3717**	**3.1897**	**70.1820**	
Indirect Care	**45.1462**	**45.1462**	**1.9626**	**43.1836**	
Property	**13.6500**	**9.0043**	**0.3914**	**8.6129**	
ROE	**1.2316**	**0.6514**	**0.0283**	**0.6231**	
ROE Adjustment	**-0.6514**	**-0.6514**	**-0.0283**	**-0.6231**	
Quality Assess-Medicaid Share				**$15.5854**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**184.3287**	**179.1028**	**7.7861**	**195.7385**	

***Medicaid Trend Adjustment :**

0 325694-00 - 2013/07

199.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-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	
2851 Tampa Road		**06/01/2011-05/31/2012**		Number of Beds:	**180**	Superior:	**184**
Palm Harbor FL 34684		Days In CR	**366**	Maximum:	**65,880**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**61,546**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,048**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,055**	FY Index:	**1.26384602**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.32132636**
Operating Ex	**> 18 months [1]**					Cost:	**1.04548049**
Open Date:	**9/28/1990**					Target:	**1.01485834**
Acquired Date:	**9/28/1990**					**DC FY Index:**	**1.19366518**
Entered Medicaid	**9/28/1990**					**DC Sem Index:**	**1.22800000**
Med # Active Date:	**12/20/2007**					**DC Inflation:**	**1.02876420**
Previous Med #	**310395**					**PS Target:**	**1.02122620**

Medicaid Utilization	**45.58379%**
Occupancy:	**93.42137%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**117.72766%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,764,740	2,100,237	1,131,093	397,259	44,485	5,437,814
1a	Audit Adjustments						
2	Cost Per Diem	62.9029	74.8614	40.3170	**14.1600**	**1.5856**	193.8269
3	Cost Per Diem Inflated	65.7638	77.0147	42.1506			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.7638**	**77.0147**	**42.1506**	**14.1600**	**1.5856**	200.6747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.7353		50.8005			
7	Provider Target Rate	**59.9820**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**77.0147**	**42.1506**	**13.6500**	**1.5856**	185.9815
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5806**	**77.0147**	**42.1506**	**13.6500**	**1.5856**	**185.9815**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325694-00 - 2013/07

199.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

ManorCare Health Services-Palm Harbor

FRVS

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

Began FRVS:	**9/28/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**7,030,921**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018750**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**10.0000**	**%**
Chase Rate:	**10.0000**	**%**
Amortization Rate:	**10.0000**	**%**
Interest Only:	**True**	
Yearly Payment:	**558,284**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,624,737**	**9.4416**
20% ROE(2):	**1,406,184**	**0.4459**
Insurance Cost(3):	**11,529**	**0.1873**
Taxes Cost(3):	**101,132**	**1.6432**
Home Office(3):	**37,559**	**0.6103**
Replacement(3&4):	**231,484**	**0.0000**
Total FRVS PD:		**12.3283**

(1) 80% Capital ($5,624,737) amortized at 10.0000% for 20 years Interest of $558,284 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.4416
(2) 20% ROE ($1,406,184) times the ROE factor (0.018750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4459
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**180**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**77.0147**	**77.0147**	**3.3481**	**73.6666**	
Indirect Care	**42.1506**	**42.1506**	**1.8324**	**40.3182**	
Property	**13.6500**	**12.3283**	**0.5360**	**11.7923**	
ROE	**1.5856**	**0.8368**	**0.0364**	**0.8004**	
ROE Adjustment	**-0.8368**	**-0.8368**	**-0.0364**	**-0.8004**	
Quality Assess-Medicaid Share				**$15.6475**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**185.1447**	**183.0742**	**7.9589**	**199.5992**	

***Medicaid Trend Adjustment :**

0 325708-00 - 2013/07

197.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

Heartland of Zephyrills

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Zephyrhills FL 33540		Days In CR	**366**	Maximum:	**43,920**	Standard:	**184**
County:	**Pasco[51]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2013/07**	Total Patient:	**39,077**	Total:	**184**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,779**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,462**		
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**						

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.32132636**
Cost:	**1.03483699**
Target:	**1.01485834**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02333333**
PS Target:	**1.02122620**

Medicaid Utilization		**60.04043%**
Occupancy:		**88.97313%**
Statewide Low Occupancy Threshold:		**79.35380%**
Medicaid Low Occupancy Threshold:		**41.45590%**
Low Occupancy Adjustment Factor:		**112.12208%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,270,991	1,604,939	1,026,113	242,362	22,586	4,166,991
1a	Audit Adjustments						
2	Cost Per Diem	54.1723	68.4059	43.7351	**10.3300**	**0.9627**	177.6060
3	Cost Per Diem Inflated	56.0595	70.0020	45.2587			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0595**	**70.0020**	**45.2587**	**10.3300**	**0.9627**	182.6129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.4319		50.8005			
7	Provider Target Rate	**60.6934**		**51.8788**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.5806**	**98.1795**	**64.9688**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.1545		59.0236			
10	Target Rate Class Ceiling	**51.9146**		**59.9006**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.5806**	**70.0020**	**45.2587**	**10.3300**	**0.9627**	178.1340
12/13	Medicaid Adjustment Rate		0.7907	0.5112			
14	Prospective Per Diem 11	**51.5806**	**70.7927**	**45.7699**	**10.3300**	**0.9627**	**179.4359**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325708-00 - 2013/07

197.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

Heartland of Zephyrills

FRVS

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

Began FRVS:	**2/4/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**5,631,516**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

Mortgage Information		
Amount:	**4,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.0150**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**6.0150**	**%**
Interest Only:	**False**	
Yearly Payment:	**387,789**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,505,213**	**9.8374**
20% ROE(2):	**1,126,303**	**0.4406**
Insurance Cost(3):	**10,853**	**0.2777**
Taxes Cost(3):	**55,155**	**1.4114**
Home Office(3):	**23,320**	**0.5968**
Replacement(3&4):	**163,911**	**0.0000**
Total FRVS PD:		**12.5639**

(1) 80% Capital ($4,505,213) amortized at 6.0150% for 20 years Principal & Interest of $387,789 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8374
(2) 20% ROE ($1,126,303) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4406
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5806**	**51.5806**	**2.2424**	**49.3382**	
Patient Care					
Direct Care	**70.7927**	**70.7927**	**3.0776**	**67.7151**	
Indirect Care	**45.7699**	**45.7699**	**1.9898**	**43.7801**	
Property	**10.3300**	**12.5639**	**0.5462**	**12.0177**	
ROE	**0.9627**	**0.5061**	**0.0220**	**0.4841**	
ROE Adjustment	**-0.5061**	**-0.5061**	**-0.0220**	**-0.4841**	
Quality Assess-Medicaid Share				**$16.0034**	
Supplemental Rate Add-on				**$8.8364**	
Totals	**178.9298**	**180.7071**	**7.8560**	**197.6909**	

***Medicaid Trend Adjustment :**

0 326011-00 - 2013/07

214.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 07/01/2013 through 12/31/2013

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		**05/01/2011-04/30/2012**		Number of Beds:	**36**	Superior:	**0**
Orange Park FL 32073		Days In CR	**366**	Maximum:	**13,176**	Standard:	**184**
County: **Clay[10]**		First Used:	**2013/01**	Max Annualized:	**13,140**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2013/07**	Total Patient:	**10,808**	Total:	**184**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**938**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**6,366**		
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 #							

Medicaid Utilization	**58.90081%**
Occupancy:	**82.02793%**
Statewide Low Occupancy Threshold:	**79.35380%**
Medicaid Low Occupancy Threshold:	**41.45590%**
Low Occupancy Adjustment Factor:	**103.36988%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26104493**
Semester Index:	**1.32132636**
Cost:	**1.04780276**
Target:	**1.01485834**
DC FY Index:	**1.19233184**
DC Sem Index:	**1.22800000**
DC Inflation:	**1.02991463**
PS Target:	**1.02122620**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	446,448	698,353	683,733	82,758	0	1,911,292
1a	Audit Adjustments						
2	Cost Per Diem	70.1301	109.7004	107.4039	**13.0000**		300.2344
3	Cost Per Diem Inflated	73.4825	112.9820	112.5381			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.4825**	**112.9820**	**112.5381**	**13.0000**		312.0026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.0159		105.0548			
7	Provider Target Rate	**71.5021**		**107.2847**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**55.1732**	**93.8851**	**69.0511**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.8317		62.9999			
10	Target Rate Class Ceiling	**52.6018**		**63.9360**			
10a	New Provider Target Limitation	**53.4732**		**63.2179**			
10b	Base for line 10a	52.3618		61.9039			
11	Lesser of 5,7,8,10, 10a	**52.6018**	**93.8851**	**63.2179**	**13.0000**		222.7048
12/13	Medicaid Adjustment Rate		0.9401	0.6330			
14	Prospective Per Diem 11	**52.6018**	**94.8252**	**63.8509**	**13.0000**		**224.2779**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 326011-00 - 2013/07

214.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 07/01/2013 through 12/31/2013

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	**449,508**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.019790**

Mortgage Information		
Amount:	**0.00**	
Type:	**None [1]**	
< 60% of Base:	**True**	
Interest Rate:	**0.0000**	**%**
Chase Rate:	**7.7500**	**%**
Amortization Rate:	**7.7500**	**%**
Interest Only:	**True**	
Yearly Payment:	**27,595**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**359,606**	**2.3334**
20% ROE(2):	**89,902**	**0.1504**
Insurance Cost(3):	**15,911**	**1.4722**
Taxes Cost(3):	**1,354**	**0.1253**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**178,801**	**0.0000**
Total FRVS PD:		**4.0813**

(1) 80% Capital ($359,606) amortized at 7.7500% for 20 years Interest of $27,595 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $2.3334
(2) 20% ROE ($89,902) times the ROE factor (0.019790) divided by annual available days (13,140) 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			
Comparison Date:	**1/1/1972**	Used Per Bed Standard:	**10,669**
Comparison Bed	**36**	Current RS PBS:	**50,813**
		Effective PBS Limitation	**384,084**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6018**	**52.6018**	**2.2868**	**50.3150**	
Patient Care					
Direct Care	**94.8252**	**94.8252**	**4.1224**	**90.7028**	
Indirect Care	**63.8509**	**63.8509**	**2.7758**	**61.0751**	
Property	**13.0000**	**4.0813**	**0.1774**	**3.9039**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.8364**	
Totals	**224.2779**	**215.3592**	**9.3624**	**214.8332**	

***Medicaid Trend Adjustment :**