0 001135-00 - 2014/01

221.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**151**
County:	**Suwannee[61]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**30**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,316**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,967**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**11,351**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/21/1988**						
Acquired Date:	**1/21/1988**						
Entered Medicaid	**1/21/1988**						
Med # Active Date:	**6/1/2008**						
Previous Med #	**257109**						

Medicaid Utilization	**55.87222%**
Occupancy:	**92.51366%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.02025%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	62.6559	72.0470	58.8553			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.6559**	**72.0470**	**58.8553**	**36.3500**		229.9082
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.9538		54.8179			
7	Provider Target Rate	**56.4975**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**72.0470**	**56.3577**	**13.6500**		195.6908
12/13	Medicaid Adjustment Rate		0.3971	0.3106			
14	Prospective Per Diem 11	**53.6361**	**72.4441**	**56.6683**	**13.6500**		**196.3985**
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 01/01/2014 through 06/30/2014

Surrey Place Care Center

FRVS

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

Began FRVS:	**1/21/1988**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1988/01**
Indexed Asset Value	**3,041,980**
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:	**321,754**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,433,584**	**16.3244**
20% ROE(2):	**608,396**	**0.4760**
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:		**20.5469**

(1) 80% Capital ($2,433,584) amortized at 12.0100% for 20 years Principal & Interest of $321,754 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $16.3244
(2) 20% ROE ($608,396) times the ROE factor (0.015420) divided by annual available days (21,900) 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:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**72.4441**	**72.4441**	**3.1170**	**69.3271**	
Indirect Care	**56.6683**	**56.6683**	**2.4382**	**54.2301**	
Property	**13.6500**	**20.5469**	**0.8841**	**19.6628**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3631**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.3985**	**203.2954**	**8.7471**	**221.6048**	

***Medicaid Trend Adjustment :**

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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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**40,334**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.17668%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	52.4254	80.7712	58.1233			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4254**	**80.7712**	**58.1233**	**40.3000**		231.6199
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7820		53.9513			
7	Provider Target Rate	**51.1804**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.1804**	**80.7712**	**55.4668**	**13.6500**		201.0684
12/13	Medicaid Adjustment Rate		0.2242	0.1539			
14	Prospective Per Diem 11	**51.1804**	**80.9954**	**55.6207**	**13.6500**		**201.4465**
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 01/01/2014 through 06/30/2014

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	**5,772,681**
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:	**481,517**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,618,145**	**12.2150**
20% ROE(2):	**1,154,536**	**0.4516**
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:		**16.0575**

(1) 80% Capital ($4,618,145) amortized at 10.5000% for 20 years Interest of $481,517 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2150
(2) 20% ROE ($1,154,536) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4516
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1804**	**51.1804**	**2.2021**	**48.9783**	
Patient Care					
Direct Care	**80.9954**	**80.9954**	**3.4849**	**77.5105**	
Indirect Care	**55.6207**	**55.6207**	**2.3931**	**53.2276**	
Property	**13.6500**	**16.0575**	**0.6909**	**15.3666**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9161**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.4465**	**203.8540**	**8.7710**	**220.6925**	

***Medicaid Trend Adjustment :**

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201.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**24**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**366**	Maximum:	**8,784**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2014/01**	Max Annualized:	**8,760**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**8,251**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**0**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,799**		
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	**46.04290%**
Occupancy:	**93.93215%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.78383%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	179,314	280,954	266,213	14,094	0	740,575
1a	Audit Adjustments						
2	Cost Per Diem	47.2003	73.9547	70.0745	**3.7099**		194.9394
3	Cost Per Diem Inflated	49.4472	75.9842	73.4103			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4472**	**75.9842**	**73.4103**	**3.7099**		202.5516
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4162		82.8116			
7	Provider Target Rate	**58.0009**		**85.1378**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**69.5503**		**76.8881**			
10b	Base for line 10a	67.6500		74.7873			
11	Lesser of 5,7,8,10, 10a	**49.4472**	**75.9842**	**73.4103**	**3.7099**		202.5516
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.4472**	**75.9842**	**73.4103**	**3.7099**		**202.5516**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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201.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**258,764**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**12,270**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**207,011**	**1.5563**
20% ROE(2):	**51,753**	**0.0957**
Insurance Cost(3):	**9,130**	**1.1065**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,514**	**0.0000**
Total FRVS PD:		**2.7585**

(1) 80% Capital ($207,011) amortized at 6.0000% for 20 years Interest of $12,270 divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $1.5563
(2) 20% ROE ($51,753) times the ROE factor (0.014580) divided by annual available days (8,760) divided by Occup. Adj. (0.9000) = $0.0957
(3) 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:	**51,248**
		Effective PBS Limitation	**256,056**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4472**	**49.4472**	**2.1275**	**47.3197**	
Patient Care					
Direct Care	**75.9842**	**75.9842**	**3.2693**	**72.7149**	
Indirect Care	**73.4103**	**73.4103**	**3.1586**	**70.2517**	
Property	**3.7099**	**2.7585**	**0.1187**	**2.6398**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.5516**	**201.6002**	**8.6741**	**201.6195**	

***Medicaid Trend Adjustment :**

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245.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**104**	Superior:	**0**
Port Charlotte FL 33952		Days In CR	**366**	Maximum:	**38,064**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2014/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**35,753**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,262**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,150**		
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	**47.96800%**
Occupancy:	**93.92865%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.77947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	908,824	1,658,933	1,061,124	407,827	2,848	4,039,556
1a	Audit Adjustments						
2	Cost Per Diem	52.9927	96.7308	61.8731	**23.7800**	**0.1661**	235.5427
3	Cost Per Diem Inflated	55.5154	99.3854	64.8185			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.5154**	**99.3854**	**64.8185**	**23.7800**	**0.1661**	243.6654
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.4533		71.5690			
7	Provider Target Rate	**76.5447**		**73.5794**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**59.5540**		**67.1904**			
10b	Base for line 10a	57.9268		65.3546			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**	**0.1661**	228.2542
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**63.0224**	**13.6500**	**0.1661**	**228.2542**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 002400-00 - 2014/01

245.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,329,792**
FRVS Base Asset:	**3,036,280**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**427,973**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,263,834**	**12.5270**
20% ROE(2):	**1,065,958**	**0.4549**
Insurance Cost(3):	**68,650**	**1.9201**
Taxes Cost(3):	**53,116**	**1.4856**
Home Office(3):	**31,955**	**0.8938**
Replacement(3&4):	**103,316**	**0.0000**
Total FRVS PD:		**17.2814**

(1) 80% Capital ($4,263,834) amortized at 8.0000% for 20 years Principal & Interest of $427,973 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $12.5270
(2) 20% ROE ($1,065,958) times the ROE factor (0.014580) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4549
(3) 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:	**51,248**
		Effective PBS Limitation	**3,036,280**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**17.2814**	**0.7436**	**16.5378**	
ROE	**0.1661**	**0.1659**	**0.0071**	**0.1588**	
ROE Adjustment	**-0.1659**	**-0.1659**	**-0.0071**	**-0.1588**	
Quality Assess-Medicaid Share				**$14.9425**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.0883**	**231.7195**	**9.9701**	**245.3853**	

***Medicaid Trend Adjustment :**

4

0 003521-00 - 2014/01

210.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,086**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.30542%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	46.2566	73.9102	69.6044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2566**	**73.9102**	**69.6044**	**42.9900**		232.7612
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9126		86.9461			
7	Provider Target Rate	**61.5955**		**89.3884**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.1708**		**58.9627**			
10b	Base for line 10a	50.7454		57.3517			
11	Lesser of 5,7,8,10, 10a	**46.2566**	**73.9102**	**58.9627**	**13.6500**		192.7795
12/13	Medicaid Adjustment Rate		0.2271	0.1811			
14	Prospective Per Diem 11	**46.2566**	**74.1373**	**59.1438**	**13.6500**		**193.1877**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 003521-00 - 2014/01

210.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,877,446**
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:	**340,134**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,701,957**	**8.6285**
20% ROE(2):	**1,175,489**	**0.4348**
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:		**15.8356**

(1) 80% Capital ($4,701,957) amortized at 3.9400% for 20 years Principal & Interest of $340,134 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6285
(2) 20% ROE ($1,175,489) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4348
(3) 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:	**51,248**
		Effective PBS Limitation	**5,604,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2566**	**46.2566**	**1.9902**	**44.2664**	
Patient Care					
Direct Care	**74.1373**	**74.1373**	**3.1898**	**70.9475**	
Indirect Care	**59.1438**	**59.1438**	**2.5447**	**56.5991**	
Property	**13.6500**	**15.8356**	**0.6813**	**15.1543**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.9530**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.1877**	**195.3733**	**8.4060**	**210.6137**	

***Medicaid Trend Adjustment :**

2

0 005219-00 - 2014/01

219.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Osceola[49]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**40,645**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.05705%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	46.7163	79.1891	56.1576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7163**	**79.1891**	**56.1576**	**22.5300**		204.5930
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8275		61.1753			
7	Provider Target Rate	**57.3957**		**62.8937**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.8441**		**59.0806**			
10b	Base for line 10a	49.4549		57.4664			
11	Lesser of 5,7,8,10, 10a	**46.7163**	**79.1891**	**56.1576**	**13.6500**		195.7130
12/13	Medicaid Adjustment Rate		1.1144	0.7903			
14	Prospective Per Diem 11	**46.7163**	**80.3035**	**56.9479**	**13.6500**		**197.6177**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005219-00 - 2014/01

219.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,600,332**
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:	**554,938**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,480,266**	**14.0776**
20% ROE(2):	**1,120,066**	**0.5060**
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:		**17.0170**

(1) 80% Capital ($4,480,266) amortized at 11.0000% for 20 years Principal & Interest of $554,938 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.0776
(2) 20% ROE ($1,120,066) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5060
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7163**	**46.7163**	**2.0100**	**44.7063**	
Patient Care					
Direct Care	**80.3035**	**80.3035**	**3.4552**	**76.8483**	
Indirect Care	**56.9479**	**56.9479**	**2.4503**	**54.4976**	
Property	**13.6500**	**17.0170**	**0.7322**	**16.2848**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6978**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.6177**	**200.9847**	**8.6477**	**219.7282**	

***Medicaid Trend Adjustment :**

0 005372-00 - 2014/01

197.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**181**
Debary FL 32713		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,463**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,736**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,630**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1983**						
Acquired Date:	**7/1/1983**						
Entered Medicaid	**7/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213551**						

Medicaid Utilization	**69.04951%**
Occupancy:	**94.40574%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.37263%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,857	2,259,898	1,114,215	776,732	0	5,233,702
1a	Audit Adjustments						
2	Cost Per Diem	37.8225	78.9346	38.9177	**27.1300**		182.8048
3	Cost Per Diem Inflated	39.6230	81.1008	40.7703			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6230**	**81.1008**	**40.7703**	**27.1300**		188.6241
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2483		55.8625			
7	Provider Target Rate	**43.4351**		**57.4317**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**48.3651**		**58.8207**			
10b	Base for line 10a	47.0436		57.2136			
11	Lesser of 5,7,8,10, 10a	**39.6230**	**81.1008**	**40.7703**	**13.6500**		175.1441
12/13	Medicaid Adjustment Rate		1.7380	0.8737			
14	Prospective Per Diem 11	**39.6230**	**82.8388**	**41.6440**	**13.6500**		**177.7558**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005372-00 - 2014/01

197.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,980,142**
FRVS Base Asset:	**1,460,322**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**411,126**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,984,114**	**10.4294**
20% ROE(2):	**996,028**	**0.3684**
Insurance Cost(3):	**31,910**	**0.7696**
Taxes Cost(3):	**43,900**	**1.0588**
Home Office(3):	**63,532**	**1.5323**
Replacement(3&4):	**155,212**	**0.0000**
Total FRVS PD:		**14.1585**

(1) 80% Capital ($3,984,114) amortized at 8.3750% for 20 years Principal & Interest of $411,126 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4294
(2) 20% ROE ($996,028) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3684
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.6230**	**39.6230**	**1.7048**	**37.9182**	
Patient Care					
Direct Care	**82.8388**	**82.8388**	**3.5642**	**79.2746**	
Indirect Care	**41.6440**	**41.6440**	**1.7918**	**39.8522**	
Property	**13.6500**	**14.1585**	**0.6092**	**13.5493**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6935**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.7558**	**178.2643**	**7.6700**	**197.9812**	

***Medicaid Trend Adjustment :**

0 005374-00 - 2014/01

209.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Bunnell FL 32110		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Flagler[18]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,424**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,809**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,895**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/25/1985**						
Acquired Date:	**11/25/1985**						
Entered Medicaid	**11/25/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213519**						

Medicaid Utilization	**59.11092%**
Occupancy:	**92.04007%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.43145%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,527	1,883,774	1,186,736	634,651	0	4,787,688
1a	Audit Adjustments						
2	Cost Per Diem	45.3035	78.8355	49.6646	**26.5600**		200.3636
3	Cost Per Diem Inflated	47.4601	80.9990	52.0288			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4601**	**80.9990**	**52.0288**	**26.5600**		207.0479
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8261		58.5420			
7	Provider Target Rate	**43.0010**		**60.1864**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.0085**		**58.8741**			
10b	Base for line 10a	45.7241		57.2655			
11	Lesser of 5,7,8,10, 10a	**43.0010**	**80.9990**	**52.0288**	**13.6500**		189.6788
12/13	Medicaid Adjustment Rate		0.8302	0.5333			
14	Prospective Per Diem 11	**43.0010**	**81.8292**	**52.5621**	**13.6500**		**191.0423**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005374-00 - 2014/01

209.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,140,494**
FRVS Base Asset:	**2,444,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**423,892**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,312,395**	**10.7532**
20% ROE(2):	**828,099**	**0.3063**
Insurance Cost(3):	**29,524**	**0.7304**
Taxes Cost(3):	**31,468**	**0.7784**
Home Office(3):	**66,121**	**1.6357**
Replacement(3&4):	**117,195**	**0.0000**
Total FRVS PD:		**14.2040**

(1) 80% Capital ($3,312,395) amortized at 11.5000% for 20 years Principal & Interest of $423,892 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7532
(2) 20% ROE ($828,099) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3063
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**100**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0010**	**43.0010**	**1.8502**	**41.1508**	
Patient Care					
Direct Care	**81.8292**	**81.8292**	**3.5208**	**78.3084**	
Indirect Care	**52.5621**	**52.5621**	**2.2615**	**50.3006**	
Property	**13.6500**	**14.2040**	**0.6111**	**13.5929**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4528**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.0423**	**191.5963**	**8.2436**	**209.4989**	

***Medicaid Trend Adjustment :**

0 005379-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Seminole[59]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,039**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.17239%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	45.7921	78.3614	46.8430			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7921**	**78.3614**	**46.8430**	**26.8600**		197.8565
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3813		58.8624			
7	Provider Target Rate	**45.6280**		**60.5158**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.2680**		**60.6972**			
10b	Base for line 10a	48.8946		59.0388			
11	Lesser of 5,7,8,10, 10a	**45.6280**	**78.3614**	**46.8430**	**13.6500**		184.4824
12/13	Medicaid Adjustment Rate		1.4643	0.8753			
14	Prospective Per Diem 11	**45.6280**	**79.8257**	**47.7183**	**13.6500**		**186.8220**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005379-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**4,166,957**
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:	**326,854**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,333,566**	**8.2916**
20% ROE(2):	**833,391**	**0.3082**
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:		**11.8316**

(1) 80% Capital ($3,333,566) amortized at 7.6872% for 20 years Principal & Interest of $326,854 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2916
(2) 20% ROE ($833,391) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3082
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.6280**	**45.6280**	**1.9632**	**43.6648**	
Patient Care					
Direct Care	**79.8257**	**79.8257**	**3.4346**	**76.3911**	
Indirect Care	**47.7183**	**47.7183**	**2.0531**	**45.6652**	
Property	**13.6500**	**11.8316**	**0.5091**	**11.3225**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2217**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.8220**	**185.0036**	**7.9600**	**205.9587**	

***Medicaid Trend Adjustment :**

5

0 005380-00 - 2014/01

210.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Maitland FL 32751		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**50,466**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,477**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,234**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1983**						
Acquired Date:	**3/1/1983**						
Entered Medicaid	**3/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214167**						

Medicaid Utilization	**69.81730%**
Occupancy:	**76.60291%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.23876%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,398,298	2,713,004	1,669,986	801,926	0	6,583,214
1a	Audit Adjustments						
2	Cost Per Diem	39.6860	76.9996	47.3970	**22.7600**		186.8426
3	Cost Per Diem Inflated	41.5752	79.1127	49.6533			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5752**	**79.1127**	**49.6533**	**22.7600**		193.1012
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8649		60.8064			
7	Provider Target Rate	**54.3499**		**62.5145**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**54.8804**		**62.2773**			
10b	Base for line 10a	53.3809		60.5757			
11	Lesser of 5,7,8,10, 10a	**41.5752**	**79.1127**	**49.6533**	**13.6500**		183.9912
12/13	Medicaid Adjustment Rate		1.7638	1.1070			
14	Prospective Per Diem 11	**41.5752**	**80.8765**	**50.7603**	**13.6500**		**186.8620**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 005380-00 - 2014/01

210.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,119,683**
FRVS Base Asset:	**3,384,742**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**761,301**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,895,746**	**12.8750**
20% ROE(2):	**1,223,937**	**0.3018**
Insurance Cost(3):	**45,983**	**0.9112**
Taxes Cost(3):	**64,947**	**1.2869**
Home Office(3):	**72,594**	**1.4385**
Replacement(3&4):	**161,138**	**0.0000**
Total FRVS PD:		**16.8134**

(1) 80% Capital ($4,895,746) amortized at 14.7160% for 20 years Principal & Interest of $761,301 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.8750
(2) 20% ROE ($1,223,937) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3018
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5752**	**41.5752**	**1.7888**	**39.7864**	
Patient Care					
Direct Care	**80.8765**	**80.8765**	**3.4798**	**77.3967**	
Indirect Care	**50.7603**	**50.7603**	**2.1840**	**48.5763**	
Property	**13.6500**	**16.8134**	**0.7234**	**16.0900**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7746**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.8620**	**190.0254**	**8.1760**	**210.3174**	

***Medicaid Trend Adjustment :**

3

0 005381-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**97**	Superior:	**0**
Monticello FL 32344		Days In CR	**366**	Maximum:	**35,502**	Standard:	**181**
County:	**Jefferson[33]**	First Used:	**2014/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**30,675**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,493**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**21,790**		
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	**71.03504%**
Occupancy:	**86.40358%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.42372%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	917,676	1,705,320	766,742	445,823	0	3,835,561
1a	Audit Adjustments						
2	Cost Per Diem	42.1145	78.2616	35.1878	**20.4600**		176.0239
3	Cost Per Diem Inflated	44.1193	80.4093	36.8629			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1193**	**80.4093**	**36.8629**	**20.4600**		181.8515
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4538		54.8179			
7	Provider Target Rate	**45.7025**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**48.8003**		**61.1433**			
10b	Base for line 10a	47.4670		59.4727			
11	Lesser of 5,7,8,10, 10a	**44.1193**	**80.4093**	**36.8629**	**13.6500**		175.0415
12/13	Medicaid Adjustment Rate		1.9028	0.8723			
14	Prospective Per Diem 11	**44.1193**	**82.3121**	**37.7352**	**13.6500**		**177.8166**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 005381-00 - 2014/01

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 01/01/2014 through 06/30/2014

Brynwood 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	**3,608,389**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**344,682**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,886,711**	**10.8171**
20% ROE(2):	**721,678**	**0.3302**
Insurance Cost(3):	**19,423**	**0.6332**
Taxes Cost(3):	**35,462**	**1.1561**
Home Office(3):	**52,087**	**1.6980**
Replacement(3&4):	**124,752**	**0.0000**
Total FRVS PD:		**14.6346**

(1) 80% Capital ($2,886,711) amortized at 10.4500% for 20 years Principal & Interest of $344,682 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $10.8171
(2) 20% ROE ($721,678) times the ROE factor (0.014580) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.3302
(3) 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:	**51,248**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1193**	**44.1193**	**1.8983**	**42.2210**	
Patient Care					
Direct Care	**82.3121**	**82.3121**	**3.5416**	**78.7705**	
Indirect Care	**37.7352**	**37.7352**	**1.6236**	**36.1116**	
Property	**13.6500**	**14.6346**	**0.6297**	**14.0049**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0830**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.8166**	**178.8012**	**7.6932**	**201.8844**	

***Medicaid Trend Adjustment :**

2

0 005383-00 - 2014/01

205.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Marianna FL 32446		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County: **Jackson[32]**		First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**19,411**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,278**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,618**		
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	**59.85266%**
Occupancy:	**88.39253%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.89654%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	488,759	805,138	594,135	390,946	0	2,278,978
1a	Audit Adjustments						
2	Cost Per Diem	42.0691	69.3009	51.1392	**33.6500**		196.1592
3	Cost Per Diem Inflated	44.0718	71.2027	53.5736			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0718**	**71.2027**	**53.5736**	**33.6500**		202.4981
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1953		62.1788			
7	Provider Target Rate	**46.4648**		**63.9254**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**50.9225**		**61.3741**			
10b	Base for line 10a	49.5312		59.6972			
11	Lesser of 5,7,8,10, 10a	**44.0718**	**71.2027**	**53.5736**	**13.6500**		182.4981
12/13	Medicaid Adjustment Rate		0.7892	0.5938			
14	Prospective Per Diem 11	**44.0718**	**71.9919**	**54.1674**	**13.6500**		**183.8811**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005383-00 - 2014/01

205.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,586,559**
FRVS Base Asset:	**1,711,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**252,091**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,069,247**	**12.7900**
20% ROE(2):	**517,312**	**0.3827**
Insurance Cost(3):	**16,712**	**0.8610**
Taxes Cost(3):	**9,259**	**0.4770**
Home Office(3):	**39,054**	**2.0120**
Replacement(3&4):	**149,974**	**0.0000**
Total FRVS PD:		**16.5227**

(1) 80% Capital ($2,069,247) amortized at 10.7500% for 20 years Principal & Interest of $252,091 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.7900
(2) 20% ROE ($517,312) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3827
(3) 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:	**51,248**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0718**	**44.0718**	**1.8962**	**42.1756**	
Patient Care					
Direct Care	**71.9919**	**71.9919**	**3.0975**	**68.8944**	
Indirect Care	**54.1674**	**54.1674**	**2.3306**	**51.8368**	
Property	**13.6500**	**16.5227**	**0.7109**	**15.8118**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1441**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.8811**	**186.7538**	**8.0352**	**205.5561**	

***Medicaid Trend Adjustment :**

0 005384-00 - 2014/01

219.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**115**	Superior:	**0**
Panama City FL 32401		Days In CR	**366**	Maximum:	**42,090**	Standard:	**181**
County:	**Bay[3]**	First Used:	**2014/01**	Max Annualized:	**41,975**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**39,983**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,615**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,489**		
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	**66.25066%**
Occupancy:	**94.99406%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.10408%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,295	2,209,100	1,336,184	821,954	0	5,417,533
1a	Audit Adjustments						
2	Cost Per Diem	39.6502	83.3969	50.4430	**31.0300**		204.5201
3	Cost Per Diem Inflated	41.5377	85.6855	52.8443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5377**	**85.6855**	**52.8443**	**31.0300**		211.0975
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4407		60.0111			
7	Provider Target Rate	**45.6890**		**61.6968**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**48.9281**		**61.2511**			
10b	Base for line 10a	47.5913		59.5776			
11	Lesser of 5,7,8,10, 10a	**41.5377**	**85.6855**	**52.8443**	**13.6500**		193.7175
12/13	Medicaid Adjustment Rate		1.5665	0.9661			
14	Prospective Per Diem 11	**41.5377**	**87.2520**	**53.8104**	**13.6500**		**196.2501**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005384-00 - 2014/01

219.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,105,939**
FRVS Base Asset:	**3,635,035**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**497,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,084,751**	**13.1728**
20% ROE(2):	**1,021,188**	**0.3941**
Insurance Cost(3):	**31,815**	**0.7957**
Taxes Cost(3):	**63,145**	**1.5793**
Home Office(3):	**64,751**	**1.6195**
Replacement(3&4):	**163,954**	**0.0000**
Total FRVS PD:		**17.5614**

(1) 80% Capital ($4,084,751) amortized at 10.7500% for 20 years Principal & Interest of $497,635 divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $13.1728
(2) 20% ROE ($1,021,188) times the ROE factor (0.014580) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.3941
(3) 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:	**51,248**
		Effective PBS Limitation	**3,635,035**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5377**	**41.5377**	**1.7872**	**39.7505**	
Patient Care					
Direct Care	**87.2520**	**87.2520**	**3.7541**	**83.4979**	
Indirect Care	**53.8104**	**53.8104**	**2.3153**	**51.4951**	
Property	**13.6500**	**17.5614**	**0.7556**	**16.8058**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5503**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.2501**	**200.1615**	**8.6122**	**219.7930**	

***Medicaid Trend Adjustment :**

0 005385-00 - 2014/01

203.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Panama City FL 32401	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Bay[3]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2014/01**	Total Patient: **40,967**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,871**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **28,157**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **8/1/1984**			
Acquired Date: **8/1/1984**			
Entered Medicaid **8/1/1984**			
Med # Active Date: **12/4/2008**			
Previous Med # **211851**			

Medicaid Utilization	**68.73093%**
Occupancy:	**93.27641%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.96856%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,032,314	2,264,042	1,311,278	577,782	0	5,185,416
1a	Audit Adjustments						
2	Cost Per Diem	36.6628	80.4078	46.5702	**20.5200**		184.1608
3	Cost Per Diem Inflated	38.4081	82.6144	48.7871			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.4081**	**82.6144**	**48.7871**	**20.5200**		190.3296
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8809		58.9966			
7	Provider Target Rate	**44.0854**		**60.6538**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.1212**		**59.3182**			
10b	Base for line 10a	45.8337		57.6975			
11	Lesser of 5,7,8,10, 10a	**38.4081**	**82.6144**	**48.7871**	**13.6500**		183.4596
12/13	Medicaid Adjustment Rate		1.7409	1.0281			
14	Prospective Per Diem 11	**38.4081**	**84.3553**	**49.8152**	**13.6500**		**186.2286**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005385-00 - 2014/01

203.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,491,333**
FRVS Base Asset:	**1,395,468**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**247,793**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,993,066**	**6.2860**
20% ROE(2):	**498,267**	**0.1843**
Insurance Cost(3):	**29,561**	**0.7216**
Taxes Cost(3):	**24,955**	**0.6091**
Home Office(3):	**62,209**	**1.5185**
Replacement(3&4):	**233,177**	**0.0000**
Total FRVS PD:		**9.3195**

(1) 80% Capital ($1,993,066) amortized at 12.5000% for 20 years Interest of $247,793 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.2860
(2) 20% ROE ($498,267) times the ROE factor (0.014580) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.4081**	**38.4081**	**1.6526**	**36.7555**	
Patient Care					
Direct Care	**84.3553**	**84.3553**	**3.6295**	**80.7258**	
Indirect Care	**49.8152**	**49.8152**	**2.1434**	**47.6718**	
Property	**13.6500**	**9.3195**	**0.4010**	**8.9185**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7404**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.2286**	**181.8981**	**7.8265**	**203.5054**	

***Medicaid Trend Adjustment :**

0 005386-00 - 2014/01

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 01/01/2014 through 06/30/2014

Riverchase Care Center

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Quincy FL 32351		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Gadsden[20]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**41,643**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,494**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,042**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/19/1985**						
Acquired Date:	**11/19/1985**						
Entered Medicaid	**11/19/1985**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**253413**						

Medicaid Utilization	**81.74723%**
Occupancy:	**94.81558%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.88217%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,475,360	2,300,926	1,511,456	762,200	0	6,049,942
1a	Audit Adjustments						
2	Cost Per Diem	43.3394	67.5908	44.3997	**22.3900**		177.7199
3	Cost Per Diem Inflated	45.4025	69.4457	46.5133			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4025**	**69.4457**	**46.5133**	**22.3900**		183.7515
5a	Interim Adjustment	0.0093	0.1405	0.0757			
5b	Interim Adjusted Per Diem	**45.4118**	**69.5862**	**46.5890**			
6	Prior Semester: Provider Target Base	44.2754		54.8553			
7	Provider Target Rate	**45.5191**		**56.3962**			
7a	Interim Adjustment	0.0093		0.0757			
7b	Interim Adjusted Provider Target Rate	**45.5284**		**56.4719**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.0178**		**55.6821**			
10b	Base for line 10a	45.7241		54.0871			
11	Lesser of 5,7,8,10, 10a	**45.4118**	**69.5862**	**46.5890**	**13.6500**		175.2370
12/13	Medicaid Adjustment Rate		2.4853	1.6640			
14	Prospective Per Diem 11	**45.4118**	**72.0715**	**48.2530**	**13.6500**		**179.3863**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

7

0 005386-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,721,473**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**546,528**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,577,178**	**13.8642**
20% ROE(2):	**1,144,295**	**0.4232**
Insurance Cost(3):	**27,098**	**0.6507**
Taxes Cost(3):	**42,341**	**1.0168**
Home Office(3):	**60,771**	**1.4593**
Replacement(3&4):	**170,965**	**0.0000**
Total FRVS PD:		**17.4142**

(1) 80% Capital ($4,577,178) amortized at 10.4500% for 20 years Principal & Interest of $546,528 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.8642
(2) 20% ROE ($1,144,295) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4232
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4118**	**45.4118**	**1.9539**	**43.4579**	
Patient Care					
Direct Care	**72.0715**	**72.0715**	**3.1010**	**68.9705**	
Indirect Care	**48.2530**	**48.2530**	**2.0761**	**46.1769**	
Property	**13.6500**	**17.4142**	**0.7493**	**16.6649**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9883**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.3863**	**183.1505**	**7.8803**	**205.9519**	

***Medicaid Trend Adjustment :**

7

0 005387-00 - 2014/01

209.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Suwannee Health Care Center

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Live Oak FL 32064		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Suwannee[61]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**62,883**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,117**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**49,184**		
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**						

		Inflation	
Medicaid Utilization	**78.21510%**	FY Index:	**1.28335532**
Occupancy:	**95.45082%**	Semester Index:	**1.34444818**
Statewide Low Occupancy Threshold:	**80.43250%**	Cost:	**1.04760401**
Medicaid Low Occupancy Threshold:	**41.71220%**	Target:	**1.01966300**
Low Occupancy Adjustment Factor:	**118.67195%**	**DC FY Index:**	**1.20250000**
Weighted Low Occ Adjustment Factor:	**100.00000%**	**DC Sem Index:**	**1.23550000**
Interim Component Effective date:	**1/1/2014**	**DC Inflation:**	**1.02744283**
		PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,953,535	3,681,654	2,186,095	1,401,252	0	9,222,536
1a	Audit Adjustments						
2	Cost Per Diem	39.7189	74.8547	44.4473	**28.4900**		187.5109
3	Cost Per Diem Inflated	41.6097	76.9089	46.5632			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6097**	**76.9089**	**46.5632**	**28.4900**		193.5718
5a	Interim Adjustment	0.0090	0.3128	0.1685			
5b	Interim Adjusted Per Diem	**41.6187**	**77.2217**	**46.7317**			
6	Prior Semester: Provider Target Base	44.9603		58.1468			
7	Provider Target Rate	**46.2232**		**59.7801**			
7a	Interim Adjustment	0.0090		0.1685			
7b	Interim Adjusted Provider Target Rate	**46.2322**		**59.9486**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**50.9655**		**60.6632**			
10b	Base for line 10a	49.5642		58.8418			
11	Lesser of 5,7,8,10, 10a	**41.6187**	**77.2217**	**46.7317**	**13.6500**		179.2221
12/13	Medicaid Adjustment Rate		2.4512	1.4834			
14	Prospective Per Diem 11	**41.6187**	**79.6729**	**48.2151**	**13.6500**		**183.1567**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 005387-00 - 2014/01

209.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,622,403**
FRVS Base Asset:	**3,332,561**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**899,910**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,897,922**	**15.2192**
20% ROE(2):	**1,724,481**	**0.4252**
Insurance Cost(3):	**48,408**	**0.7698**
Taxes Cost(3):	**79,293**	**1.2610**
Home Office(3):	**79,689**	**1.2673**
Replacement(3&4):	**252,515**	**0.0000**
Total FRVS PD:		**18.9425**

(1) 80% Capital ($6,897,922) amortized at 11.8000% for 20 years Principal & Interest of $899,910 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.2192
(2) 20% ROE ($1,724,481) times the ROE factor (0.014580) divided by annual available days (65,700) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6187**	**41.6187**	**1.7907**	**39.8280**	
Patient Care					
Direct Care	**79.6729**	**79.6729**	**3.4280**	**76.2449**	
Indirect Care	**48.2151**	**48.2151**	**2.0745**	**46.1406**	
Property	**13.6500**	**18.9425**	**0.8150**	**18.1275**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0721**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.1567**	**188.4492**	**8.1082**	**209.1065**	

***Medicaid Trend Adjustment :**

3

0 005388-00 - 2014/01

234.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Berkshire Manor

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 :01/01/2014

Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**245**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**89,670**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**89,425**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**40,235**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,521**	Inflation	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**35,953**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**12/1/1983**					Target:	**1.01966300**
Acquired Date:	**12/1/1983**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**12/1/1983**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**12/4/2008**					**DC Inflation:**	**1.02744283**
Previous Med #	**228915**					**PS Target:**	**1.02809000**

Medicaid Utilization	**89.35752%**
Occupancy:	**44.87008%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**55.78601%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,617,041	2,923,960	1,832,258	979,000	0	7,352,259
1a	Audit Adjustments						
2	Cost Per Diem	44.9765	81.3273	50.9626	**27.2300**		204.4964
3	Cost Per Diem Inflated	47.1176	83.5592	53.3886			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1176**	**83.5592**	**53.3886**	**27.2300**		211.2954
5a	Interim Adjustment	0.0301	2.4285	1.3076			
5b	Interim Adjusted Per Diem	**47.1477**	**85.9877**	**54.6962**			
6	Prior Semester: Provider Target Base	52.7029		62.2611			
7	Provider Target Rate	**54.1833**		**64.0100**			
7a	Interim Adjustment	0.0301		1.3076			
7b	Interim Adjusted Provider Target Rate	**54.2134**		**65.3176**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.9125**		**65.9546**			
10b	Base for line 10a	55.3282		62.8807			
11	Lesser of 5,7,8,10, 10a	**47.1477**	**85.9877**	**54.6962**	**13.6500**		201.4816
12/13	Medicaid Adjustment Rate		3.8073	2.4218			
14	Prospective Per Diem 11	**47.1477**	**89.7950**	**57.1180**	**13.6500**		**207.7107**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 005388-00 - 2014/01

234.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,663,015**
FRVS Base Asset:	**5,509,033**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**989,273**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,730,412**	**12.2918**
20% ROE(2):	**1,932,603**	**0.3501**
Insurance Cost(3):	**36,417**	**0.9051**
Taxes Cost(3):	**56,677**	**1.4086**
Home Office(3):	**61,925**	**1.5391**
Replacement(3&4):	**89,058**	**0.0000**
Total FRVS PD:		**16.4947**

(1) 80% Capital ($7,730,412) amortized at 11.5000% for 20 years Principal & Interest of $989,273 divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $12.2918
(2) 20% ROE ($1,932,603) times the ROE factor (0.014580) divided by annual available days (89,425) divided by Occup. Adj. (0.9000) = $0.3501
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,982,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1477**	**47.1477**	**2.0286**	**45.1191**	
Patient Care					
Direct Care	**89.7950**	**89.7950**	**3.8635**	**85.9315**	
Indirect Care	**57.1180**	**57.1180**	**2.4576**	**54.6604**	
Property	**13.6500**	**16.4947**	**0.7097**	**15.7850**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.9575**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.7107**	**210.5554**	**9.0594**	**234.1469**	

***Medicaid Trend Adjustment :**

2

0 005519-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**42,779**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.30255%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	42.1831	89.9124	48.3922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1831**	**89.9124**	**48.3922**	**25.7900**		206.2777
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2119		56.9108			
7	Provider Target Rate	**49.5662**		**58.5094**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.6596**		**57.9622**			
10b	Base for line 10a	48.3028		56.3785			
11	Lesser of 5,7,8,10, 10a	**42.1831**	**89.9124**	**48.3922**	**13.6500**		194.1377
12/13	Medicaid Adjustment Rate		2.4538	1.3207			
14	Prospective Per Diem 11	**42.1831**	**92.3662**	**49.7129**	**13.6500**		**197.9122**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005519-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,754,486**
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:	**482,232**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,403,589**	**10.6375**
20% ROE(2):	**1,350,897**	**0.4345**
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:		**14.4821**

(1) 80% Capital ($5,403,589) amortized at 6.4680% for 20 years Principal & Interest of $482,232 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $10.6375
(2) 20% ROE ($1,350,897) times the ROE factor (0.014580) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.4345
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1831**	**42.1831**	**1.8150**	**40.3681**	
Patient Care					
Direct Care	**92.3662**	**92.3662**	**3.9742**	**88.3920**	
Indirect Care	**49.7129**	**49.7129**	**2.1390**	**47.5739**	
Property	**13.6500**	**14.4821**	**0.6231**	**13.8590**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1184**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.9122**	**198.7443**	**8.5513**	**220.0048**	

***Medicaid Trend Adjustment :**

0 005523-00 - 2014/01

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 01/01/2014 through 06/30/2014

Fountainhead Care Center

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**146**	Superior:	**0**
North Miami FL 33161		Days In CR	**366**	Maximum:	**53,436**	Standard:	**181**
County: **Dade[13]**		First Used:	**2014/01**	Max Annualized:	**53,290**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**41,994**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,509**	**Inflation**	
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**37,711**	FY Index:	**1.28335532**
Class at 1/94: **South Large [4]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.04760401**
Open Date:	**7/1/1983**					Target:	**1.01966300**
Acquired Date:	**7/1/1983**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**7/1/1984**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**12/4/2008**					**DC Inflation:**	**1.02744283**
Previous Med #	**228907**					**PS Target:**	**1.02809000**

Medicaid Utilization	**89.80092%**
Occupancy:	**78.58747%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**97.70611%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,394,974	2,748,408	1,621,654	981,617	0	6,746,653
1a	Audit Adjustments						
2	Cost Per Diem	36.9912	72.8808	43.0021	**26.0300**		178.9041
3	Cost Per Diem Inflated	38.7521	74.8809	45.0492			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7521**	**74.8809**	**45.0492**	**26.0300**		184.7122
5a	Interim Adjustment	0.0567	5.4994	2.9611			
5b	Interim Adjusted Per Diem	**38.8088**	**80.3803**	**48.0103**			
6	Prior Semester: Provider Target Base	44.6765		54.5349			
7	Provider Target Rate	**45.9315**		**56.0668**			
7a	Interim Adjustment	0.0567		2.9611			
7b	Interim Adjusted Provider Target Rate	**45.9882**		**59.0279**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.8538**		**63.0458**			
10b	Base for line 10a	50.3819		58.4430			
11	Lesser of 5,7,8,10, 10a	**38.8088**	**80.3803**	**48.0103**	**13.6500**		180.8494
12/13	Medicaid Adjustment Rate		3.5991	2.1497			
14	Prospective Per Diem 11	**38.8088**	**83.9794**	**50.1600**	**13.6500**		**186.5982**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005523-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,998,936**
FRVS Base Asset:	**4,161,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**716,532**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,599,149**	**14.9399**
20% ROE(2):	**1,399,787**	**0.4255**
Insurance Cost(3):	**26,087**	**0.6212**
Taxes Cost(3):	**31,106**	**0.7407**
Home Office(3):	**59,974**	**1.4282**
Replacement(3&4):	**293,141**	**0.0000**
Total FRVS PD:		**18.1555**

(1) 80% Capital ($5,599,149) amortized at 11.5000% for 20 years Principal & Interest of $716,532 divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $14.9399
(2) 20% ROE ($1,399,787) times the ROE factor (0.014580) divided by annual available days (53,290) divided by Occup. Adj. (0.9000) = $0.4255
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8088**	**38.8088**	**1.6698**	**37.1390**	
Patient Care					
Direct Care	**83.9794**	**83.9794**	**3.6133**	**80.3661**	
Indirect Care	**50.1600**	**50.1600**	**2.1582**	**48.0018**	
Property	**13.6500**	**18.1555**	**0.7812**	**17.3743**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.4311**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.5982**	**191.1037**	**8.2225**	**215.0057**	

***Medicaid Trend Adjustment :**

0 005543-00 - 2014/01

216.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**192**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**70,272**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**70,080**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**46,030**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,619**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**38,167**		
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	**82.91766%**
Occupancy:	**65.50262%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**81.43800%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,780,070	2,971,782	1,780,911	764,867	0	7,297,630
1a	Audit Adjustments						
2	Cost Per Diem	46.6390	77.8626	46.6610	**20.0400**		191.2026
3	Cost Per Diem Inflated	48.8592	79.9994	48.8823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8592**	**79.9994**	**48.8823**	**20.0400**		197.7809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9567		63.7316			
7	Provider Target Rate	**50.3319**		**65.5218**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**49.0923**		**60.6322**			
10b	Base for line 10a	47.7510		58.9756			
11	Lesser of 5,7,8,10, 10a	**48.8592**	**79.9994**	**48.8823**	**13.6500**		191.3909
12/13	Medicaid Adjustment Rate		2.9626	1.8102			
14	Prospective Per Diem 11	**48.8592**	**82.9620**	**50.6925**	**13.6500**		**196.1637**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005543-00 - 2014/01

216.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,292,093**
FRVS Base Asset:	**3,805,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**519,432**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,033,674**	**8.2355**
20% ROE(2):	**1,258,419**	**0.2909**
Insurance Cost(3):	**36,455**	**0.7920**
Taxes Cost(3):	**44,357**	**0.9637**
Home Office(3):	**66,645**	**1.4479**
Replacement(3&4):	**178,660**	**0.0000**
Total FRVS PD:		**11.7300**

(1) 80% Capital ($5,033,674) amortized at 8.3750% for 20 years Principal & Interest of $519,432 divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $8.2355
(2) 20% ROE ($1,258,419) times the ROE factor (0.014580) divided by annual available days (70,080) divided by Occup. Adj. (0.9000) = $0.2909
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.8592**	**48.8592**	**2.1022**	**46.7570**	
Patient Care					
Direct Care	**82.9620**	**82.9620**	**3.5695**	**79.3925**	
Indirect Care	**50.6925**	**50.6925**	**2.1811**	**48.5114**	
Property	**13.6500**	**11.7300**	**0.5047**	**11.2253**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.1313**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.1637**	**194.2437**	**8.3575**	**216.7109**	

***Medicaid Trend Adjustment :**

0 005547-00 - 2014/01

204.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**122**	Superior:	**0**
Deland FL 32724		Days In CR	**366**	Maximum:	**44,652**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,991**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,499**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,570**		
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	**78.94276%**
Occupancy:	**89.56150%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.34989%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,280,140	2,337,405	1,452,668	792,723	0	5,862,936
1a	Audit Adjustments						
2	Cost Per Diem	40.5493	74.0388	46.0142	**25.1100**		185.7123
3	Cost Per Diem Inflated	42.4796	76.0706	48.2047			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4796**	**76.0706**	**48.2047**	**25.1100**		191.8649
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1783		58.9820			
7	Provider Target Rate	**50.5597**		**60.6388**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**53.5303**		**62.3767**			
10b	Base for line 10a	52.0677		60.6724			
11	Lesser of 5,7,8,10, 10a	**42.4796**	**76.0706**	**48.2047**	**13.6500**		180.4049
12/13	Medicaid Adjustment Rate		2.4769	1.5696			
14	Prospective Per Diem 11	**42.4796**	**78.5475**	**49.7743**	**13.6500**		**184.4514**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005547-00 - 2014/01

204.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,558,567**
FRVS Base Asset:	**2,076,193**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**293,771**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,846,854**	**7.3302**
20% ROE(2):	**711,713**	**0.2589**
Insurance Cost(3):	**31,662**	**0.7917**
Taxes Cost(3):	**36,605**	**0.9153**
Home Office(3):	**62,345**	**1.5590**
Replacement(3&4):	**156,001**	**0.0000**
Total FRVS PD:		**10.8551**

(1) 80% Capital ($2,846,854) amortized at 8.3750% for 20 years Principal & Interest of $293,771 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $7.3302
(2) 20% ROE ($711,713) times the ROE factor (0.014580) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $0.2589
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,477,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4796**	**42.4796**	**1.8277**	**40.6519**	
Patient Care					
Direct Care	**78.5475**	**78.5475**	**3.3796**	**75.1679**	
Indirect Care	**49.7743**	**49.7743**	**2.1416**	**47.6327**	
Property	**13.6500**	**10.8551**	**0.4671**	**10.3880**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0759**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.4514**	**181.6565**	**7.8160**	**204.6098**	

***Medicaid Trend Adjustment :**

0 005549-00 - 2014/01

213.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**59**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**366**	Maximum:	**21,594**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2014/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**19,539**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,203**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**12,899**		
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	**66.01668%**
Occupancy:	**90.48347%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.49616%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	576,971	986,158	668,575	336,664	0	2,568,368
1a	Audit Adjustments						
2	Cost Per Diem	44.7299	76.4523	51.8315	**26.1000**		199.1137
3	Cost Per Diem Inflated	46.8592	78.5504	54.2989			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8592**	**78.5504**	**54.2989**	**26.1000**		205.8085
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6136		64.6432			
7	Provider Target Rate	**56.1477**		**66.4590**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**58.6779**		**64.9857**			
10b	Base for line 10a	57.0747		63.2101			
11	Lesser of 5,7,8,10, 10a	**46.8592**	**78.5504**	**54.2989**	**13.6500**		193.3585
12/13	Medicaid Adjustment Rate		1.4154	0.9784			
14	Prospective Per Diem 11	**46.8592**	**79.9658**	**55.2773**	**13.6500**		**195.7523**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005549-00 - 2014/01

213.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,765,665**
FRVS Base Asset:	**923,314**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**143,101**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,412,532**	**7.3834**
20% ROE(2):	**353,133**	**0.2656**
Insurance Cost(3):	**17,991**	**0.9208**
Taxes Cost(3):	**24,719**	**1.2651**
Home Office(3):	**46,258**	**2.3675**
Replacement(3&4):	**39,717**	**0.0000**
Total FRVS PD:		**12.2024**

(1) 80% Capital ($1,412,532) amortized at 8.1250% for 20 years Principal & Interest of $143,101 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $7.3834
(2) 20% ROE ($353,133) times the ROE factor (0.014580) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.2656
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8592**	**46.8592**	**2.0162**	**44.8430**	
Patient Care					
Direct Care	**79.9658**	**79.9658**	**3.4406**	**76.5252**	
Indirect Care	**55.2773**	**55.2773**	**2.3784**	**52.8989**	
Property	**13.6500**	**12.2024**	**0.5250**	**11.6774**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1061**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.7523**	**194.3047**	**8.3602**	**213.7440**	

***Medicaid Trend Adjustment :**

0 005701-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**133**	Superior:	**0**
Ocala FL 34474		Days In CR	**365**	Maximum:	**48,545**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2014/01**	Max Annualized:	**48,545**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**39,711**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,962**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,192**		
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	**55.88376%**
Occupancy:	**81.80245%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**101.70324%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	939,901	2,091,962	1,467,316	295,154	0	4,794,333
1a	Audit Adjustments						
2	Cost Per Diem	42.3531	94.2665	66.1191	**13.3000**		216.0387
3	Cost Per Diem Inflated	43.9449	96.4525	68.6040			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.9449**	**96.4525**	**68.6040**	**13.3000**		222.3014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.0001		90.5069			
7	Provider Target Rate	**75.0507**		**93.0492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**44.3059**		**51.2053**			
10b	Base for line 10a	43.0954		49.8062			
11	Lesser of 5,7,8,10, 10a	**43.9449**	**94.1508**	**51.2053**	**13.3000**		202.6010
12/13	Medicaid Adjustment Rate		0.6232	0.3389			
14	Prospective Per Diem 11	**43.9449**	**94.7740**	**51.5442**	**13.3000**		**203.5631**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 005701-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,167,929**
FRVS Base Asset:	**1,786,469**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**514,012**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,134,343**	**11.7648**
20% ROE(2):	**1,033,586**	**0.3326**
Insurance Cost(3):	**42,238**	**1.0636**
Taxes Cost(3):	**42,083**	**1.0597**
Home Office(3):	**36,510**	**0.9194**
Replacement(3&4):	**9,949**	**0.0000**
Total FRVS PD:		**15.1401**

(1) 80% Capital ($4,134,343) amortized at 12.5000% for 20 years Interest of $514,012 divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $11.7648
(2) 20% ROE ($1,033,586) times the ROE factor (0.014060) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.3326
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.9449**	**43.9449**	**1.8908**	**42.0541**	
Patient Care					
Direct Care	**94.7740**	**94.7740**	**4.0778**	**90.6962**	
Indirect Care	**51.5442**	**51.5442**	**2.2178**	**49.3264**	
Property	**13.3000**	**15.1401**	**0.6514**	**14.4887**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5580**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.5631**	**205.4032**	**8.8378**	**220.8168**	

***Medicaid Trend Adjustment :**

3

0 005811-00 - 2014/01

226.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Putnam[54]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**60,318**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.83133%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	46.9317	88.8796	53.8796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9317**	**88.8796**	**53.8796**	**17.3900**		207.0809
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4849		62.2842			
7	Provider Target Rate	**54.9873**		**64.0338**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.5080**		**57.0466**			
10b	Base for line 10a	46.2100		55.4879			
11	Lesser of 5,7,8,10, 10a	**46.9317**	**88.8796**	**53.8796**	**13.6500**		203.3409
12/13	Medicaid Adjustment Rate		1.1864	0.7192			
14	Prospective Per Diem 11	**46.9317**	**90.0660**	**54.5988**	**13.6500**		**205.2465**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005811-00 - 2014/01

226.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,157,107**
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:	**738,774**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,525,686**	**12.4941**
20% ROE(2):	**1,631,421**	**0.4914**
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:		**16.4503**

(1) 80% Capital ($6,525,686) amortized at 9.6724% for 20 years Principal & Interest of $738,774 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4941
(2) 20% ROE ($1,631,421) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4914
(3) 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:	**51,248**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9317**	**46.9317**	**2.0193**	**44.9124**	
Patient Care					
Direct Care	**90.0660**	**90.0660**	**3.8752**	**86.1908**	
Indirect Care	**54.5988**	**54.5988**	**2.3492**	**52.2496**	
Property	**13.6500**	**16.4503**	**0.7078**	**15.7425**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4318**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.2465**	**208.0468**	**8.9515**	**226.2205**	

***Medicaid Trend Adjustment :**

0 005814-00 - 2014/01

242.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**29,565**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**25,566**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.21736%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	62.6968	91.7734	65.8548			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.6968**	**91.7734**	**65.8548**	**33.7300**		254.0550
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2620		70.4707			
7	Provider Target Rate	**53.7300**		**72.4502**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**62.0914**		**71.7153**			
10b	Base for line 10a	60.3949		69.7559			
11	Lesser of 5,7,8,10, 10a	**53.7300**	**91.7734**	**65.8548**	**13.6500**		225.0082
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.7300**	**91.7734**	**65.8548**	**13.6500**		**225.0082**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

9

0 005814-00 - 2014/01

242.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,204,863**
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:	**278,595**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,563,890**	**10.4702**
20% ROE(2):	**640,973**	**0.3512**
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:		**16.7738**

(1) 80% Capital ($2,563,890) amortized at 9.0898% for 20 years Principal & Interest of $278,595 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.4702
(2) 20% ROE ($640,973) times the ROE factor (0.014580) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.3512
(3) 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:	**51,248**
		Effective PBS Limitation	**2,758,066**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.7300**	**53.7300**	**2.3118**	**51.4182**	
Patient Care					
Direct Care	**91.7734**	**91.7734**	**3.9487**	**87.8247**	
Indirect Care	**65.8548**	**65.8548**	**2.8335**	**63.0213**	
Property	**13.6500**	**16.7738**	**0.7217**	**16.0521**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3698**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.0082**	**228.1320**	**9.8157**	**242.3795**	

***Medicaid Trend Adjustment :**

9

0 005826-00 - 2014/01

193.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Accentia Health & Rehab. 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		**01/01/2012-12/31/2012**		Number of Beds:	**266**	Superior:	**0**
Tampa FL 33612		Days In CR	**366**	Maximum:	**97,356**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**97,090**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**83,365**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,249**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**65,926**		
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	**79.08115%**
Occupancy:	**85.62903%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.46074%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,734,813	5,565,420	2,848,584	1,008,668	0	12,157,485
1a	Audit Adjustments						
2	Cost Per Diem	41.4831	84.4192	43.2088	**15.3000**		184.4111
3	Cost Per Diem Inflated	43.4579	86.7359	45.2657			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4579**	**86.7359**	**45.2657**	**15.3000**		190.7595
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0288		57.1001			
7	Provider Target Rate	**48.3498**		**58.7040**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.6596**		**58.5666**			
10b	Base for line 10a	48.3028		56.9664			
11	Lesser of 5,7,8,10, 10a	**43.4579**	**86.7359**	**45.2657**	**13.6500**		189.1095
12/13	Medicaid Adjustment Rate		2.8377	1.4809			
14	Prospective Per Diem 11	**43.4579**	**89.5736**	**46.7466**	**13.6500**		**193.4281**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005826-00 - 2014/01

193.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Accentia Health & Rehab. 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	**7,076,719**
FRVS Base Asset:	**3,288,408**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**703,864**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,661,375**	**8.0551**
20% ROE(2):	**1,415,344**	**0.2362**
Insurance Cost(3):	**42,889**	**0.5145**
Taxes Cost(3):	**73,911**	**0.8866**
Home Office(3):	**125,696**	**1.5078**
Replacement(3&4):	**255,845**	**0.0000**
Total FRVS PD:		**11.2002**

(1) 80% Capital ($5,661,375) amortized at 12.5000% for 20 years Interest of $703,864 divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $8.0551
(2) 20% ROE ($1,415,344) times the ROE factor (0.014580) divided by annual available days (97,090) divided by Occup. Adj. (0.9000) = $0.2362
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**7,581,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4579**	**43.4579**	**1.8698**	**41.5881**	
Patient Care					
Direct Care	**89.5736**	**89.5736**	**3.8540**	**85.7196**	
Indirect Care	**46.7466**	**46.7466**	**2.0113**	**44.7353**	
Property	**13.6500**	**11.2002**	**0.4819**	**10.7183**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.3835**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.4281**	**190.9783**	**8.2170**	**193.8382**	

***Medicaid Trend Adjustment :**

8

0 005849-00 - 2014/01

238.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**76**	Superior:	**0**
Clearwater FL 33756		Days In CR	**366**	Maximum:	**27,816**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**27,740**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**23,722**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,848**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,273**		
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	**85.46075%**
Occupancy:	**85.28185%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.02911%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,034,403	1,705,355	1,041,461	564,806	0	4,346,025
1a	Audit Adjustments						
2	Cost Per Diem	51.0237	84.1195	51.3718	**27.8600**		214.3750
3	Cost Per Diem Inflated	53.4526	86.4280	53.8173			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4526**	**86.4280**	**53.8173**	**27.8600**		221.5579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4805		67.3277			
7	Provider Target Rate	**56.0109**		**69.2189**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**59.5227**		**70.6458**			
10b	Base for line 10a	57.8964		68.7156			
11	Lesser of 5,7,8,10, 10a	**53.4526**	**86.4280**	**53.8173**	**13.6500**		207.3479
12/13	Medicaid Adjustment Rate		3.4479	2.1470			
14	Prospective Per Diem 11	**53.4526**	**89.8759**	**55.9643**	**13.6500**		**212.9428**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005849-00 - 2014/01

238.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,591,602**
FRVS Base Asset:	**2,253,096**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**343,078**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,873,282**	**13.7418**
20% ROE(2):	**718,320**	**0.4195**
Insurance Cost(3):	**21,212**	**0.8942**
Taxes Cost(3):	**23,458**	**0.9889**
Home Office(3):	**49,432**	**2.0838**
Replacement(3&4):	**111,020**	**0.0000**
Total FRVS PD:		**18.1282**

(1) 80% Capital ($2,873,282) amortized at 10.4500% for 20 years Principal & Interest of $343,078 divided by annual available days (27,740) divided by Occup. Adj. (0.9000) = $13.7418
(2) 20% ROE ($718,320) times the ROE factor (0.014580) divided by annual available days (27,740) 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:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**76**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,253,096**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.4526**	**53.4526**	**2.2999**	**51.1527**	
Patient Care					
Direct Care	**89.8759**	**89.8759**	**3.8670**	**86.0089**	
Indirect Care	**55.9643**	**55.9643**	**2.4079**	**53.5564**	
Property	**13.6500**	**18.1282**	**0.7800**	**17.3482**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8303**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.9428**	**217.4210**	**9.3548**	**238.5899**	

***Medicaid Trend Adjustment :**

0 005850-00 - 2014/01

207.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**40,832**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,673**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,873**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**1/1/1983**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**214132**						

Medicaid Utilization	**65.81358%**
Occupancy:	**92.96904%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.58641%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,048,001	2,274,670	1,167,751	728,258	0	5,218,680
1a	Audit Adjustments						
2	Cost Per Diem	38.9983	84.6452	43.4544	**27.1000**		194.1979
3	Cost Per Diem Inflated	40.8548	86.9681	45.5230			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8548**	**86.9681**	**45.5230**	**27.1000**		200.4459
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4433		56.2252			
7	Provider Target Rate	**46.7198**		**57.8046**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.0331**		**58.3686**			
10b	Base for line 10a	48.6661		56.7738			
11	Lesser of 5,7,8,10, 10a	**40.8548**	**86.9681**	**45.5230**	**13.6500**		186.9959
12/13	Medicaid Adjustment Rate		1.5472	0.8099			
14	Prospective Per Diem 11	**40.8548**	**88.5153**	**46.3329**	**13.6500**		**189.3530**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005850-00 - 2014/01

207.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,848,227**
FRVS Base Asset:	**2,122,271**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**301,853**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,078,582**	**7.6574**
20% ROE(2):	**769,645**	**0.2847**
Insurance Cost(3):	**34,946**	**0.8558**
Taxes Cost(3):	**52,869**	**1.2948**
Home Office(3):	**63,706**	**1.5602**
Replacement(3&4):	**146,400**	**0.0000**
Total FRVS PD:		**11.6529**

(1) 80% Capital ($3,078,582) amortized at 7.6872% for 20 years Principal & Interest of $301,853 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6574
(2) 20% ROE ($769,645) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2847
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8548**	**40.8548**	**1.7578**	**39.0970**	
Patient Care					
Direct Care	**88.5153**	**88.5153**	**3.8085**	**84.7068**	
Indirect Care	**46.3329**	**46.3329**	**1.9935**	**44.3394**	
Property	**13.6500**	**11.6529**	**0.5014**	**11.1515**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3388**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.3530**	**187.3559**	**8.0612**	**207.3269**	

***Medicaid Trend Adjustment :**

0 005851-00 - 2014/01

209.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Eustis FL 32726		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**31,124**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,970**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**19,983**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**2/1/1982**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213870**						

Medicaid Utilization	**64.20447%**
Occupancy:	**94.48695%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.47359%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	812,967	1,470,423	1,095,582	556,127	0	3,935,099
1a	Audit Adjustments						
2	Cost Per Diem	40.6829	73.5837	54.8257	**27.8300**		196.9223
3	Cost Per Diem Inflated	42.6196	75.6030	57.4356			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6196**	**75.6030**	**57.4356**	**27.8300**		203.4882
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.6674		65.9516			
7	Provider Target Rate	**45.9221**		**67.8042**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**51.1488**		**67.8292**			
10b	Base for line 10a	49.7513		65.9759			
11	Lesser of 5,7,8,10, 10a	**42.6196**	**75.6030**	**57.4356**	**13.6500**		189.3082
12/13	Medicaid Adjustment Rate		1.2081	0.9178			
14	Prospective Per Diem 11	**42.6196**	**76.8111**	**58.3534**	**13.6500**		**191.4341**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 005851-00 - 2014/01

209.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,172,073**
FRVS Base Asset:	**1,010,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**278,899**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,537,658**	**9.4334**
20% ROE(2):	**634,415**	**0.3129**
Insurance Cost(3):	**24,005**	**0.7713**
Taxes Cost(3):	**31,136**	**1.0004**
Home Office(3):	**57,439**	**1.8455**
Replacement(3&4):	**84,345**	**0.0000**
Total FRVS PD:		**13.3635**

(1) 80% Capital ($2,537,658) amortized at 9.2500% for 20 years Principal & Interest of $278,899 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $9.4334
(2) 20% ROE ($634,415) times the ROE factor (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.3129
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6196**	**42.6196**	**1.8338**	**40.7858**	
Patient Care					
Direct Care	**76.8111**	**76.8111**	**3.3049**	**73.5062**	
Indirect Care	**58.3534**	**58.3534**	**2.5107**	**55.8427**	
Property	**13.6500**	**13.3635**	**0.5750**	**12.7885**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6483**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.4341**	**191.1476**	**8.2244**	**209.2649**	

***Medicaid Trend Adjustment :**

0 006339-00 - 2014/01

205.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Lake Placid FL 33852		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**60,424**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,826**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**40,374**		
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	**66.81782%**
Occupancy:	**91.71827%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.03136%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,499,566	3,153,339	1,943,135	1,207,183	0	7,803,223
1a	Audit Adjustments						
2	Cost Per Diem	37.1419	78.1032	48.1284	**29.9000**		193.2735
3	Cost Per Diem Inflated	38.9100	80.2466	50.4195			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.9100**	**80.2466**	**50.4195**	**29.9000**		199.4761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9956		59.0013			
7	Provider Target Rate	**43.1753**		**60.6586**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.1715**		**57.9622**			
10b	Base for line 10a	47.8280		56.3785			
11	Lesser of 5,7,8,10, 10a	**38.9100**	**80.2466**	**50.4195**	**13.6500**		183.2261
12/13	Medicaid Adjustment Rate		1.5183	0.9539			
14	Prospective Per Diem 11	**38.9100**	**81.7649**	**51.3734**	**13.6500**		**185.6983**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006339-00 - 2014/01

205.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,080,836**
FRVS Base Asset:	**2,984,578**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**633,857**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,464,669**	**10.7197**
20% ROE(2):	**1,616,167**	**0.3985**
Insurance Cost(3):	**46,289**	**0.7661**
Taxes Cost(3):	**89,794**	**1.4861**
Home Office(3):	**81,717**	**1.3524**
Replacement(3&4):	**237,635**	**0.0000**
Total FRVS PD:		**14.7228**

(1) 80% Capital ($6,464,669) amortized at 7.6872% for 20 years Principal & Interest of $633,857 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.7197
(2) 20% ROE ($1,616,167) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3985
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9100**	**38.9100**	**1.6741**	**37.2359**	
Patient Care					
Direct Care	**81.7649**	**81.7649**	**3.5180**	**78.2469**	
Indirect Care	**51.3734**	**51.3734**	**2.2104**	**49.1630**	
Property	**13.6500**	**14.7228**	**0.6335**	**14.0893**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5605**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.6983**	**186.7711**	**8.0360**	**205.9890**	

***Medicaid Trend Adjustment :**

0 006340-00 - 2014/01

208.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Bradford[4]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,436**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,885**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,943**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/25/1990**						
Acquired Date:	**6/25/1990**						
Entered Medicaid	**7/2/1990**						
Med # Active Date:	**12/4/2008**						
Previous Med #	**213888**						

Medicaid Utilization	**67.43653%**
Occupancy:	**94.34426%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.29620%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,133,885	2,122,726	1,238,412	897,250	0	5,392,273
1a	Audit Adjustments						
2	Cost Per Diem	40.5785	75.9663	44.3192	**32.1100**		192.9740
3	Cost Per Diem Inflated	42.5102	78.0510	46.4290			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.5102**	**78.0510**	**46.4290**	**32.1100**		199.1002
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6435		56.1250			
7	Provider Target Rate	**44.8694**		**57.7016**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.0085**		**57.5818**			
10b	Base for line 10a	45.7241		56.0085			
11	Lesser of 5,7,8,10, 10a	**42.5102**	**78.0510**	**46.4290**	**13.6500**		180.6402
12/13	Medicaid Adjustment Rate		1.5311	0.9108			
14	Prospective Per Diem 11	**42.5102**	**79.5821**	**47.3398**	**13.6500**		**183.0821**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006340-00 - 2014/01

208.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,526,248**
FRVS Base Asset:	**3,595,587**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**565,762**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,420,998**	**14.3522**
20% ROE(2):	**1,105,250**	**0.4088**
Insurance Cost(3):	**26,621**	**0.6425**
Taxes Cost(3):	**41,470**	**1.0008**
Home Office(3):	**62,784**	**1.5152**
Replacement(3&4):	**90,780**	**0.0000**
Total FRVS PD:		**17.9195**

(1) 80% Capital ($4,420,998) amortized at 11.5000% for 20 years Principal & Interest of $565,762 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3522
(2) 20% ROE ($1,105,250) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4088
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.5102**	**42.5102**	**1.8291**	**40.6811**	
Patient Care					
Direct Care	**79.5821**	**79.5821**	**3.4241**	**76.1580**	
Indirect Care	**47.3398**	**47.3398**	**2.0369**	**45.3029**	
Property	**13.6500**	**17.9195**	**0.7710**	**17.1485**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1002**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.0821**	**187.3516**	**8.0611**	**208.0841**	

***Medicaid Trend Adjustment :**

0 006483-00 - 2014/01

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 01/01/2014 through 06/30/2014

Salerno Bay Manor

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 :01/01/2014

Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Stuart FL 34997		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Martin[43]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**39,657**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,041**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**25,854**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**6/1/1985**					Target:	**1.01966300**
Acquired Date:	**6/1/1985**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**7/1/1985**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**12/4/2008**					**DC Inflation:**	**1.02744283**
Previous Med #	**214141**					**PS Target:**	**1.02809000**

Medicaid Utilization	**65.19404%**
Occupancy:	**90.29372%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.26025%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,564	2,070,163	1,369,632	757,264	0	5,259,623
1a	Audit Adjustments						
2	Cost Per Diem	41.0986	80.0713	52.9756	**29.2900**		203.4355
3	Cost Per Diem Inflated	43.0551	82.2687	55.4975			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0551**	**82.2687**	**55.4975**	**29.2900**		210.1113
5a	Interim Adjustment	0.0267	0.8903	0.4794			
5b	Interim Adjusted Per Diem	**43.0818**	**83.1590**	**55.9769**			
6	Prior Semester: Provider Target Base	47.4745		63.0536			
7	Provider Target Rate	**48.8081**		**64.8248**			
7a	Interim Adjustment	0.0267		0.4794			
7b	Interim Adjusted Provider Target Rate	**48.8348**		**65.3042**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.2962**		**66.2204**			
10b	Base for line 10a	51.8140		63.9448			
11	Lesser of 5,7,8,10, 10a	**43.0818**	**83.1590**	**55.9769**	**13.6500**		195.8677
12/13	Medicaid Adjustment Rate		1.4215	0.9568			
14	Prospective Per Diem 11	**43.0818**	**84.5805**	**56.9337**	**13.6500**		**198.2460**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006483-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,386,140**
FRVS Base Asset:	**3,321,973**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**422,486**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,308,912**	**10.7176**
20% ROE(2):	**1,077,228**	**0.3984**
Insurance Cost(3):	**29,199**	**0.7363**
Taxes Cost(3):	**82,213**	**2.0731**
Home Office(3):	**64,719**	**1.6320**
Replacement(3&4):	**150,038**	**0.0000**
Total FRVS PD:		**15.5574**

(1) 80% Capital ($4,308,912) amortized at 7.6872% for 20 years Principal & Interest of $422,486 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7176
(2) 20% ROE ($1,077,228) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3984
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.0818**	**43.0818**	**1.8536**	**41.2282**	
Patient Care					
Direct Care	**84.5805**	**84.5805**	**3.6392**	**80.9413**	
Indirect Care	**56.9337**	**56.9337**	**2.4496**	**54.4841**	
Property	**13.6500**	**15.5574**	**0.6694**	**14.8880**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9858**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.2460**	**200.1534**	**8.6118**	**219.2208**	

***Medicaid Trend Adjustment :**

0 006489-00 - 2014/01

226.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Royal Palm Beach FL 33411		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2014/01**	Total Patient:	**40,937**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,725**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**26,869**		
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	**65.63500%**
Occupancy:	**93.20810%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.88364%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,265,972	2,241,976	1,350,242	866,525	0	5,724,715
1a	Audit Adjustments						
2	Cost Per Diem	47.1165	83.4410	50.2528	**32.2500**		213.0603
3	Cost Per Diem Inflated	49.3594	85.7309	52.6450			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3594**	**85.7309**	**52.6450**	**32.2500**		219.9853
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0305		62.7472			
7	Provider Target Rate	**51.4359**		**64.5098**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.5709**		**62.6972**			
10b	Base for line 10a	52.1072		60.9842			
11	Lesser of 5,7,8,10, 10a	**49.3594**	**85.7309**	**52.6450**	**13.6500**		201.3853
12/13	Medicaid Adjustment Rate		1.5080	0.9260			
14	Prospective Per Diem 11	**49.3594**	**87.2389**	**53.5710**	**13.6500**		**203.8193**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 006489-00 - 2014/01

226.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,938,989**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**465,852**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,751,191**	**11.8177**
20% ROE(2):	**1,187,798**	**0.4393**
Insurance Cost(3):	**33,782**	**0.8252**
Taxes Cost(3):	**108,674**	**2.6547**
Home Office(3):	**66,441**	**1.6230**
Replacement(3&4):	**200,043**	**0.0000**
Total FRVS PD:		**17.3599**

(1) 80% Capital ($4,751,191) amortized at 7.6872% for 20 years Principal & Interest of $465,852 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8177
(2) 20% ROE ($1,187,798) times the ROE factor (0.014580) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.3594**	**49.3594**	**2.1237**	**47.2357**	
Patient Care					
Direct Care	**87.2389**	**87.2389**	**3.7536**	**83.4853**	
Indirect Care	**53.5710**	**53.5710**	**2.3050**	**51.2660**	
Property	**13.6500**	**17.3599**	**0.7469**	**16.6130**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4733**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.8193**	**207.5292**	**8.9292**	**226.7667**	

***Medicaid Trend Adjustment :**

7

0 006767-00 - 2014/01

229.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**93**	Superior:	**0**
Labelle FL 33935		Days In CR	**366**	Maximum:	**34,038**	Standard:	**181**
County:	**Hendry[26]**	First Used:	**2014/01**	Max Annualized:	**33,945**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**29,816**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,698**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**18,676**		
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	**62.63751%**
Occupancy:	**87.59621%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.90650%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	823,109	1,595,911	990,508	459,616	0	3,869,144
1a	Audit Adjustments						
2	Cost Per Diem	44.0731	85.4525	53.0364	**24.6100**		207.1720
3	Cost Per Diem Inflated	46.1712	87.7976	55.5611			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1712**	**87.7976**	**55.5611**	**24.6100**		214.1399
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2225		65.8973			
7	Provider Target Rate	**51.6333**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**58.5639**		**67.7484**			
10b	Base for line 10a	56.9638		65.8973			
11	Lesser of 5,7,8,10, 10a	**46.1712**	**87.7976**	**55.5611**	**13.6500**		203.1799
12/13	Medicaid Adjustment Rate		1.2482	0.7899			
14	Prospective Per Diem 11	**46.1712**	**89.0458**	**56.3510**	**13.6500**		**205.2180**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 006767-00 - 2014/01

229.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,947,936**
FRVS Base Asset:	**1,397,653**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**404,179**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,158,349**	**13.2299**
20% ROE(2):	**789,587**	**0.3768**
Insurance Cost(3):	**25,705**	**0.8621**
Taxes Cost(3):	**43,051**	**1.4439**
Home Office(3):	**55,744**	**1.8696**
Replacement(3&4):	**50,550**	**0.0000**
Total FRVS PD:		**17.7823**

(1) 80% Capital ($3,158,349) amortized at 11.5000% for 20 years Principal & Interest of $404,179 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $13.2299
(2) 20% ROE ($789,587) times the ROE factor (0.014580) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.3768
(3) 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:	**51,248**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1712**	**46.1712**	**1.9866**	**44.1846**	
Patient Care					
Direct Care	**89.0458**	**89.0458**	**3.8313**	**85.2145**	
Indirect Care	**56.3510**	**56.3510**	**2.4246**	**53.9264**	
Property	**13.6500**	**17.7823**	**0.7651**	**17.0172**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8770**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.2180**	**209.3503**	**9.0076**	**229.9131**	

***Medicaid Trend Adjustment :**

0 008793-00 - 2014/01

215.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34203		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,077**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,165**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,427**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1985**						
Acquired Date:	**8/1/1985**						
Entered Medicaid	**8/1/1985**						
Med # Active Date:	**7/1/2007**						
Previous Med #	**316610**						

Medicaid Utilization	**67.62802%**
Occupancy:	**88.97313%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.61839%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,075,869	2,257,653	1,012,753	1,408,559	0	5,754,834
1a	Audit Adjustments						
2	Cost Per Diem	40.7110	85.4298	38.3227	**53.3000**		217.7635
3	Cost Per Diem Inflated	42.6490	87.7742	40.1470			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6490**	**87.7742**	**40.1470**	**53.3000**		223.8702
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1195		54.2878			
7	Provider Target Rate	**51.5274**		**55.8127**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**57.1432**		**62.6911**			
10b	Base for line 10a	55.5819		60.9782			
11	Lesser of 5,7,8,10, 10a	**42.6490**	**87.7742**	**40.1470**	**13.6500**		184.2202
12/13	Medicaid Adjustment Rate		1.7407	0.7962			
14	Prospective Per Diem 11	**42.6490**	**89.5149**	**40.9432**	**13.6500**		**186.7571**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 008793-00 - 2014/01

215.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.5228**
Insurance Cost(3):	**41,363**	**1.0585**
Taxes Cost(3):	**76,609**	**1.9605**
Home Office(3):	**7,207**	**0.1844**
Replacement(3&4):	**10,277**	**0.0000**
Total FRVS PD:		**24.1915**

(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 (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5228
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6490**	**42.6490**	**1.8350**	**40.8140**	
Patient Care					
Direct Care	**89.5149**	**89.5149**	**3.8515**	**85.6634**	
Indirect Care	**40.9432**	**40.9432**	**1.7616**	**39.1816**	
Property	**13.6500**	**24.1915**	**1.0409**	**23.1506**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6135**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.7571**	**197.2986**	**8.4890**	**215.1165**	

***Medicaid Trend Adjustment :**

0 010082-00 - 2014/01

224.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**150**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**31**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**30,062**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.09891%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	44.8626	82.8928	60.8992			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8626**	**82.8928**	**60.8992**	**22.4500**		211.1046
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6677		65.1959			
7	Provider Target Rate	**56.2033**		**67.0273**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**52.8006**		**61.1152**			
10b	Base for line 10a	51.3580		59.4454			
11	Lesser of 5,7,8,10, 10a	**44.8626**	**82.8928**	**60.8992**	**13.6500**		202.3046
12/13	Medicaid Adjustment Rate		0.4728	0.3473			
14	Prospective Per Diem 11	**44.8626**	**83.3656**	**61.2465**	**13.6500**		**203.1247**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 010082-00 - 2014/01

224.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,590,916**
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:	**354,217**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,472,733**	**8.9857**
20% ROE(2):	**1,118,183**	**0.5052**
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:		**14.7474**

(1) 80% Capital ($4,472,733) amortized at 5.0000% for 20 years Principal & Interest of $354,217 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9857
(2) 20% ROE ($1,118,183) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5052
(3) 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:	**51,248**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8626**	**44.8626**	**1.9303**	**42.9323**	
Patient Care					
Direct Care	**83.3656**	**83.3656**	**3.5869**	**79.7787**	
Indirect Care	**61.2465**	**61.2465**	**2.6352**	**58.6113**	
Property	**13.6500**	**14.7474**	**0.6345**	**14.1129**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4666**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.1247**	**204.2221**	**8.7869**	**224.5952**	

***Medicaid Trend Adjustment :**

0 010453-00 - 2014/01

227.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Heartlamd 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		**01/01/2012-12/31/2012**		Number of Beds:	**140**	Superior:	**0**
Sarasota FL 34233		Days In CR	**366**	Maximum:	**51,240**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**51,100**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**35,194**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,288**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**5,099**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1994**						
Acquired Date:	**10/1/1994**						
Entered Medicaid	**7/10/2009**						
Med # Active Date:	**7/10/2009**						
Previous Med #							

Medicaid Utilization	**14.48827%**
Occupancy:	**68.68462%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.39411%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	238,926	477,680	286,650	105,039	6,745	1,115,040
1a	Audit Adjustments						
2	Cost Per Diem	46.8574	93.6811	56.2169	**20.5999**	**1.3228**	218.6781
3	Cost Per Diem Inflated	49.0880	96.2520	58.8930			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0880**	**96.2520**	**58.8930**	**20.5999**	**1.3228**	226.1557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	88.3107		78.1140			
7	Provider Target Rate	**90.7913**		**80.3082**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.7630**		**61.3800**			
10b	Base for line 10a	52.2941		59.7029			
11	Lesser of 5,7,8,10, 10a	**49.0880**	**96.2520**	**58.8930**	**13.6500**	**1.3228**	219.2058
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.0880**	**96.2520**	**58.8930**	**13.6500**	**1.3228**	**219.2058**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 010453-00 - 2014/01

227.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heartlamd 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	**0.014580**

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**	**0.3100**
Insurance Cost(3):	**23,467**	**0.6668**
Taxes Cost(3):	**84,296**	**2.3952**
Home Office(3):	**28,420**	**0.8075**
Replacement(3&4):	**200,233**	**0.0000**
Total FRVS PD:		**9.9117**

(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 (0.014580) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.3100
(3) 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:	**51,248**
		Effective PBS Limitation	**4,734,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0880**	**49.0880**	**2.1121**	**46.9759**	
Patient Care					
Direct Care	**96.2520**	**96.2520**	**4.1414**	**92.1106**	
Indirect Care	**58.8930**	**58.8930**	**2.5339**	**56.3591**	
Property	**13.6500**	**9.9117**	**0.4265**	**9.4852**	
ROE	**1.3228**	**0.2812**	**0.0121**	**0.2691**	
ROE Adjustment	**-0.2812**	**-0.2812**	**-0.0121**	**-0.2691**	
Quality Assess-Medicaid Share				**$13.3826**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.9246**	**214.1447**	**9.2139**	**227.0068**	

***Medicaid Trend Adjustment :**

8

0 011997-00 - 2014/01

216.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**28,552**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,708**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**4,644**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1994**						
Acquired Date:	**12/1/1994**						
Entered Medicaid	**8/5/2009**						
Med # Active Date:	**8/5/2009**						
Previous Med #							

Medicaid Utilization	**16.26506%**
Occupancy:	**65.00911%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**80.82443%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	303,351	367,706	311,374	150,698	949	1,134,078
1a	Audit Adjustments						
2	Cost Per Diem	65.3211	79.1787	67.0487	**32.4500**	**0.2043**	244.2028
3	Cost Per Diem Inflated	68.4306	81.3516	70.2405			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**68.4306**	**81.3516**	**70.2405**	**32.4500**	**0.2043**	252.6770
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	82.8277		81.2710			
7	Provider Target Rate	**85.1543**		**83.5539**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.5755**		**60.9803**			
10b	Base for line 10a	53.0844		59.3142			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**81.3516**	**60.9803**	**13.6500**	**0.2043**	210.2085
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**81.3516**	**60.9803**	**13.6500**	**0.2043**	**210.2085**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 011997-00 - 2014/01

216.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3139**
Insurance Cost(3):	**19,290**	**0.6756**
Taxes Cost(3):	**107,431**	**3.7626**
Home Office(3):	**25,998**	**0.9105**
Replacement(3&4):	**155,761**	**0.0000**
Total FRVS PD:		**11.4665**

(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 (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3139
(3) 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:	**51,248**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**81.3516**	**81.3516**	**3.5003**	**77.8513**	
Indirect Care	**60.9803**	**60.9803**	**2.6238**	**58.3565**	
Property	**13.6500**	**11.4665**	**0.4934**	**10.9731**	
ROE	**0.2043**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.6163**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.2085**	**207.8207**	**8.9419**	**216.1885**	

***Medicaid Trend Adjustment :**

0 011998-00 - 2014/01

235.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**72**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**366**	Maximum:	**26,352**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2014/01**	Max Annualized:	**26,280**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**19,860**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,026**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,386**		
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	**17.04935%**
Occupancy:	**75.36430%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**93.69882%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	176,765	263,441	245,282	194,187	0	879,675
1a	Audit Adjustments						
2	Cost Per Diem	52.2047	77.8030	72.4400	**57.3500**		259.7977
3	Cost Per Diem Inflated	54.6899	79.9381	75.8884			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6899**	**79.9381**	**75.8884**	**57.3500**		267.8664
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5119		82.3510			
7	Provider Target Rate	**56.0431**		**84.6642**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**69.6348**		**77.2394**			
10b	Base for line 10a	67.7322		75.1290			
11	Lesser of 5,7,8,10, 10a	**54.6899**	**79.9381**	**75.8884**	**13.6500**		224.1664
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.6899**	**79.9381**	**75.8884**	**13.6500**		**224.1664**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 011998-00 - 2014/01

235.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3986**
Insurance Cost(3):	**10,826**	**0.5451**
Taxes Cost(3):	**34,098**	**1.7169**
Home Office(3):	**8,476**	**0.4268**
Replacement(3&4):	**52,512**	**0.0000**
Total FRVS PD:		**11.9292**

(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 (0.014580) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $0.3986
(3) 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:	**51,248**
		Effective PBS Limitation	**3,098,232**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.6899**	**54.6899**	**2.3531**	**52.3368**	
Patient Care					
Direct Care	**79.9381**	**79.9381**	**3.4394**	**76.4987**	
Indirect Care	**75.8884**	**75.8884**	**3.2652**	**72.6232**	
Property	**13.6500**	**11.9292**	**0.5133**	**11.4159**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.5219**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.1664**	**222.4456**	**9.5710**	**235.0899**	

***Medicaid Trend Adjustment :**

5

0 014169-00 - 2014/01

229.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,031**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,749**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,876**		
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	**53.31579%**
Occupancy:	**93.42213%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.14974%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	932,347	2,040,042	1,338,452	722,564	0	5,033,405
1a	Audit Adjustments						
2	Cost Per Diem	42.6196	93.2548	61.1836	**33.0300**		230.0880
3	Cost Per Diem Inflated	44.5751	95.7344	63.9909			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5751**	**95.7344**	**63.9909**	**33.0300**		237.3304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8474		70.8259			
7	Provider Target Rate	**52.2757**		**72.8154**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**56.3088**		**65.5423**			
10b	Base for line 10a	54.7703		63.7515			
11	Lesser of 5,7,8,10, 10a	**44.5751**	**95.7344**	**61.0784**	**13.6500**		215.0379
12/13	Medicaid Adjustment Rate		0.3571	0.2278			
14	Prospective Per Diem 11	**44.5751**	**96.0915**	**61.3062**	**13.6500**		**215.6228**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 014169-00 - 2014/01

229.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,976,475**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**262,443**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,381,180**	**6.6576**
20% ROE(2):	**595,295**	**0.2202**
Insurance Cost(3):	**120,015**	**2.9250**
Taxes Cost(3):	**116,781**	**2.8462**
Home Office(3):	**13,032**	**0.3176**
Replacement(3&4):	**41,962**	**0.0000**
Total FRVS PD:		**12.9666**

(1) 80% Capital ($2,381,180) amortized at 9.2900% for 20 years Principal & Interest of $262,443 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6576
(2) 20% ROE ($595,295) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2202
(3) 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:	**51,248**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5751**	**44.5751**	**1.9179**	**42.6572**	
Patient Care					
Direct Care	**96.0915**	**96.0915**	**4.1345**	**91.9570**	
Indirect Care	**61.3062**	**61.3062**	**2.6378**	**58.6684**	
Property	**13.6500**	**12.9666**	**0.5579**	**12.4087**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.0549**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.6228**	**214.9394**	**9.2481**	**229.4396**	

***Medicaid Trend Adjustment :**

0 015613-00 - 2014/01

209.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Carrabelle FL 32322		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Franklin[19]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**26,397**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,097**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**22,273**		
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	**84.37701%**
Occupancy:	**80.13661%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.63213%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	900,939	1,608,567	1,064,085	1,096,945	0	4,670,536
1a	Audit Adjustments						
2	Cost Per Diem	40.4498	72.2205	47.7747	**49.2500**		209.6950
3	Cost Per Diem Inflated	42.3754	74.2024	50.0490			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.3754**	**74.2024**	**50.0490**	**49.2500**		215.8768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	108.2289		109.0161			
7	Provider Target Rate	**111.2690**		**112.0784**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**51.8872**		**60.8696**			
10b	Base for line 10a	50.4695		59.2065			
11	Lesser of 5,7,8,10, 10a	**42.3754**	**74.2024**	**50.0490**	**13.6500**		180.2768
12/13	Medicaid Adjustment Rate		2.8697	1.9356			
14	Prospective Per Diem 11	**42.3754**	**77.0721**	**51.9846**	**13.6500**		**185.0821**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 015613-00 - 2014/01

209.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,349,824**
FRVS Base Asset:	**4,229,370**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**226,072**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,479,859**	**7.6466**
20% ROE(2):	**869,965**	**0.4290**
Insurance Cost(3):	**73,059**	**2.7677**
Taxes Cost(3):	**67,039**	**2.5396**
Home Office(3):	**15,943**	**0.6040**
Replacement(3&4):	**21,596**	**0.0000**
Total FRVS PD:		**13.9869**

(1) 80% Capital ($3,479,859) amortized at 2.7341% for 20 years Principal & Interest of $226,072 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $7.6466
(2) 20% ROE ($869,965) times the ROE factor (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4290
(3) 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:	**51,248**
		Effective PBS Limitation	**4,229,370**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3754**	**42.3754**	**1.8233**	**40.5521**	
Patient Care					
Direct Care	**77.0721**	**77.0721**	**3.3161**	**73.7560**	
Indirect Care	**51.9846**	**51.9846**	**2.2367**	**49.7479**	
Property	**13.6500**	**13.9869**	**0.6018**	**13.3851**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.1659**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.0821**	**185.4190**	**7.9779**	**209.3004**	

***Medicaid Trend Adjustment :**

0

0 017221-00 - 2014/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32504-8511		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**42,749**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,266**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,102**		
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	**65.73721%**
Occupancy:	**97.33379%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.01301%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,296,901	2,111,545	1,300,147	742,455	0	5,451,048
1a	Audit Adjustments						
2	Cost Per Diem	46.1498	75.1386	46.2653	**26.4200**		193.9737
3	Cost Per Diem Inflated	48.3467	77.2006	48.4677			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3467**	**77.2006**	**48.4677**	**26.4200**		200.4350
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.8783		61.0510			
7	Provider Target Rate	**47.1670**		**62.7659**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.6661**		**56.7885**			
10b	Base for line 10a	45.3911		55.2369			
11	Lesser of 5,7,8,10, 10a	**46.6661**	**77.2006**	**48.4677**	**13.6500**		185.9844
12/13	Medicaid Adjustment Rate		1.3668	0.8581			
14	Prospective Per Diem 11	**46.6661**	**78.5674**	**49.3258**	**13.6500**		**188.2093**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017221-00 - 2014/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,985,607**
FRVS Base Asset:	**1,740,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**305,658**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,388,486**	**7.7539**
20% ROE(2):	**597,121**	**0.2209**
Insurance Cost(3):	**37,897**	**0.8865**
Taxes Cost(3):	**50,683**	**1.1856**
Home Office(3):	**65,350**	**1.5287**
Replacement(3&4):	**180,627**	**0.0000**
Total FRVS PD:		**11.5756**

(1) 80% Capital ($2,388,486) amortized at 11.5000% for 20 years Principal & Interest of $305,658 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7539
(2) 20% ROE ($597,121) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2209
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6661**	**46.6661**	**2.0079**	**44.6582**	
Patient Care					
Direct Care	**78.5674**	**78.5674**	**3.3805**	**75.1869**	
Indirect Care	**49.3258**	**49.3258**	**2.1223**	**47.2035**	
Property	**13.6500**	**11.5756**	**0.4981**	**11.0775**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4745**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.2093**	**186.1349**	**8.0088**	**206.2940**	

***Medicaid Trend Adjustment :**

0 017222-00 - 2014/01

227.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**170**	Superior:	**0**
Margate FL 33063		Days In CR	**366**	Maximum:	**62,220**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**56,620**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,618**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**35,095**		
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	**61.98340%**
Occupancy:	**90.99968%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.13795%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,537,744	2,987,539	1,758,896	1,435,035	0	7,719,214
1a	Audit Adjustments						
2	Cost Per Diem	43.8166	85.1272	50.1181	**40.8900**		219.9519
3	Cost Per Diem Inflated	45.9024	87.4633	52.5039			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9024**	**87.4633**	**52.5039**	**40.8900**		226.7596
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0568		59.7970			
7	Provider Target Rate	**49.4067**		**61.4767**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**49.5345**		**59.3444**			
10b	Base for line 10a	48.1811		57.7230			
11	Lesser of 5,7,8,10, 10a	**45.9024**	**87.4633**	**52.5039**	**13.6500**		199.5196
12/13	Medicaid Adjustment Rate		1.1791	0.7078			
14	Prospective Per Diem 11	**45.9024**	**88.6424**	**53.2117**	**13.6500**		**201.4065**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017222-00 - 2014/01

227.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,116,017**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**791,003**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,492,814**	**14.1643**
20% ROE(2):	**1,623,203**	**0.4238**
Insurance Cost(3):	**49,597**	**0.8760**
Taxes Cost(3):	**273,045**	**4.8224**
Home Office(3):	**82,813**	**1.4626**
Replacement(3&4):	**327,512**	**0.0000**
Total FRVS PD:		**21.7491**

(1) 80% Capital ($6,492,814) amortized at 10.7500% for 20 years Principal & Interest of $791,003 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $14.1643
(2) 20% ROE ($1,623,203) times the ROE factor (0.014580) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.4238
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9024**	**45.9024**	**1.9750**	**43.9274**	
Patient Care					
Direct Care	**88.6424**	**88.6424**	**3.8139**	**84.8285**	
Indirect Care	**53.2117**	**53.2117**	**2.2895**	**50.9222**	
Property	**13.6500**	**21.7491**	**0.9358**	**20.8133**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2549**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.4065**	**209.5056**	**9.0142**	**227.4397**	

***Medicaid Trend Adjustment :**

0 017223-00 - 2014/01

205.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**155**	Superior:	**0**
Pensacola FL 32501		Days In CR	**366**	Maximum:	**56,730**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**53,483**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,237**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**39,461**		
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	**73.78232%**
Occupancy:	**94.27640%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.21182%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,510,014	3,247,680	1,756,982	821,578	0	7,336,254
1a	Audit Adjustments						
2	Cost Per Diem	38.2660	82.3010	44.5245	**20.8200**		185.9115
3	Cost Per Diem Inflated	40.0876	84.5596	46.6440			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.0876**	**84.5596**	**46.6440**	**20.8200**		192.1112
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7866		54.6195			
7	Provider Target Rate	**46.0447**		**56.1538**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**45.8264**		**56.5038**			
10b	Base for line 10a	44.5743		54.9600			
11	Lesser of 5,7,8,10, 10a	**40.0876**	**84.5596**	**46.6440**	**13.6500**		184.9412
12/13	Medicaid Adjustment Rate		2.2624	1.2480			
14	Prospective Per Diem 11	**40.0876**	**86.8220**	**47.8920**	**13.6500**		**188.4516**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017223-00 - 2014/01

205.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.1867**
Insurance Cost(3):	**42,292**	**0.7908**
Taxes Cost(3):	**27,742**	**0.5187**
Home Office(3):	**71,406**	**1.3351**
Replacement(3&4):	**179,744**	**0.0000**
Total FRVS PD:		**8.3613**

(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 (0.014580) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.1867
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,417,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.0876**	**40.0876**	**1.7248**	**38.3628**	
Patient Care					
Direct Care	**86.8220**	**86.8220**	**3.7356**	**83.0864**	
Indirect Care	**47.8920**	**47.8920**	**2.0606**	**45.8314**	
Property	**13.6500**	**8.3613**	**0.3598**	**8.0015**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8192**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.4516**	**183.1629**	**7.8808**	**205.7947**	

***Medicaid Trend Adjustment :**

0 017225-00 - 2014/01

218.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Gulf Breeze FL 32563		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**40,051**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,943**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,285**		
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	**60.63519%**
Occupancy:	**91.19080%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.37557%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	957,261	2,075,250	1,206,387	741,178	0	4,980,076
1a	Audit Adjustments						
2	Cost Per Diem	39.4178	85.4540	49.6762	**30.5200**		205.0680
3	Cost Per Diem Inflated	41.2942	87.7991	52.0410			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2942**	**87.7991**	**52.0410**	**30.5200**		211.6543
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8903		59.0018			
7	Provider Target Rate	**45.1232**		**60.6592**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**44.7923**		**56.7885**			
10b	Base for line 10a	43.5685		55.2369			
11	Lesser of 5,7,8,10, 10a	**41.2942**	**87.7991**	**52.0410**	**13.6500**		194.7843
12/13	Medicaid Adjustment Rate		1.0505	0.6226			
14	Prospective Per Diem 11	**41.2942**	**88.8496**	**52.6636**	**13.6500**		**196.4574**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017225-00 - 2014/01

218.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,920,845**
FRVS Base Asset:	**1,698,423**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**503,783**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,936,676**	**12.7799**
20% ROE(2):	**984,169**	**0.3640**
Insurance Cost(3):	**31,048**	**0.7752**
Taxes Cost(3):	**34,908**	**0.8716**
Home Office(3):	**63,429**	**1.5837**
Replacement(3&4):	**214,607**	**0.0000**
Total FRVS PD:		**16.3744**

(1) 80% Capital ($3,936,676) amortized at 11.5000% for 20 years Principal & Interest of $503,783 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7799
(2) 20% ROE ($984,169) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3640
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2942**	**41.2942**	**1.7767**	**39.5175**	
Patient Care					
Direct Care	**88.8496**	**88.8496**	**3.8229**	**85.0267**	
Indirect Care	**52.6636**	**52.6636**	**2.2659**	**50.3977**	
Property	**13.6500**	**16.3744**	**0.7045**	**15.6699**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6480**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.4574**	**199.1818**	**8.5700**	**218.9532**	

***Medicaid Trend Adjustment :**

0 017230-00 - 2014/01

204.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Crestview FL 32539		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**21,177**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,377**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**14,329**		
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	**67.66303%**
Occupancy:	**96.43443%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.89485%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	620,236	956,257	670,856	473,573	0	2,720,922
1a	Audit Adjustments						
2	Cost Per Diem	43.2854	66.7358	46.8181	**33.0500**		189.8893
3	Cost Per Diem Inflated	45.3460	68.5672	49.0468			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3460**	**68.5672**	**49.0468**	**33.0500**		196.0100
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4904		60.0031			
7	Provider Target Rate	**52.9368**		**61.6886**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**51.9694**		**62.0226**			
10b	Base for line 10a	50.5495		60.3280			
11	Lesser of 5,7,8,10, 10a	**45.3460**	**68.5672**	**49.0468**	**13.6500**		176.6100
12/13	Medicaid Adjustment Rate		1.3625	0.9746			
14	Prospective Per Diem 11	**45.3460**	**69.9297**	**50.0214**	**13.6500**		**178.9471**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017230-00 - 2014/01

204.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,880,159**
FRVS Base Asset:	**1,779,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**294,863**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,304,127**	**14.9601**
20% ROE(2):	**576,032**	**0.4261**
Insurance Cost(3):	**21,984**	**1.0381**
Taxes Cost(3):	**19,902**	**0.9398**
Home Office(3):	**46,541**	**2.1977**
Replacement(3&4):	**92,669**	**0.0000**
Total FRVS PD:		**19.5618**

(1) 80% Capital ($2,304,127) amortized at 11.5000% for 20 years Principal & Interest of $294,863 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.9601
(2) 20% ROE ($576,032) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4261
(3) 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:	**51,248**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3460**	**45.3460**	**1.9511**	**43.3949**	
Patient Care					
Direct Care	**69.9297**	**69.9297**	**3.0088**	**66.9209**	
Indirect Care	**50.0214**	**50.0214**	**2.1522**	**47.8692**	
Property	**13.6500**	**19.5618**	**0.8417**	**18.7201**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5923**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.9471**	**184.8589**	**7.9538**	**204.1908**	

***Medicaid Trend Adjustment :**

0 017236-00 - 2014/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32526		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**41,821**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,168**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,408**		
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	**60.75417%**
Occupancy:	**95.22086%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.38605%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,008,539	2,162,566	1,191,724	721,333	0	5,084,162
1a	Audit Adjustments						
2	Cost Per Diem	39.6938	85.1136	46.9035	**28.3900**		200.1009
3	Cost Per Diem Inflated	41.5834	87.4494	49.1363			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5834**	**87.4494**	**49.1363**	**28.3900**		206.5591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1288		59.7192			
7	Provider Target Rate	**46.3965**		**61.3967**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.6661**		**56.7939**			
10b	Base for line 10a	45.3911		55.2421			
11	Lesser of 5,7,8,10, 10a	**41.5834**	**87.4494**	**49.1363**	**13.6500**		191.8191
12/13	Medicaid Adjustment Rate		1.0580	0.5945			
14	Prospective Per Diem 11	**41.5834**	**88.5074**	**49.7308**	**13.6500**		**193.4716**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017236-00 - 2014/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,378,737**
FRVS Base Asset:	**3,576,837**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**550,660**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,302,990**	**13.9691**
20% ROE(2):	**1,075,747**	**0.3979**
Insurance Cost(3):	**39,279**	**0.9392**
Taxes Cost(3):	**37,637**	**0.9000**
Home Office(3):	**66,295**	**1.5852**
Replacement(3&4):	**149,813**	**0.0000**
Total FRVS PD:		**17.7914**

(1) 80% Capital ($4,302,990) amortized at 11.5000% for 20 years Principal & Interest of $550,660 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9691
(2) 20% ROE ($1,075,747) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3979
(3) 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:	**51,248**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5834**	**41.5834**	**1.7892**	**39.7942**	
Patient Care					
Direct Care	**88.5074**	**88.5074**	**3.8081**	**84.6993**	
Indirect Care	**49.7308**	**49.7308**	**2.1397**	**47.5911**	
Property	**13.6500**	**17.7914**	**0.7655**	**17.0259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2807**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.4716**	**197.6130**	**8.5025**	**217.0846**	

***Medicaid Trend Adjustment :**

0 017242-00 - 2014/01

232.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**97**	Superior:	**0**
Destin FL 32550		Days In CR	**366**	Maximum:	**35,502**	Standard:	**181**
County:	**Walton[66]**	First Used:	**2014/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**25,153**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,046**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**14,227**		
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	**56.56184%**
Occupancy:	**70.84953%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**88.08571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	674,672	1,134,085	893,491	694,847	0	3,397,095
1a	Audit Adjustments						
2	Cost Per Diem	47.4219	79.7136	62.8025	**48.8400**		238.7780
3	Cost Per Diem Inflated	49.6794	81.9012	65.7922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6794**	**81.9012**	**65.7922**	**48.8400**		246.2128
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1745		61.3434			
7	Provider Target Rate	**52.6120**		**63.0665**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**50.2954**		**62.3514**			
10b	Base for line 10a	48.9212		60.6478			
11	Lesser of 5,7,8,10, 10a	**49.6794**	**81.9012**	**62.3514**	**13.6500**		207.5820
12/13	Medicaid Adjustment Rate		0.6046	0.4603			
14	Prospective Per Diem 11	**49.6794**	**82.5058**	**62.8117**	**13.6500**		**208.6469**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017242-00 - 2014/01

232.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,748,157**
FRVS Base Asset:	**1,765,380**
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:	**11.5000**	**%**
Chase Rate:	**8.5000**	**%**
Amortization Rate:	**10.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**455,085**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,798,526**	**14.2819**
20% ROE(2):	**949,631**	**0.4345**
Insurance Cost(3):	**33,668**	**1.3385**
Taxes Cost(3):	**22,302**	**0.8867**
Home Office(3):	**52,086**	**2.0708**
Replacement(3&4):	**137,629**	**0.0000**
Total FRVS PD:		**19.0124**

(1) 80% Capital ($3,798,526) amortized at 10.5000% for 20 years Principal & Interest of $455,085 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $14.2819
(2) 20% ROE ($949,631) times the ROE factor (0.014580) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.4345
(3) 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:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6794**	**49.6794**	**2.1375**	**47.5419**	
Patient Care					
Direct Care	**82.5058**	**82.5058**	**3.5499**	**78.9559**	
Indirect Care	**62.8117**	**62.8117**	**2.7025**	**60.1092**	
Property	**13.6500**	**19.0124**	**0.8180**	**18.1944**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6774**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.6469**	**214.0093**	**9.2079**	**232.1722**	

***Medicaid Trend Adjustment :**

0 017301-00 - 2014/01

215.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Lake Bennett Health and Rehablitation

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Ocoee FL 34761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,372**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,645**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,975**		
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	**53.11563%**
Occupancy:	**94.45662%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.43588%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,023,612	1,691,128	1,237,778	790,661	0	4,743,179
1a	Audit Adjustments						
2	Cost Per Diem	46.5808	76.9569	56.3266	**35.9800**		215.8443
3	Cost Per Diem Inflated	48.2185	78.6763	58.3070			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2185**	**78.6763**	**58.3070**	**35.9800**		221.1818
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1508		64.0973			
7	Provider Target Rate	**55.6719**		**65.8978**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**47.7201**		**61.6400**			
10b	Base for line 10a	46.4163		59.9558			
11	Lesser of 5,7,8,10, 10a	**47.7201**	**78.6763**	**58.3070**	**13.6500**		198.3534
12/13	Medicaid Adjustment Rate		0.2758	0.2044			
14	Prospective Per Diem 11	**47.7201**	**78.9521**	**58.5114**	**13.6500**		**198.8336**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 017301-00 - 2014/01

215.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Lake Bennett Health and Rehablitation

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	**5,441,627**
FRVS Base Asset:	**4,407,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**405,013**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,353,302**	**10.2743**
20% ROE(2):	**1,088,325**	**0.3970**
Insurance Cost(3):	**48,816**	**1.1799**
Taxes Cost(3):	**70,212**	**1.6971**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5483**

(1) 80% Capital ($4,353,302) amortized at 7.0000% for 20 years Principal & Interest of $405,013 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2743
(2) 20% ROE ($1,088,325) times the ROE factor (0.014380) divided by annual available days (43,800) 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:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**119**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,407,879**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7201**	**47.7201**	**2.0532**	**45.6669**	
Patient Care					
Direct Care	**78.9521**	**78.9521**	**3.3970**	**75.5551**	
Indirect Care	**58.5114**	**58.5114**	**2.5175**	**55.9939**	
Property	**13.6500**	**13.5483**	**0.5829**	**12.9654**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3784**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.8336**	**198.7319**	**8.5506**	**215.2531**	

***Medicaid Trend Adjustment :**

0 018066-00 - 2014/01

222.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**12,775**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**11,908**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.57347%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	47.5397	85.3034	96.7462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5397**	**85.3034**	**96.7462**	**20.7901**		250.3794
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.6240		107.7639			
7	Provider Target Rate	**74.6640**		**110.7910**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5397**	**85.3034**	**79.1810**	**13.6500**		225.6741
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.5397**	**85.3034**	**79.1810**	**13.6500**		**225.6741**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 018066-00 - 2014/01

222.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,324,713**
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:	**99,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,059,770**	**8.6871**
20% ROE(2):	**264,943**	**0.4104**
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:		**11.6923**

(1) 80% Capital ($1,059,770) amortized at 9.5000% for 20 years Interest of $99,880 divided by annual available days (12,775) divided by Occup. Adj. (0.9000) = $8.6871
(2) 20% ROE ($264,943) times the ROE factor (0.017810) divided by annual available days (12,775) 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	**35**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**997,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5397**	**47.5397**	**2.0455**	**45.4942**	
Patient Care					
Direct Care	**85.3034**	**85.3034**	**3.6703**	**81.6331**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**11.6923**	**0.5031**	**11.1892**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.6741**	**223.7164**	**9.6258**	**222.7840**	

***Medicaid Trend Adjustment :**

0 018777-00 - 2014/01

245.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Sarasota[58]**		First Used:	**2013/07**	Max Annualized:	**34,675**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**22,313**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**68.38722%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28118151**
Semester Index:	**1.34444818**
Cost:	**1.04938150**
Target:	**1.01966300**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02815583**
PS Target:	**1.02809000**

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	87.9589	140.4372	84.7536			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**87.9589**	**140.4372**	**84.7536**	**26.2300**		339.3797
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.3027		90.3710			
7	Provider Target Rate	**80.5022**		**92.9095**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**62.1459**		**74.5206**			
10b	Base for line 10a	60.4479		72.4845			
11	Lesser of 5,7,8,10, 10a	**62.1459**	**105.0880**	**74.5206**	**13.6500**		255.4045
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**62.1459**	**105.0880**	**74.5206**	**13.6500**		**255.4045**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 018777-00 - 2014/01

245.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,321,545**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.1459**	**62.1459**	**2.6739**	**59.4720**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**74.5206**	**74.5206**	**3.2063**	**71.3143**	
Property	**13.6500**	**5.5367**	**0.2382**	**5.2985**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**255.4045**	**247.2912**	**10.6399**	**245.3447**	

***Medicaid Trend Adjustment :**

0 019085-00 - 2014/01

213.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**20,440**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**17,332**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.13517%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	53.1792	70.9309	53.6410			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1792**	**70.9309**	**53.6410**	**14.9900**		192.7411
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.7533		73.6118			
7	Provider Target Rate	**70.6846**		**75.6796**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**57.8580**		**62.5691**			
10b	Base for line 10a	56.2772		60.8596			
11	Lesser of 5,7,8,10, 10a	**53.1792**	**70.9309**	**53.6410**	**13.6500**		191.4011
12/13	Medicaid Adjustment Rate		1.3550	1.0247			
14	Prospective Per Diem 11	**53.1792**	**72.2859**	**54.6657**	**13.6500**		**193.7808**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019085-00 - 2014/01

213.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,765,269**
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:	**182,664**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,412,215**	**9.9296**
20% ROE(2):	**353,054**	**0.2959**
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:		**12.8142**

(1) 80% Capital ($1,412,215) amortized at 13.0000% for 20 years Interest of $182,664 divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $9.9296
(2) 20% ROE ($353,054) times the ROE factor (0.015420) divided by annual available days (20,440) divided by Occup. Adj. (0.9000) = $0.2959
(3) 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:	**51,248**
		Effective PBS Limitation	**1,152,032**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.1792**	**53.1792**	**2.2881**	**50.8911**	
Patient Care					
Direct Care	**72.2859**	**72.2859**	**3.1102**	**69.1757**	
Indirect Care	**54.6657**	**54.6657**	**2.3521**	**52.3136**	
Property	**13.6500**	**12.8142**	**0.5513**	**12.2629**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1433**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.7808**	**192.9450**	**8.3017**	**213.4800**	

***Medicaid Trend Adjustment :**

0 019282-00 - 2014/01

184.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**32,819**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**92.90337%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	42.0704	68.4953	38.6336			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.0704**	**68.4953**	**38.6336**	**20.2700**		169.4693
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.0993		52.8903			
7	Provider Target Rate	**52.5347**		**54.3760**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.8704**		**52.7337**			
10b	Base for line 10a	47.5351		51.2929			
11	Lesser of 5,7,8,10, 10a	**42.0704**	**68.4953**	**38.6336**	**13.6500**		162.8493
12/13	Medicaid Adjustment Rate		1.3861	0.7818			
14	Prospective Per Diem 11	**42.0704**	**69.8814**	**39.4154**	**13.6500**		**165.0172**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019282-00 - 2014/01

184.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,184,137**
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:	**329,484**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,547,310**	**8.3583**
20% ROE(2):	**636,827**	**0.2491**
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:		**10.7913**

(1) 80% Capital ($2,547,310) amortized at 13.0000% for 20 years Interest of $329,484 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3583
(2) 20% ROE ($636,827) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2491
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.0704**	**42.0704**	**1.8101**	**40.2603**	
Patient Care					
Direct Care	**69.8814**	**69.8814**	**3.0067**	**66.8747**	
Indirect Care	**39.4154**	**39.4154**	**1.6959**	**37.7195**	
Property	**13.6500**	**10.7913**	**0.4643**	**10.3270**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3702**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**165.0172**	**162.1585**	**6.9770**	**184.2451**	

***Medicaid Trend Adjustment :**

0 019284-00 - 2014/01

198.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**53,354**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,133**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,320**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1972**						
Acquired Date:	**7/1/1972**						
Entered Medicaid	**7/1/1972**						
Med # Active Date:	**4/1/2010**						
Previous Med #	**262714**						

Medicaid Utilization	**83.06781%**
Occupancy:	**80.98664%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**100.68896%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	41.5126	75.8166	41.7268			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5126**	**75.8166**	**41.7268**	**16.6100**		175.6660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2185		48.6838			
7	Provider Target Rate	**46.4887**		**50.0513**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**44.1448**		**50.5395**			
10b	Base for line 10a	42.9387		49.1586			
11	Lesser of 5,7,8,10, 10a	**41.5126**	**75.8166**	**41.7268**	**13.6500**		172.7060
12/13	Medicaid Adjustment Rate		2.8205	1.5523			
14	Prospective Per Diem 11	**41.5126**	**78.6371**	**43.2791**	**13.6500**		**177.0788**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019284-00 - 2014/01

198.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5126**	**41.5126**	**1.7861**	**39.7265**	
Patient Care					
Direct Care	**78.6371**	**78.6371**	**3.3835**	**75.2536**	
Indirect Care	**43.2791**	**43.2791**	**1.8621**	**41.4170**	
Property	**13.6500**	**11.7916**	**0.5073**	**11.2843**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0844**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.0788**	**175.2204**	**7.5390**	**198.4592**	

***Medicaid Trend Adjustment :**

0 019287-00 - 2014/01

200.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**24,455**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**22,562**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.39055%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	50.4163	70.7351	44.2797			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4163**	**70.7351**	**44.2797**	**17.9700**		183.4011
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8703		65.8973			
7	Provider Target Rate	**57.4397**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**57.9898**		**67.7484**			
10b	Base for line 10a	56.4054		65.8973			
11	Lesser of 5,7,8,10, 10a	**50.4163**	**70.7351**	**44.2797**	**13.6500**		179.0811
12/13	Medicaid Adjustment Rate		0.4458	0.2791			
14	Prospective Per Diem 11	**50.4163**	**71.1809**	**44.5588**	**13.6500**		**179.8060**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 019287-00 - 2014/01

200.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,012,693**
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:	**208,267**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,610,154**	**9.4626**
20% ROE(2):	**402,539**	**0.2820**
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:		**13.8354**

(1) 80% Capital ($1,610,154) amortized at 13.0000% for 20 years Interest of $208,267 divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $9.4626
(2) 20% ROE ($402,539) times the ROE factor (0.015420) divided by annual available days (24,455) divided by Occup. Adj. (0.9000) = $0.2820
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,909,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.4163**	**50.4163**	**2.1692**	**48.2471**	
Patient Care					
Direct Care	**71.1809**	**71.1809**	**3.0626**	**68.1183**	
Indirect Care	**44.5588**	**44.5588**	**1.9172**	**42.6416**	
Property	**13.6500**	**13.8354**	**0.5953**	**13.2401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1109**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.8060**	**179.9914**	**7.7443**	**200.0514**	

***Medicaid Trend Adjustment :**

0 021261-00 - 2014/01

194.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**42,294**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,504**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**33,326**		
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	**78.79605%**
Occupancy:	**96.29781%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.72500%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,712	2,382,496	1,395,784	766,498	0	5,834,490
1a	Audit Adjustments						
2	Cost Per Diem	38.6999	71.4906	41.8827	**23.0000**		175.0732
3	Cost Per Diem Inflated	40.5422	73.4525	43.8765			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5422**	**73.4525**	**43.8765**	**23.0000**		180.8712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.2673		66.6987			
7	Provider Target Rate	**48.5950**		**68.5723**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**45.1726**		**57.0206**			
10b	Base for line 10a	43.9384		55.4627			
11	Lesser of 5,7,8,10, 10a	**40.5422**	**73.4525**	**43.8765**	**13.6500**		171.5212
12/13	Medicaid Adjustment Rate		2.3795	1.4214			
14	Prospective Per Diem 11	**40.5422**	**75.8320**	**45.2979**	**13.6500**		**175.3221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 021261-00 - 2014/01

194.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,542,839**
FRVS Base Asset:	**2,020,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**229,729**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,434,271**	**5.8277**
20% ROE(2):	**1,108,568**	**0.4100**
Insurance Cost(3):	**41,037**	**0.9703**
Taxes Cost(3):	**45,246**	**1.0698**
Home Office(3):	**61,121**	**1.4451**
Replacement(3&4):	**187,754**	**0.0000**
Total FRVS PD:		**9.7229**

(1) 80% Capital ($4,434,271) amortized at 5.2500% for 20 years Interest of $229,729 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8277
(2) 20% ROE ($1,108,568) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4100
(3) 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:	**51,248**
		Effective PBS Limitation	**2,409,288**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5422**	**40.5422**	**1.7444**	**38.7978**	
Patient Care					
Direct Care	**75.8320**	**75.8320**	**3.2628**	**72.5692**	
Indirect Care	**45.2979**	**45.2979**	**1.9490**	**43.3489**	
Property	**13.6500**	**9.7229**	**0.4183**	**9.3046**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6769**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.3221**	**171.3950**	**7.3745**	**194.3908**	

***Medicaid Trend Adjustment :**

0 022138-00 - 2014/01

236.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**99**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**35,664**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2014/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**30,907**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,800**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**11,550**		
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	**37.37018%**
Occupancy:	**86.66162%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.74453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	798,119	1,052,837	865,373	223,377	11,733	2,951,439
1a	Audit Adjustments						
2	Cost Per Diem	69.1012	91.1547	74.9241	**19.3400**	**1.0158**	255.5358
3	Cost Per Diem Inflated	72.3907	93.6562	78.4908			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**72.3907**	**93.6562**	**78.4908**	**19.3400**	**1.0158**	264.8935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	81.2419		81.6275			
7	Provider Target Rate	**83.5240**		**83.9204**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**56.4597**		**66.8910**			
10b	Base for line 10a	54.9171		65.0634			
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**65.1932**	**13.6500**	**1.0158**	226.0476
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**92.5525**	**65.1932**	**13.6500**	**1.0158**	**226.0476**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022138-00 - 2014/01

236.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,332,029**
FRVS Base Asset:	**813,756**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**9,750,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.9423**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**280,235**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,465,623**	**8.6169**
20% ROE(2):	**866,406**	**0.3884**
Insurance Cost(3):	**103,567**	**3.3509**
Taxes Cost(3):	**49,919**	**1.6151**
Home Office(3):	**30,819**	**0.9972**
Replacement(3&4):	**7,380**	**0.0000**
Total FRVS PD:		**14.9685**

(1) 80% Capital ($3,465,623) amortized at 5.2500% for 20 years Principal & Interest of $280,235 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $8.6169
(2) 20% ROE ($866,406) times the ROE factor (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3884
(3) 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:	**51,248**
		Effective PBS Limitation	**1,395,075**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**92.5525**	**92.5525**	**3.9822**	**88.5703**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**13.6500**	**14.9685**	**0.6440**	**14.3245**	
ROE	**1.0158**	**1.0158**	**0.0437**	**0.9721**	
ROE Adjustment	**-1.0158**	**-1.0158**	**-0.0437**	**-0.9721**	
Quality Assess-Medicaid Share				**$11.3416**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.0318**	**226.3503**	**9.7390**	**236.6463**	

***Medicaid Trend Adjustment :**

0 022987-00 - 2014/01

196.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Blountstown 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	
16690 S. W. Chipola Road		**10/01/2011-12/31/2012**		Number of Beds:	**96**	Superior:	**0**
Blountstown FL 32424		Days In CR	**458**	Maximum:	**43,968**	Standard:	**181**
County: **Calhoun[7]**		First Used:	**2014/01**	Max Annualized:	**35,040**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**41,379**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,364**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**30,092**		
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	**72.72288%**
Occupancy:	**94.11163%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.00697%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28118151**
Semester Index:	**1.34444818**
Cost:	**1.04938150**
Target:	**1.01966300**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02815583**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,254,302	2,158,228	1,231,212	665,936	0	5,309,678
1a	Audit Adjustments						
2	Cost Per Diem	41.6822	71.7210	40.9149	**22.1300**		176.4481
3	Cost Per Diem Inflated	43.7405	73.7404	42.9353			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7405**	**73.7404**	**42.9353**	**22.1300**		182.5462
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1758		53.8168			
7	Provider Target Rate	**49.5291**		**55.3285**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**49.2252**		**58.1070**			
10b	Base for line 10a	47.8802		56.5194			
11	Lesser of 5,7,8,10, 10a	**43.7405**	**73.7404**	**42.9353**	**13.6500**		174.0662
12/13	Medicaid Adjustment Rate		1.8850	1.0976			
14	Prospective Per Diem 11	**43.7405**	**75.6254**	**44.0329**	**13.6500**		**177.0488**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022987-00 - 2014/01

196.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,707,172**
FRVS Base Asset:	**2,919,807**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015080**

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:	**239,813**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,965,738**	**7.6044**
20% ROE(2):	**741,434**	**0.3545**
Insurance Cost(3):	**27,303**	**0.6598**
Taxes Cost(3):	**68,618**	**1.6583**
Home Office(3):	**12,820**	**0.3098**
Replacement(3&4):	**50,578**	**0.0000**
Total FRVS PD:		**10.5868**

(1) 80% Capital ($2,965,738) amortized at 5.2500% for 20 years Principal & Interest of $239,813 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $7.6044
(2) 20% ROE ($741,434) times the ROE factor (0.015080) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.3545
(3) 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:	**51,248**
		Effective PBS Limitation	**2,919,807**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7405**	**43.7405**	**1.8820**	**41.8585**	
Patient Care					
Direct Care	**75.6254**	**75.6254**	**3.2539**	**72.3715**	
Indirect Care	**44.0329**	**44.0329**	**1.8946**	**42.1383**	
Property	**13.6500**	**10.5868**	**0.4555**	**10.1313**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5845**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.0488**	**173.9856**	**7.4860**	**196.7775**	

***Medicaid Trend Adjustment :**

0 022994-00 - 2014/01

205.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**32,732**	Total:	**181**
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**						

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

Medicaid Utilization		**74.62117%**
Occupancy:		**93.15801%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**115.82136%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	50.5651	81.0491	38.7225			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5651**	**81.0491**	**38.7225**	**14.1100**		184.4467
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.9136		60.3576			
7	Provider Target Rate	**64.6808**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**62.8598**		**67.0519**			
10b	Base for line 10a	61.1423		65.2199			
11	Lesser of 5,7,8,10, 10a	**50.5651**	**81.0491**	**38.7225**	**13.6500**		183.9867
12/13	Medicaid Adjustment Rate		2.2450	1.0726			
14	Prospective Per Diem 11	**50.5651**	**83.2941**	**39.7951**	**13.6500**		**187.3043**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 022994-00 - 2014/01

205.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,736,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5651**	**50.5651**	**2.1756**	**48.3895**	
Patient Care					
Direct Care	**83.2941**	**83.2941**	**3.5838**	**79.7103**	
Indirect Care	**39.7951**	**39.7951**	**1.7122**	**38.0829**	
Property	**13.6500**	**8.3601**	**0.3597**	**8.0004**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.1072**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.3043**	**182.0144**	**7.8313**	**205.9837**	

***Medicaid Trend Adjustment :**

0 023067-00 - 2014/01

243.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Okeechobee[47]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**63,742**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,709**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**44,767**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1984**						
Acquired Date:	**12/1/1984**						
Entered Medicaid	**12/1/1984**						
Med # Active Date:	**4/1/2009**						
Previous Med #	**009495**						

Medicaid Utilization	**70.23156%**
Occupancy:	**96.75471%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.29305%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	52.6208	106.9667	67.0945			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6208**	**106.9667**	**67.0945**	**14.2300**		240.9120
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.9415		53.9513			
7	Provider Target Rate	**64.7095**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6208**	**97.3934**	**55.4668**	**13.6500**		219.1310
12/13	Medicaid Adjustment Rate		2.2167	1.2625			
14	Prospective Per Diem 11	**52.6208**	**99.6101**	**56.7293**	**13.6500**		**222.6102**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 023067-00 - 2014/01

243.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,561,004**
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:	**774,075**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,048,803**	**13.0911**
20% ROE(2):	**1,512,201**	**0.3944**
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:		**17.7491**

(1) 80% Capital ($6,048,803) amortized at 11.5000% for 20 years Principal & Interest of $774,075 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.0911
(2) 20% ROE ($1,512,201) times the ROE factor (0.015420) divided by annual available days (65,700) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**90**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6208**	**52.6208**	**2.2641**	**50.3567**	
Patient Care					
Direct Care	**99.6101**	**99.6101**	**4.2858**	**95.3243**	
Indirect Care	**56.7293**	**56.7293**	**2.4408**	**54.2885**	
Property	**13.6500**	**17.7491**	**0.7637**	**16.9854**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1378**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.6102**	**226.7093**	**9.7544**	**243.7861**	

***Medicaid Trend Adjustment :**

0 023255-00 - 2014/01

219.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Astoria 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	
701 Overlook Drive		**07/01/2011-06/30/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33844		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Polk[53]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2014/01**	Total Patient:	**33,103**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,972**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**12,168**		
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	**36.75800%**
Occupancy:	**75.37113%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**93.70731%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	529,334	1,182,686	592,487	1,014,081	0	3,318,588
1a	Audit Adjustments						
2	Cost Per Diem	43.5021	97.1964	48.6922	**83.3400**		272.7307
3	Cost Per Diem Inflated	46.1739	100.4905	51.6828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1739**	**100.4905**	**51.6828**	**83.3400**		281.6872
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	111.1356		116.8295			
7	Provider Target Rate	**114.2574**		**120.1112**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.0712**		**58.2008**			
10b	Base for line 10a	48.7031		56.6106			
11	Lesser of 5,7,8,10, 10a	**46.1739**	**95.7721**	**51.6828**	**13.6500**		207.2788
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.1739**	**95.7721**	**51.6828**	**13.6500**		**207.2788**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 023255-00 - 2014/01

219.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Astoria Health and Rehabilitation Center

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	**5,868,948**
FRVS Base Asset:	**5,802,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

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:	**365,018**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,695,158**	**9.2597**
20% ROE(2):	**1,173,790**	**0.5303**
Insurance Cost(3):	**20,599**	**0.6223**
Taxes Cost(3):	**77,948**	**2.3547**
Home Office(3):	**24,581**	**0.7426**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.5096**

(1) 80% Capital ($4,695,158) amortized at 4.7800% for 20 years Principal & Interest of $365,018 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2597
(2) 20% ROE ($1,173,790) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5303
(3) 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:	**51,248**
		Effective PBS Limitation	**5,802,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1739**	**46.1739**	**1.9867**	**44.1872**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**51.6828**	**51.6828**	**2.2237**	**49.4591**	
Property	**13.6500**	**13.5096**	**0.5813**	**12.9283**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.2646**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.2788**	**207.1384**	**8.9124**	**219.1840**	

***Medicaid Trend Adjustment :**

0 024167-00 - 2014/01

239.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Monroe[44]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**23,098**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**65.38535%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	48.9060	97.2071	59.1057			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9060**	**97.2071**	**59.1057**	**37.3600**		242.5788
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	159.3472		131.7940			
7	Provider Target Rate	**163.8233**		**135.4961**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.5401**		**62.6589**			
10b	Base for line 10a	53.0499		60.9469			
11	Lesser of 5,7,8,10, 10a	**48.9060**	**97.2071**	**59.1057**	**13.6500**		218.8688
12/13	Medicaid Adjustment Rate		0.0024	0.0014			
14	Prospective Per Diem 11	**48.9060**	**97.2095**	**59.1071**	**13.6500**		**218.8726**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 024167-00 - 2014/01

239.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Key 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	**6,126,053**
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:	**388,121**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,900,842**	**9.8458**
20% ROE(2):	**1,225,211**	**0.5536**
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:		**17.2204**

(1) 80% Capital ($4,900,842) amortized at 5.0000% for 20 years Principal & Interest of $388,121 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8458
(2) 20% ROE ($1,225,211) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5536
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9060**	**48.9060**	**2.1042**	**46.8018**	
Patient Care					
Direct Care	**97.2095**	**97.2095**	**4.1826**	**93.0269**	
Indirect Care	**59.1071**	**59.1071**	**2.5432**	**56.5639**	
Property	**13.6500**	**17.2204**	**0.7409**	**16.4795**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6682**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.8726**	**222.4430**	**9.5709**	**239.2337**	

***Medicaid Trend Adjustment :**

0 026536-00 - 2014/01

243.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Plantation FL 33324		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**38,843**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,883**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,085**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**11/1/1971**						
Acquired Date:	**11/1/1971**						
Entered Medicaid	**11/1/1971**						
Med # Active Date:	**6/1/2010**						
Previous Med #	**002419**						

Medicaid Utilization	**69.72942%**
Occupancy:	**88.44035%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.95599%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,452,468	2,414,750	1,452,664	820,676	0	6,140,558
1a	Audit Adjustments						
2	Cost Per Diem	53.6263	89.1545	53.6335	**30.3000**		226.7143
3	Cost Per Diem Inflated	56.1791	91.6012	56.1867			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.1791**	**91.6012**	**56.1867**	**30.3000**		234.2670
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.8775		66.5916			
7	Provider Target Rate	**67.7280**		**68.4622**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.4950**		**63.2117**			
10b	Base for line 10a	54.9514		61.4846			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**91.6012**	**56.1867**	**13.6500**		215.4602
12/13	Medicaid Adjustment Rate		2.0331	1.2471			
14	Prospective Per Diem 11	**54.0223**	**93.6343**	**57.4338**	**13.6500**		**218.7404**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 026536-00 - 2014/01

243.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.4319**
Insurance Cost(3):	**64,754**	**1.6671**
Taxes Cost(3):	**73,483**	**1.8918**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**209,968**	**0.0000**
Total FRVS PD:		**19.1529**

(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 (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4319
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**93.6343**	**93.6343**	**4.0287**	**89.6056**	
Indirect Care	**57.4338**	**57.4338**	**2.4712**	**54.9626**	
Property	**13.6500**	**19.1529**	**0.8241**	**18.3288**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5028**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.7404**	**224.2433**	**9.6484**	**243.7911**	

***Medicaid Trend Adjustment :**

0 028100-00 - 2014/01

264.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**18,754**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.46778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.34444818**
Cost:	**1.07113480**
Target:	**1.01966300**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03823548**
PS Target:	**1.02809000**

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	64.9108	90.2837	75.6413			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.9108**	**90.2837**	**75.6413**	**9.6500**		240.4858
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.3242		75.8050			
7	Provider Target Rate	**69.2153**		**77.9344**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**66.7550**		**76.6496**			
10b	Base for line 10a	64.9311		74.5553			
11	Lesser of 5,7,8,10, 10a	**63.3313**	**90.2837**	**75.6413**	**9.6500**		238.9063
12/13	Medicaid Adjustment Rate		1.6399	1.3740			
14	Prospective Per Diem 11	**63.3313**	**91.9236**	**77.0153**	**9.6500**		**241.9202**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028100-00 - 2014/01

264.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,152,455**
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:	**154,062**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,721,964**	**7.8164**
20% ROE(2):	**430,491**	**0.5028**
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:		**15.2223**

(1) 80% Capital ($1,721,964) amortized at 6.5000% for 20 years Principal & Interest of $154,062 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.8164
(2) 20% ROE ($430,491) times the ROE factor (0.023020) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5028
(3) 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:	**51,248**
		Effective PBS Limitation	**1,779,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**91.9236**	**91.9236**	**3.9551**	**87.9685**	
Indirect Care	**77.0153**	**77.0153**	**3.3137**	**73.7016**	
Property	**9.6500**	**15.2223**	**0.6550**	**14.5673**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1411**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**241.9202**	**247.4925**	**10.6487**	**264.6783**	

***Medicaid Trend Adjustment :**

0 028133-00 - 2014/01

248.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/01**	Max Annualized:	**32,120**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**30,626**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,065**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**24,361**		
Class at 1/94: **South Small [3]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.25516245**
Open Date: **2/1/1984**						Semester Index:	**1.34444818**
Acquired Date: **2/1/1984**						Cost:	**1.07113480**
Entered Medicaid **2/1/1984**						Target:	**1.01966300**
Med # Active Date: **6/30/2010**						**DC FY Index:**	**1.18999979**
Previous Med # **001281**						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03823548**
						PS Target:	**1.02809000**

Medicaid Utilization	**79.54353%**	Low Occupancy Adjustment Factor:	**118.54498%**
Occupancy:	**95.34869%**	Weighted Low Occ Adjustment Factor:	**100.00000%**
Statewide Low Occupancy Threshold:	**80.43250%**		
Medicaid Low Occupancy Threshold:	**41.71220%**		

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	66.8067	86.5268	69.3651			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.8067**	**86.5268**	**69.3651**	**2.5400**		225.2386
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.1515		68.3073			
7	Provider Target Rate	**63.8973**		**70.2261**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**62.3059**		**70.9692**			
10b	Base for line 10a	60.6035		69.0301			
11	Lesser of 5,7,8,10, 10a	**62.3059**	**86.5268**	**69.3651**	**2.5400**		220.7378
12/13	Medicaid Adjustment Rate		2.8758	2.3055			
14	Prospective Per Diem 11	**62.3059**	**89.4026**	**71.6706**	**2.5400**		**225.9191**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028133-00 - 2014/01

248.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,401,785**
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:	**89,994**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,921,428**	**3.1131**
20% ROE(2):	**480,357**	**0.3825**
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:		**6.0315**

(1) 80% Capital ($1,921,428) amortized at 4.7500% for 20 years Interest of $89,994 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $3.1131
(2) 20% ROE ($480,357) times the ROE factor (0.023020) divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $0.3825
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,508,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.3059**	**62.3059**	**2.6808**	**59.6251**	
Patient Care					
Direct Care	**89.4026**	**89.4026**	**3.8467**	**85.5559**	
Indirect Care	**71.6706**	**71.6706**	**3.0837**	**68.5869**	
Property	**2.5400**	**6.0315**	**0.2595**	**5.7720**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9685**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.9191**	**229.4106**	**9.8707**	**248.2018**	

***Medicaid Trend Adjustment :**

0 028148-00 - 2014/01

221.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**28,151**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**92.20109%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.34444818**
Cost:	**1.07113480**
Target:	**1.01966300**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03823548**
PS Target:	**1.02809000**

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	55.3072	84.1032	53.0839			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3072**	**84.1032**	**53.0839**	**3.2700**		195.7643
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.1279		53.8546			
7	Provider Target Rate	**54.6203**		**55.3674**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.5317**		**55.7908**			
10b	Base for line 10a	51.0964		54.2665			
11	Lesser of 5,7,8,10, 10a	**51.9132**	**84.1032**	**53.0839**	**3.2700**		192.3703
12/13	Medicaid Adjustment Rate		2.4614	1.5536			
14	Prospective Per Diem 11	**51.9132**	**86.5646**	**54.6375**	**3.2700**		**196.3853**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 028148-00 - 2014/01

221.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,247,212**
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:	**146,215**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,797,770**	**4.2798**
20% ROE(2):	**449,442**	**0.3028**
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:		**7.8379**

(1) 80% Capital ($1,797,770) amortized at 5.3200% for 20 years Principal & Interest of $146,215 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $4.2798
(2) 20% ROE ($449,442) times the ROE factor (0.023020) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.3028
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**86.5646**	**86.5646**	**3.7245**	**82.8401**	
Indirect Care	**54.6375**	**54.6375**	**2.3508**	**52.2867**	
Property	**3.2700**	**7.8379**	**0.3372**	**7.5007**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6460**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.3853**	**200.9532**	**8.6461**	**221.6465**	

***Medicaid Trend Adjustment :**

0 028602-00 - 2014/01

215.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2010/07**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**38,400**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,201**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,852**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/30/1995**						
Acquired Date:	**5/30/1995**						
Entered Medicaid	**5/30/1995**						
Med # Active Date:	**10/1/2010**						
Previous Med #	**253472**						

Medicaid Utilization	**23.05208%**
Occupancy:	**92.28551%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.73659%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.24527319**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.18500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**55.6859**		**61.7781**			
10b	Base for line 10a	54.1644		60.0902			
11	Lesser of 5,7,8,10, 10a	**51.9132**	**95.7721**	**47.4287**	**10.5300**		205.6440
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**95.7721**	**47.4287**	**10.5300**		**205.6440**
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 - 2014/01

215.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,917,154**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**47.4287**	**47.4287**	**2.0407**	**45.3880**	
Property	**10.5300**	**7.2437**	**0.3117**	**6.9320**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.8786**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.6440**	**202.3577**	**8.7067**	**215.2230**	

***Medicaid Trend Adjustment :**

0 030479-00 - 2014/01

220.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,859**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.49362%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	58.5630	85.4625	62.2890			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.5630**	**85.4625**	**62.2890**	**33.6700**		239.9845
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9680		60.7098			
7	Provider Target Rate	**62.6806**		**62.4151**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**51.9057**		**58.5577**			
10b	Base for line 10a	50.4875		56.9578			
11	Lesser of 5,7,8,10, 10a	**51.9057**	**85.4625**	**58.5577**	**13.6500**		209.5759
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9057**	**85.4625**	**58.5577**	**13.6500**		**209.5759**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030479-00 - 2014/01

220.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,383,344**
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:	**362,779**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,306,675**	**9.2029**
20% ROE(2):	**1,076,669**	**0.4864**
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:		**13.2696**

(1) 80% Capital ($4,306,675) amortized at 8.5000% for 20 years Interest of $362,779 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2029
(2) 20% ROE ($1,076,669) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4864
(3) 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:	**51,248**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9057**	**51.9057**	**2.2333**	**49.6724**	
Patient Care					
Direct Care	**85.4625**	**85.4625**	**3.6771**	**81.7854**	
Indirect Care	**58.5577**	**58.5577**	**2.5195**	**56.0382**	
Property	**13.6500**	**13.2696**	**0.5709**	**12.6987**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.7872**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.5759**	**209.1955**	**9.0008**	**220.6753**	

***Medicaid Trend Adjustment :**

0 030484-00 - 2014/01

229.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**180**	Superior:	**0**
Plant City FL 33566		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**63,039**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,472**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**40,795**		
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	**64.71391%**
Occupancy:	**95.94977%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.29229%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,002,251	3,426,274	2,303,591	969,697	0	8,701,813
1a	Audit Adjustments						
2	Cost Per Diem	49.0808	83.9876	56.4675	**23.7700**		213.3059
3	Cost Per Diem Inflated	50.8064	85.8640	58.4528			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.8064**	**85.8640**	**58.4528**	**23.7700**		218.8932
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8186		62.2768			
7	Provider Target Rate	**57.3865**		**64.0262**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**53.8909**		**58.5577**			
10b	Base for line 10a	52.4185		56.9578			
11	Lesser of 5,7,8,10, 10a	**50.8064**	**85.8640**	**58.4528**	**13.6500**		208.7732
12/13	Medicaid Adjustment Rate		1.4213	0.9676			
14	Prospective Per Diem 11	**50.8064**	**87.2853**	**59.4204**	**13.6500**		**211.1621**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030484-00 - 2014/01

229.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,493,364**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**542,618**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,794,691**	**9.1767**
20% ROE(2):	**1,698,673**	**0.4131**
Insurance Cost(3):	**80,529**	**1.2774**
Taxes Cost(3):	**141,286**	**2.2412**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.1084**

(1) 80% Capital ($6,794,691) amortized at 5.1000% for 20 years Principal & Interest of $542,618 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.1767
(2) 20% ROE ($1,698,673) times the ROE factor (0.014380) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4131
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.8064**	**50.8064**	**2.1860**	**48.6204**	
Patient Care					
Direct Care	**87.2853**	**87.2853**	**3.7556**	**83.5297**	
Indirect Care	**59.4204**	**59.4204**	**2.5566**	**56.8638**	
Property	**13.6500**	**13.1084**	**0.5640**	**12.5444**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1795**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.1621**	**210.6205**	**9.0622**	**229.4312**	

***Medicaid Trend Adjustment :**

3

0 030487-00 - 2014/01

222.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**61,993**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.99237%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	47.3076	86.6210	53.1203			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3076**	**86.6210**	**53.1203**	**26.4400**		213.4889
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2173		53.7582			
7	Provider Target Rate	**49.5717**		**55.2683**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.0788**		**55.9942**			
10b	Base for line 10a	45.7925		54.4643			
11	Lesser of 5,7,8,10, 10a	**47.0788**	**86.6210**	**53.1203**	**13.6500**		200.4701
12/13	Medicaid Adjustment Rate		0.0339	0.0208			
14	Prospective Per Diem 11	**47.0788**	**86.6549**	**53.1411**	**13.6500**		**200.5248**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030487-00 - 2014/01

222.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,021,688**
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:	**879,272**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,217,350**	**14.8702**
20% ROE(2):	**1,804,338**	**0.5435**
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:		**17.4592**

(1) 80% Capital ($7,217,350) amortized at 10.7500% for 20 years Principal & Interest of $879,272 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.8702
(2) 20% ROE ($1,804,338) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5435
(3) 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:	**51,248**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0788**	**47.0788**	**2.0256**	**45.0532**	
Patient Care					
Direct Care	**86.6549**	**86.6549**	**3.7284**	**82.9265**	
Indirect Care	**53.1411**	**53.1411**	**2.2865**	**50.8546**	
Property	**13.6500**	**17.4592**	**0.7512**	**16.7080**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1078**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.5248**	**204.3340**	**8.7917**	**222.3435**	

***Medicaid Trend Adjustment :**

1

0 030490-00 - 2014/01

235.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**58,557**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.38101%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	53.4400	95.6571	61.7008			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4400**	**95.6571**	**61.7008**	**34.1600**		244.9579
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.4802		66.5707			
7	Provider Target Rate	**59.0948**		**68.4407**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**50.7631**		**64.3322**			
10b	Base for line 10a	49.3761		62.5745			
11	Lesser of 5,7,8,10, 10a	**50.7631**	**95.6571**	**61.7008**	**13.6500**		221.7710
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.7631**	**95.6571**	**61.7008**	**13.6500**		**221.7710**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030490-00 - 2014/01

235.93

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,416,318**
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:	**487,965**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,133,054**	**8.3923**
20% ROE(2):	**1,283,264**	**0.3931**
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:		**11.9061**

(1) 80% Capital ($5,133,054) amortized at 7.2800% for 20 years Principal & Interest of $487,965 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $8.3923
(2) 20% ROE ($1,283,264) times the ROE factor (0.017810) divided by annual available days (64,605) 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:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**104**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,101,384**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7631**	**50.7631**	**2.1841**	**48.5790**	
Patient Care					
Direct Care	**95.6571**	**95.6571**	**4.1158**	**91.5413**	
Indirect Care	**61.7008**	**61.7008**	**2.6548**	**59.0460**	
Property	**13.6500**	**11.9061**	**0.5123**	**11.3938**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6752**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**221.7710**	**220.0271**	**9.4670**	**235.9287**	

***Medicaid Trend Adjustment :**

0 030491-00 - 2014/01

230.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**61,871**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.76213%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	50.8942	90.8903	62.6762			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.8942**	**90.8903**	**62.6762**	**38.4600**		242.9207
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0434		64.7025			
7	Provider Target Rate	**53.5053**		**66.5200**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.9889**		**63.5798**			
10b	Base for line 10a	48.6231		61.8426			
11	Lesser of 5,7,8,10, 10a	**49.9889**	**90.8903**	**61.0784**	**13.6500**		215.6076
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.9889**	**90.8903**	**61.0784**	**13.6500**		**215.6076**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030491-00 - 2014/01

230.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,046,628**
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:	**620,885**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,437,302**	**10.5003**
20% ROE(2):	**1,609,326**	**0.4847**
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:		**13.3076**

(1) 80% Capital ($6,437,302) amortized at 7.4700% for 20 years Principal & Interest of $620,885 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.5003
(2) 20% ROE ($1,609,326) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4847
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.9889**	**49.9889**	**2.1508**	**47.8381**	
Patient Care					
Direct Care	**90.8903**	**90.8903**	**3.9107**	**86.9796**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**13.3076**	**0.5726**	**12.7350**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1629**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.6076**	**215.2652**	**9.2621**	**230.8594**	

***Medicaid Trend Adjustment :**

8

0 030527-00 - 2014/01

222.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Lake City FL 32025		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Columbia[12]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,506**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,589**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,514**		
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	**54.24276%**
Occupancy:	**94.76256%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.81626%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,020,795	1,896,678	1,235,572	957,746	0	5,110,791
1a	Audit Adjustments						
2	Cost Per Diem	45.3405	84.2444	54.8802	**42.5400**		227.0051
3	Cost Per Diem Inflated	46.9346	86.1266	56.8097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9346**	**86.1266**	**56.8097**	**42.5400**		232.4109
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2122		60.5507			
7	Provider Target Rate	**56.7631**		**62.2516**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**48.2292**		**55.5408**			
10b	Base for line 10a	46.9115		54.0233			
11	Lesser of 5,7,8,10, 10a	**46.9346**	**86.1266**	**55.5408**	**13.6500**		202.2520
12/13	Medicaid Adjustment Rate		0.4111	0.2651			
14	Prospective Per Diem 11	**46.9346**	**86.5377**	**55.8059**	**13.6500**		**202.9282**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030527-00 - 2014/01

222.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,511,280**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**537,140**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,409,024**	**13.6261**
20% ROE(2):	**1,102,256**	**0.4021**
Insurance Cost(3):	**52,719**	**1.2702**
Taxes Cost(3):	**84,495**	**2.0357**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.3341**

(1) 80% Capital ($4,409,024) amortized at 10.7500% for 20 years Principal & Interest of $537,140 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6261
(2) 20% ROE ($1,102,256) times the ROE factor (0.014380) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4021
(3) 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:	**51,248**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9346**	**46.9346**	**2.0194**	**44.9152**	
Patient Care					
Direct Care	**86.5377**	**86.5377**	**3.7234**	**82.8143**	
Indirect Care	**55.8059**	**55.8059**	**2.4011**	**53.4048**	
Property	**13.6500**	**17.3341**	**0.7458**	**16.5883**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0547**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.9282**	**206.6123**	**8.8897**	**222.4707**	

***Medicaid Trend Adjustment :**

0 030530-00 - 2014/01

235.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**37,614**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.07287%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	56.7169	94.2899	65.2636			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7169**	**94.2899**	**65.2636**	**40.6400**		256.9104
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.7886		64.0844			
7	Provider Target Rate	**64.5523**		**65.8845**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.8934**		**65.8094**			
10b	Base for line 10a	55.3389		64.0113			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**94.2899**	**63.0224**	**13.6500**		224.9846
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**94.2899**	**63.0224**	**13.6500**		**224.9846**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 030530-00 - 2014/01

235.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,397,689**
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:	**358,850**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,518,151**	**9.6672**
20% ROE(2):	**879,538**	**0.4220**
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:		**12.3867**

(1) 80% Capital ($3,518,151) amortized at 8.2170% for 20 years Principal & Interest of $358,850 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $9.6672
(2) 20% ROE ($879,538) times the ROE factor (0.017810) divided by annual available days (41,245) 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:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,821,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**94.2899**	**94.2899**	**4.0569**	**90.2330**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**12.3867**	**0.5330**	**11.8537**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.5587**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.9846**	**223.7213**	**9.6259**	**235.3475**	

***Medicaid Trend Adjustment :**

3

0 030535-00 - 2014/01

221.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Driv		**07/01/2012-06/30/2013**		Number of Beds:	**73**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**26,645**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**26,645**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**23,983**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,965**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**6,767**		
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	**28.21582%**
Occupancy:	**90.00939%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.90674%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	355,102	533,692	473,497	261,815	0	1,624,106
1a	Audit Adjustments						
2	Cost Per Diem	52.4755	78.8669	69.9715	**38.6900**		240.0039
3	Cost Per Diem Inflated	54.3205	80.6289	72.4316			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.3205**	**80.6289**	**72.4316**	**38.6900**		246.0710
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	71.3009		80.4699			
7	Provider Target Rate	**73.3037**		**82.7303**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**55.9554**		**67.6292**			
10b	Base for line 10a	54.4266		65.7814			
11	Lesser of 5,7,8,10, 10a	**53.6361**	**80.6289**	**65.1932**	**13.6500**		213.1082
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**80.6289**	**65.1932**	**13.6500**		**213.1082**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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221.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,538,297**
FRVS Base Asset:	**2,162,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**165,976**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,030,638**	**6.9213**
20% ROE(2):	**507,659**	**0.3044**
Insurance Cost(3):	**37,956**	**1.5826**
Taxes Cost(3):	**58,163**	**2.4252**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.2335**

(1) 80% Capital ($2,030,638) amortized at 8.2500% for 20 years Interest of $165,976 divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $6.9213
(2) 20% ROE ($507,659) times the ROE factor (0.014380) divided by annual available days (26,645) divided by Occup. Adj. (0.9000) = $0.3044
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1996**	Used Per Bed Standard:	**36,047**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,162,820**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**80.6289**	**80.6289**	**3.4692**	**77.1597**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**13.6500**	**11.2335**	**0.4833**	**10.7502**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.9809**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.1082**	**210.6917**	**9.0653**	**221.3007**	

***Medicaid Trend Adjustment :**

1

0 030537-00 - 2014/01

243.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**42,407**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.04489%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	57.7682	97.4784	65.4911			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.7682**	**97.4784**	**65.4911**	**40.0800**		260.8177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.4256		68.9946			
7	Provider Target Rate	**67.2634**		**70.9327**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.3633**		**65.6915**			
10b	Base for line 10a	54.8233		63.8966			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**		228.0881
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**63.0224**	**13.6500**		**228.0881**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030537-00 - 2014/01

243.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,252,921**
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:	**353,990**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,202,337**	**8.9800**
20% ROE(2):	**1,050,584**	**0.4747**
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:		**15.8653**

(1) 80% Capital ($4,202,337) amortized at 8.5000% for 20 years Interest of $353,990 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9800
(2) 20% ROE ($1,050,584) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4747
(3) 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:	**51,248**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**15.8653**	**0.6826**	**15.1827**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7515**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.0881**	**230.3034**	**9.9091**	**243.8392**	

***Medicaid Trend Adjustment :**

0 030540-00 - 2014/01

238.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Charlotte[8]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**61,634**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,308**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,571**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/25/1994**						
Acquired Date:	**4/25/1994**						
Entered Medicaid	**6/2/1994**						
Med # Active Date:	**1/1/2011**						
Previous Med #	**226327**						

Medicaid Utilization	**47.97839%**
Occupancy:	**93.55495%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.31486%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	56.3308	92.1713	60.1101			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.3308**	**92.1713**	**60.1101**	**27.9600**		236.5722
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0086		61.1971			
7	Provider Target Rate	**60.6662**		**62.9161**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**58.2208**		**60.6380**			
10b	Base for line 10a	56.6301		58.9812			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**92.1713**	**60.1101**	**13.6500**		219.9537
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**92.1713**	**60.1101**	**13.6500**		**219.9537**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030540-00 - 2014/01

238.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,041,801**
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:	**645,743**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,433,441**	**10.9207**
20% ROE(2):	**1,608,360**	**0.4844**
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:		**15.4524**

(1) 80% Capital ($6,433,441) amortized at 8.0000% for 20 years Principal & Interest of $645,743 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.9207
(2) 20% ROE ($1,608,360) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4844
(3) 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:	**51,248**
		Effective PBS Limitation	**5,985,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**92.1713**	**92.1713**	**3.9658**	**88.2055**	
Indirect Care	**60.1101**	**60.1101**	**2.5863**	**57.5238**	
Property	**13.6500**	**15.4524**	**0.6649**	**14.7875**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2710**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**219.9537**	**221.7561**	**9.5414**	**238.1791**	

***Medicaid Trend Adjustment :**

0 030546-00 - 2014/01

228.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**55,872**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.44089%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	49.8240	86.7484	57.3437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8240**	**86.7484**	**57.3437**	**34.6600**		228.5761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0616		61.2763			
7	Provider Target Rate	**57.6364**		**62.9976**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.6990**		**60.2629**			
10b	Base for line 10a	48.3411		58.6164			
11	Lesser of 5,7,8,10, 10a	**49.6990**	**86.7484**	**57.3437**	**13.6500**		207.4411
12/13	Medicaid Adjustment Rate		1.0449	0.6907			
14	Prospective Per Diem 11	**49.6990**	**87.7933**	**58.0344**	**13.6500**		**209.1767**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030546-00 - 2014/01

228.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,048,497**
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:	**752,191**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,238,798**	**12.7210**
20% ROE(2):	**1,809,699**	**0.5451**
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:		**16.0702**

(1) 80% Capital ($7,238,798) amortized at 8.4700% for 20 years Principal & Interest of $752,191 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.7210
(2) 20% ROE ($1,809,699) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5451
(3) 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:	**51,248**
		Effective PBS Limitation	**5,172,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6990**	**49.6990**	**2.1384**	**47.5606**	
Patient Care					
Direct Care	**87.7933**	**87.7933**	**3.7774**	**84.0159**	
Indirect Care	**58.0344**	**58.0344**	**2.4970**	**55.5374**	
Property	**13.6500**	**16.0702**	**0.6914**	**15.3788**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4206**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.1767**	**211.5969**	**9.1042**	**228.6067**	

***Medicaid Trend Adjustment :**

0 030552-00 - 2014/01

256.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,262**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.71453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	65.4404	94.5783	74.3625			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.4404**	**94.5783**	**74.3625**	**20.6800**		255.0612
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.7689		80.1438			
7	Provider Target Rate	**78.9253**		**82.3950**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**68.8442**		**81.2980**			
10b	Base for line 10a	66.9632		79.0767			
11	Lesser of 5,7,8,10, 10a	**63.3313**	**94.5783**	**74.3625**	**13.6500**		245.9221
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**94.5783**	**74.3625**	**13.6500**		**245.9221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 030552-00 - 2014/01

256.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,743,975**
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:	**191,775**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,195,180**	**9.7298**
20% ROE(2):	**548,795**	**0.4959**
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:		**13.1983**

(1) 80% Capital ($2,195,180) amortized at 6.2000% for 20 years Principal & Interest of $191,775 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.7298
(2) 20% ROE ($548,795) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4959
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**94.5783**	**94.5783**	**4.0693**	**90.5090**	
Indirect Care	**74.3625**	**74.3625**	**3.1995**	**71.1630**	
Property	**13.6500**	**13.1983**	**0.5679**	**12.6304**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0909**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**245.9221**	**245.4704**	**10.5616**	**256.6931**	

***Medicaid Trend Adjustment :**

2

0 031880-00 - 2014/01

226.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**39,396**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**14,281**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,116**		
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	**53.59935%**
Occupancy:	**89.94520%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.82694%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,068,102	1,799,174	1,432,702	916,646	0	5,216,624
1a	Audit Adjustments						
2	Cost Per Diem	50.5826	85.2043	67.8491	**43.4100**		247.0460
3	Cost Per Diem Inflated	52.8165	87.3972	70.8456			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8165**	**87.3972**	**70.8456**	**43.4100**		254.4693
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1213		73.9099			
7	Provider Target Rate	**56.6697**		**75.9860**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**52.3319**		**59.8799**			
10b	Base for line 10a	50.9021		58.2438			
11	Lesser of 5,7,8,10, 10a	**49.8042**	**87.3972**	**59.2527**	**13.6500**		210.1041
12/13	Medicaid Adjustment Rate		0.3539	0.2399			
14	Prospective Per Diem 11	**49.8042**	**87.7511**	**59.4926**	**13.6500**		**210.6979**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 031880-00 - 2014/01

226.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,615,462**
FRVS Base Asset:	**2,402,622**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**461,944**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,492,370**	**11.7185**
20% ROE(2):	**1,123,092**	**0.4185**
Insurance Cost(3):	**127,670**	**3.2407**
Taxes Cost(3):	**1,572**	**0.0399**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**185,176**	**0.0000**
Total FRVS PD:		**15.4176**

(1) 80% Capital ($4,492,370) amortized at 8.3270% for 20 years Principal & Interest of $461,944 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7185
(2) 20% ROE ($1,123,092) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4185
(3) 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:	**51,248**
		Effective PBS Limitation	**2,402,622**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**87.7511**	**87.7511**	**3.7756**	**83.9755**	
Indirect Care	**59.4926**	**59.4926**	**2.5597**	**56.9329**	
Property	**13.6500**	**15.4176**	**0.6634**	**14.7542**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6629**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.6979**	**212.4655**	**9.1416**	**226.6802**	

***Medicaid Trend Adjustment :**

0 032049-00 - 2014/01

228.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Johns[55]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**36,251**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.61860%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	54.2933	117.7461	62.9653			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.2933**	**117.7461**	**62.9653**	**22.9900**		257.9947
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	141.7498		139.9903			
7	Provider Target Rate	**145.7316**		**143.9226**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**49.1044**		**56.9129**			
10b	Base for line 10a	47.7627		55.3579			
11	Lesser of 5,7,8,10, 10a	**49.1044**	**94.1508**	**56.9129**	**13.6500**		213.8181
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1044**	**94.1508**	**56.9129**	**13.6500**		**213.8181**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032049-00 - 2014/01

228.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,847,804**
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:	**149,542**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,678,243**	**3.7936**
20% ROE(2):	**1,169,561**	**0.5284**
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:		**5.4716**

(1) 80% Capital ($4,678,243) amortized at 3.2500% for 20 years Interest of $149,542 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $3.7936
(2) 20% ROE ($1,169,561) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5284
(3) 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:	**51,248**
		Effective PBS Limitation	**5,802,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1044**	**49.1044**	**2.1128**	**46.9916**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**56.9129**	**56.9129**	**2.4487**	**54.4642**	
Property	**13.6500**	**5.4716**	**0.2354**	**5.2362**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.0597**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.8181**	**205.6397**	**8.8479**	**228.5449**	

***Medicaid Trend Adjustment :**

0 032482-00 - 2014/01

224.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Unity 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	
1404 NW 22nd Street		**01/01/2012-12/31/2012**		Number of Beds:	**294**	Superior:	**0**
Miami FL 33142		Days In CR	**366**	Maximum:	**107,604**	Standard:	**181**
County: **Dade[13]**		First Used:	**2014/01**	Max Annualized:	**107,310**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**93,383**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,507**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**84,037**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **1/1/1984**							
Acquired Date: **1/1/1984**							
Entered Medicaid **1/1/1984**							
Med # Active Date: **5/13/2011**							
Previous Med # **227544**							

Medicaid Utilization	**89.99175%**
Occupancy:	**86.78395%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.89663%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	4,702,192	7,795,255	4,315,118	930,290	4,221	17,747,076
1a	Audit Adjustments						
2	Cost Per Diem	55.9538	92.7598	51.3478	**11.0700**	**0.0502**	211.1816
3	Cost Per Diem Inflated	58.6174	95.3054	53.7922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.6174**	**95.3054**	**53.7922**	**11.0700**	**0.0502**	218.8352
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9463		55.6287			
7	Provider Target Rate	**53.4055**		**57.1913**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.4055**	**95.3054**	**53.7922**	**11.0700**	**0.0502**	213.6233
12/13	Medicaid Adjustment Rate		4.2879	2.4201			
14	Prospective Per Diem 11	**53.4055**	**99.5933**	**56.2123**	**11.0700**	**0.0502**	**220.3313**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032482-00 - 2014/01

224.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Unity Health and 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	**10,635,492**
FRVS Base Asset:	**5,044,343**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**1,062,223**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,508,394**	**10.9985**
20% ROE(2):	**2,127,098**	**0.3211**
Insurance Cost(3):	**115,552**	**1.2374**
Taxes Cost(3):	**68,220**	**0.7305**
Home Office(3):	**63,234**	**0.6771**
Replacement(3&4):	**179,763**	**0.0000**
Total FRVS PD:		**13.9646**

(1) 80% Capital ($8,508,394) amortized at 11.1200% for 20 years Principal & Interest of $1,062,223 divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $10.9985
(2) 20% ROE ($2,127,098) times the ROE factor (0.014580) divided by annual available days (107,310) divided by Occup. Adj. (0.9000) = $0.3211
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**8,493,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.4055**	**53.4055**	**2.2978**	**51.1077**	
Patient Care					
Direct Care	**99.5933**	**99.5933**	**4.2851**	**95.3082**	
Indirect Care	**56.2123**	**56.2123**	**2.4186**	**53.7937**	
Property	**11.0700**	**13.9646**	**0.6008**	**13.3638**	
ROE	**0.0502**	**0.0500**	**0.0022**	**0.0478**	
ROE Adjustment	**-0.0500**	**-0.0500**	**-0.0022**	**-0.0478**	
Quality Assess-Medicaid Share				**$2.5475**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.2813**	**223.1757**	**9.6023**	**224.8143**	

***Medicaid Trend Adjustment :**

7

0 032486-00 - 2014/01

226.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Lady Lake Specialty Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
630 Griffen Avenue		**01/01/2012-12/31/2012**		Number of Beds:	**145**	Superior:	**0**
Lady Lake FL 32159		Days In CR	**366**	Maximum:	**53,070**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**52,925**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**48,767**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**24,697**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,133**		
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	**28.98066%**
Occupancy:	**91.89184%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.24716%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	713,883	1,218,273	886,808	388,658	2,280	3,209,902
1a	Audit Adjustments						
2	Cost Per Diem	50.5118	86.2006	62.7473	**27.5000**	**0.1613**	227.1210
3	Cost Per Diem Inflated	52.9164	88.5662	65.7343			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.9164**	**88.5662**	**65.7343**	**27.5000**	**0.1613**	234.8782
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9905		62.2032			
7	Provider Target Rate	**53.4509**		**63.9505**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**88.5662**	**59.2527**	**13.6500**	**0.1613**	211.4344
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**88.5662**	**59.2527**	**13.6500**	**0.1613**	**211.4344**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032486-00 - 2014/01

226.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,193,021**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**718,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,754,417**	**15.0822**
20% ROE(2):	**1,438,604**	**0.4403**
Insurance Cost(3):	**94,352**	**1.9348**
Taxes Cost(3):	**80,691**	**1.6546**
Home Office(3):	**49,344**	**1.0118**
Replacement(3&4):	**54,598**	**0.0000**
Total FRVS PD:		**20.1237**

(1) 80% Capital ($5,754,417) amortized at 11.1200% for 20 years Principal & Interest of $718,405 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $15.0822
(2) 20% ROE ($1,438,604) times the ROE factor (0.014580) divided by annual available days (52,925) 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:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**88.5662**	**88.5662**	**3.8107**	**84.7555**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**20.1237**	**0.8658**	**19.2579**	
ROE	**0.1613**	**0.0254**	**0.0011**	**0.0243**	
ROE Adjustment	**-0.0254**	**-0.0254**	**-0.0011**	**-0.0243**	
Quality Assess-Medicaid Share				**$9.2139**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.4090**	**217.7468**	**9.3688**	**226.2853**	

***Medicaid Trend Adjustment :**

0 032551-00 - 2014/01

239.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Sunset Lake 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	
832 Sunset Lake Blvd		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34292		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**41,087**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,391**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,647**		
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	**40.51647%**
Occupancy:	**93.54963%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.30825%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	871,722	1,507,429	1,025,727	425,830	12,620	3,843,328
1a	Audit Adjustments						
2	Cost Per Diem	52.3651	90.5526	61.6163	**25.5800**	**0.7581**	230.8721
3	Cost Per Diem Inflated	54.8579	93.0376	64.5495			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.8579**	**93.0376**	**64.5495**	**25.5800**	**0.7581**	238.7831
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.1555		65.1136			
7	Provider Target Rate	**63.9014**		**66.9426**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**93.0376**	**63.0224**	**13.6500**	**0.7581**	224.4904
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**93.0376**	**63.0224**	**13.6500**	**0.7581**	**224.4904**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032551-00 - 2014/01

239.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Sunset Lake Health and 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	**5,373,106**
FRVS Base Asset:	**3,718,320**
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:	**8.6700**	**%**
Chase Rate:	**6.0000**	**%**
Amortization Rate:	**8.6700**	**%**
Interest Only:	**False**	
Yearly Payment:	**453,204**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,298,485**	**11.4968**
20% ROE(2):	**1,074,621**	**0.3975**
Insurance Cost(3):	**75,450**	**1.8363**
Taxes Cost(3):	**47,284**	**1.1508**
Home Office(3):	**38,484**	**0.9366**
Replacement(3&4):	**145,888**	**0.0000**
Total FRVS PD:		**15.8180**

(1) 80% Capital ($4,298,485) amortized at 8.6700% for 20 years Principal & Interest of $453,204 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4968
(2) 20% ROE ($1,074,621) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3975
(3) 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:	**51,248**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**93.0376**	**93.0376**	**4.0031**	**89.0345**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**15.8180**	**0.6806**	**15.1374**	
ROE	**0.7581**	**0.7564**	**0.0325**	**0.7239**	
ROE Adjustment	**-0.7564**	**-0.7564**	**-0.0325**	**-0.7239**	
Quality Assess-Medicaid Share				**$14.4382**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**223.7340**	**225.9003**	**9.7197**	**239.3122**	

***Medicaid Trend Adjustment :**

0 032553-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**159**	Superior:	**0**
St. Petersburg FL 33709		Days In CR	**366**	Maximum:	**58,194**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2014/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2014/01**	Total Patient:	**52,486**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,697**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**27,816**		
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	**52.99699%**
Occupancy:	**90.19143%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.13307%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,305,851	2,241,761	1,452,143	554,373	3,591	5,557,719
1a	Audit Adjustments						
2	Cost Per Diem	46.9460	80.5925	52.2053	**19.9300**	**0.1291**	199.8029
3	Cost Per Diem Inflated	49.1808	82.8042	54.6905			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.1808**	**82.8042**	**54.6905**	**19.9300**	**0.1291**	206.7346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3612		61.7540			
7	Provider Target Rate	**56.9163**		**63.4887**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.1808**	**82.8042**	**54.6905**	**13.6500**	**0.1291**	200.4546
12/13	Medicaid Adjustment Rate		0.2792	0.1844			
14	Prospective Per Diem 11	**49.1808**	**83.0834**	**54.8749**	**13.6500**	**0.1291**	**200.9182**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 032553-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,635,144**
FRVS Base Asset:	**1,243,324**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**478,064**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,508,115**	**9.1528**
20% ROE(2):	**1,127,029**	**0.3146**
Insurance Cost(3):	**92,912**	**1.7702**
Taxes Cost(3):	**63,328**	**1.2066**
Home Office(3):	**43,524**	**0.8292**
Replacement(3&4):	**15,559**	**0.0000**
Total FRVS PD:		**13.2734**

(1) 80% Capital ($4,508,115) amortized at 8.7500% for 20 years Principal & Interest of $478,064 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $9.1528
(2) 20% ROE ($1,127,029) times the ROE factor (0.014580) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.3146
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,907,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1808**	**49.1808**	**2.1161**	**47.0647**	
Patient Care					
Direct Care	**83.0834**	**83.0834**	**3.5748**	**79.5086**	
Indirect Care	**54.8749**	**54.8749**	**2.3611**	**52.5138**	
Property	**13.6500**	**13.2734**	**0.5873**	**13.0627**	
ROE	**0.1291**	**0.0347**	**0.0056**	**0.1235**	
ROE Adjustment	**-0.0347**	**-0.0347**	**-0.0015**	**-0.0332**	
Quality Assess-Medicaid Share				**$14.9322**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.8835**	**200.4125**	**8.6434**	**215.8657**	

***Medicaid Trend Adjustment :**

0 033175-00 - 2014/01

225.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Seven Hills 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	
3333 Capital Medical Blvd.		**02/01/2012-01/31/2013**		Number of Beds:	**156**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**57,096**	Standard:	**181**
County: **Leon[37]**		First Used:	**2014/01**	Max Annualized:	**56,940**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**51,111**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,174**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**33,450**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **11/1/1984**							
Acquired Date: **11/1/1984**							
Entered Medicaid **11/1/1984**							
Med # Active Date: **12/1/2010**							
Previous Med # **252093**							

Medicaid Utilization	**65.44579%**
Occupancy:	**89.51765%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.29538%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,464,092	2,904,290	2,055,504	887,429	0	7,311,315
1a	Audit Adjustments						
2	Cost Per Diem	43.7696	86.8248	61.4500	**26.5300**		218.5744
3	Cost Per Diem Inflated	45.7779	89.1335	64.2695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7779**	**89.1335**	**64.2695**	**26.5300**		225.7109
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2343		66.8993			
7	Provider Target Rate	**50.6173**		**68.7785**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.2727**		**56.7685**			
10b	Base for line 10a	45.9811		55.2174			
11	Lesser of 5,7,8,10, 10a	**45.7779**	**89.1335**	**56.7685**	**13.6500**		205.3299
12/13	Medicaid Adjustment Rate		1.5488	0.9864			
14	Prospective Per Diem 11	**45.7779**	**90.6823**	**57.7549**	**13.6500**		**207.8651**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 033175-00 - 2014/01

225.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,167,842**
FRVS Base Asset:	**2,265,264**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**486,094**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,934,274**	**9.4855**
20% ROE(2):	**1,233,568**	**0.3510**
Insurance Cost(3):	**46,087**	**0.9017**
Taxes Cost(3):	**70,693**	**1.3831**
Home Office(3):	**11,772**	**0.2303**
Replacement(3&4):	**38,992**	**0.0000**
Total FRVS PD:		**12.3516**

(1) 80% Capital ($4,934,274) amortized at 7.7500% for 20 years Principal & Interest of $486,094 divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $9.4855
(2) 20% ROE ($1,233,568) times the ROE factor (0.014580) divided by annual available days (56,940) divided by Occup. Adj. (0.9000) = $0.3510
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,446,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7779**	**45.7779**	**1.9696**	**43.8083**	
Patient Care					
Direct Care	**90.6823**	**90.6823**	**3.9017**	**86.7806**	
Indirect Care	**57.7549**	**57.7549**	**2.4850**	**55.2699**	
Property	**13.6500**	**12.3516**	**0.5314**	**11.8202**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6151**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.8651**	**206.5667**	**8.8877**	**225.9875**	

***Medicaid Trend Adjustment :**

0 033717-00 - 2014/01

235.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Benderson Family Skilled Nursing & Rehab 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	
1955 North Honore Ave.		**07/01/2011-12/31/2012**		Number of Beds:	**50**	Superior:	**0**
Sarasota FL 34235		Days In CR	**550**	Maximum:	**27,500**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2014/01**	Max Annualized:	**18,250**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,340**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,741**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**4,817**		
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	**23.68240%**
Occupancy:	**73.96364%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**91.95740%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	309,878	442,677	240,164	103,517	0	1,096,236
1a	Audit Adjustments						
2	Cost Per Diem	64.3301	91.8989	49.8576	**21.4899**		227.5765
3	Cost Per Diem Inflated	67.7361	94.6176	52.4973			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**67.7361**	**94.6176**	**52.4973**	**21.4899**		236.3409
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.5700		59.3786			
7	Provider Target Rate	**66.3838**		**63.0027**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**63.8738**		**76.0114**			
10b	Base for line 10a	62.1286		73.9346			
11	Lesser of 5,7,8,10, 10a	**63.3313**	**94.6176**	**52.4973**	**13.6500**		224.0962
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**94.6176**	**52.4973**	**13.6500**		**224.0962**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 033717-00 - 2014/01

235.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Benderson Family Skilled Nursing & Rehab Cente

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	**0.016320**

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**	**0.4866**
Insurance Cost(3):	**72,567**	**3.5677**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,168**	**0.0000**
Total FRVS PD:		**7.8667**

(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 (0.016320) divided by annual available days (18,250) divided by Occup. Adj. (0.9000) = $0.4866
(3) 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:	**51,248**
		Effective PBS Limitation	**2,435,050**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**94.6176**	**94.6176**	**4.0710**	**90.5466**	
Indirect Care	**52.4973**	**52.4973**	**2.2588**	**50.2385**	
Property	**13.6500**	**7.8667**	**0.3385**	**7.5282**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8858**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.0962**	**218.3129**	**9.3932**	**235.4989**	

***Medicaid Trend Adjustment :**

0 034504-00 - 2014/01

190.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Grace Healthcare of Lake Wales

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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 North Scenic Highway		**01/01/2012-12/31/2012**		Number of Beds:	**100**	Superior:	**0**
Lake Wales FL 33853		Days In CR	**366**	Maximum:	**36,600**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**29,399**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,312**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**17,543**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.28335532**
Open Date:	**8/1/1983**					Semester Index:	**1.34444818**
Acquired Date:	**8/1/1983**					Cost:	**1.04760401**
Entered Medicaid	**8/1/1983**					Target:	**1.01966300**
Med # Active Date:	**3/9/2011**					**DC FY Index:**	**1.20250000**
Previous Med #	**319341**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02744283**
						PS Target:	**1.02809000**

Medicaid Utilization	**59.67210%**	
Occupancy:	**80.32514%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**99.86652%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	627,538	1,230,901	804,317	344,194	0	3,006,950
1a	Audit Adjustments						
2	Cost Per Diem	35.7714	70.1648	45.8483	**19.6200**		171.4045
3	Cost Per Diem Inflated	37.4743	72.0903	48.0309			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4743**	**72.0903**	**48.0309**	**19.6200**		177.2155
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4194		58.9159			
7	Provider Target Rate	**46.6952**		**60.5708**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**56.8155**		**67.4046**			
10b	Base for line 10a	55.2632		65.5629			
11	Lesser of 5,7,8,10, 10a	**37.4743**	**72.0903**	**48.0309**	**13.6500**		171.2455
12/13	Medicaid Adjustment Rate		0.7844	0.5226			
14	Prospective Per Diem 11	**37.4743**	**72.8747**	**48.5535**	**13.6500**		**172.5525**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 034504-00 - 2014/01

190.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,332,602**
FRVS Base Asset:	**1,301,586**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**280,272**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,466,082**	**8.5319**
20% ROE(2):	**866,520**	**0.3846**
Insurance Cost(3):	**10,001**	**0.3402**
Taxes Cost(3):	**35,760**	**1.2164**
Home Office(3):	**7,728**	**0.2629**
Replacement(3&4):	**21,294**	**0.0000**
Total FRVS PD:		**10.7360**

(1) 80% Capital ($3,466,082) amortized at 5.2500% for 20 years Principal & Interest of $280,272 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $8.5319
(2) 20% ROE ($866,520) times the ROE factor (0.014580) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.3846
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.4743**	**37.4743**	**1.6124**	**35.8619**	
Patient Care					
Direct Care	**72.8747**	**72.8747**	**3.1355**	**69.7392**	
Indirect Care	**48.5535**	**48.5535**	**2.0891**	**46.4644**	
Property	**13.6500**	**10.7360**	**0.4619**	**10.2741**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4298**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.5525**	**169.6385**	**7.2989**	**190.4628**	

***Medicaid Trend Adjustment :**

0 035167-00 - 2014/01

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 01/01/2014 through 06/30/2014

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 N		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33716		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**42,088**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,139**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,178**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1988**						
Acquired Date:	**8/1/1988**						
Entered Medicaid	**10/1/1988**						
Med # Active Date:	**6/1/2011**						
Previous Med #	**315524**						

Medicaid Utilization	**66.95020%**
Occupancy:	**95.82878%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.14186%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	38.2773	77.4972	50.1297			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2773**	**77.4972**	**50.1297**	**29.8400**		195.7442
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0828		51.8788			
7	Provider Target Rate	**46.3492**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2773**	**77.4972**	**50.1297**	**13.6500**		179.5542
12/13	Medicaid Adjustment Rate		1.4778	0.9559			
14	Prospective Per Diem 11	**38.2773**	**78.9750**	**51.0856**	**13.6500**		**181.9879**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 035167-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,651,393**
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:	**383,442**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,521,114**	**9.7271**
20% ROE(2):	**1,130,279**	**0.4180**
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:		**16.8621**

(1) 80% Capital ($4,521,114) amortized at 5.8318% for 20 years Principal & Interest of $383,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7271
(2) 20% ROE ($1,130,279) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4180
(3) 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:	**51,248**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2773**	**38.2773**	**1.6469**	**36.6304**	
Patient Care					
Direct Care	**78.9750**	**78.9750**	**3.3980**	**75.5770**	
Indirect Care	**51.0856**	**51.0856**	**2.1980**	**48.8876**	
Property	**13.6500**	**16.8621**	**0.7255**	**16.1366**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3438**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.9879**	**185.2000**	**7.9684**	**207.2688**	

***Medicaid Trend Adjustment :**

0 038640-00 - 2014/01

232.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**29,785**	Total:	**181**
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]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**10/4/2011**					Target:	**1.01966300**
Acquired Date:	**10/4/2011**					**DC FY Index:**	**1.19500000**
Entered Medicaid	**7/12/2011**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/4/2011**					**DC Inflation:**	**1.00000000**
Previous Med #						**PS Target:**	**1.02809000**

Medicaid Utilization	**25.00588%**
Occupancy:	**67.81648%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**84.31478%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.6627**		**60.7784**			
10b	Base for line 10a	53.1692		59.1178			
11	Lesser of 5,7,8,10, 10a	**50.7605**	**97.3934**	**60.7784**	**13.6500**		222.5823
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.7605**	**97.3934**	**60.7784**	**13.6500**		**222.5823**
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 - 2014/01

232.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,914,302**
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:	**365,360**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,731,442**	**9.2684**
20% ROE(2):	**1,182,860**	**0.5626**
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:		**24.5758**

(1) 80% Capital ($4,731,442) amortized at 4.7000% for 20 years Principal & Interest of $365,360 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2684
(2) 20% ROE ($1,182,860) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5626
(3) 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:	**51,248**
		Effective PBS Limitation	**5,897,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7605**	**50.7605**	**2.1840**	**48.5765**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**60.7784**	**60.7784**	**2.6151**	**58.1633**	
Property	**13.6500**	**24.5758**	**1.0574**	**23.5184**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.5823**	**233.5081**	**10.0470**	**232.1545**	

***Medicaid Trend Adjustment :**

0 041324-00 - 2014/01

246.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**26,024**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**73.66822%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.3453**		**58.5378**			
10b	Base for line 10a	48.9697		56.9384			
11	Lesser of 5,7,8,10, 10a	**49.4885**	**95.7721**	**54.1103**	**13.6500**		213.0209
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.4885**	**95.7721**	**54.1103**	**13.6500**		**213.0209**
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 - 2014/01

246.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,934,037**
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:	**388,016**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,747,230**	**9.8431**
20% ROE(2):	**1,186,807**	**0.5645**
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:		**31.1382**

(1) 80% Capital ($4,747,230) amortized at 5.3800% for 20 years Principal & Interest of $388,016 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8431
(2) 20% ROE ($1,186,807) times the ROE factor (0.018750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5645
(3) 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:	**51,248**
		Effective PBS Limitation	**5,897,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4885**	**49.4885**	**2.1293**	**47.3592**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**54.1103**	**54.1103**	**2.3282**	**51.7821**	
Property	**13.6500**	**31.1382**	**1.3398**	**29.7984**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4436**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.0209**	**230.5091**	**9.9180**	**246.7281**	

***Medicaid Trend Adjustment :**

0 041685-00 - 2014/01

216.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**16,912**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.74830%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	59.5349	74.5268	55.0736			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.5349**	**74.5268**	**55.0736**	**18.7000**		207.8353
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5220		54.8179			
7	Provider Target Rate	**47.8288**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.8288**	**74.5268**	**55.0736**	**13.6500**		191.0792
12/13	Medicaid Adjustment Rate		3.0469	2.2516			
14	Prospective Per Diem 11	**47.8288**	**77.5737**	**57.3252**	**13.6500**		**196.3777**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 041685-00 - 2014/01

216.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.8288**	**47.8288**	**2.0579**	**45.7709**	
Patient Care					
Direct Care	**77.5737**	**77.5737**	**3.3377**	**74.2360**	
Indirect Care	**57.3252**	**57.3252**	**2.4665**	**54.8587**	
Property	**13.6500**	**9.8881**	**0.4254**	**9.4627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.2770**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.3777**	**192.6158**	**8.2875**	**216.2987**	

***Medicaid Trend Adjustment :**

0 041686-00 - 2014/01

206.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**17,460**	Total:	**181**
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]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.05858606**
Open Date:	**8/1/1972**					Target:	**1.01966300**
Acquired Date:	**8/1/1972**					**DC FY Index:**	**1.19666435**
Entered Medicaid	**8/1/1972**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**4/1/2009**					**DC Inflation:**	**1.03245325**
Previous Med #	**212873**					**PS Target:**	**1.02809000**

Medicaid Utilization		**79.53036%**
Occupancy:		**79.50820%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**98.85083%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	88.4950	69.1750	54.7689			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**88.4950**	**69.1750**	**54.7689**	**18.3800**		230.8189
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4388**	**69.1750**	**54.7689**	**13.6500**		185.0327
12/13	Medicaid Adjustment Rate		2.2981	1.8195			
14	Prospective Per Diem 11	**47.4388**	**71.4731**	**56.5884**	**13.6500**		**189.1503**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 041686-00 - 2014/01

206.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4388**	**47.4388**	**2.0411**	**45.3977**	
Patient Care					
Direct Care	**71.4731**	**71.4731**	**3.0752**	**68.3979**	
Indirect Care	**56.5884**	**56.5884**	**2.4348**	**54.1536**	
Property	**13.6500**	**8.5880**	**0.3695**	**8.2185**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9213**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.1503**	**184.0883**	**7.9206**	**206.7824**	

***Medicaid Trend Adjustment :**

0 042138-00 - 2014/01

246.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Jefferson[33]**		First Used:	**2011/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**10,880**	Total:	**181**
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:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**83.18043%**	Cost:	**1.06613821**
Open Date:	**5/1/1980**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/1/1980**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.19233184**
Entered Medicaid	**5/1/1980**	Low Occupancy Adjustment Factor:			**103.41644%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**6/28/2011**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03620482**
Previous Med #	**007014**					**PS Target:**	**1.02809000**

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	54.7782	98.6738	64.6001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.7782**	**98.6738**	**64.6001**	**28.0501**		246.1022
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7679		65.7672			
7	Provider Target Rate	**57.3344**		**67.6146**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**54.0954**		**64.9667**			
10b	Base for line 10a	52.6174		63.1916			
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**64.6001**	**13.6500**		224.4387
12/13	Medicaid Adjustment Rate		1.9638	1.3707			
14	Prospective Per Diem 11	**53.6361**	**94.5163**	**65.9708**	**13.6500**		**227.7732**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 042138-00 - 2014/01

246.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,849,945**
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:	**199,978**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,279,956**	**10.1460**
20% ROE(2):	**569,989**	**0.5526**
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:		**12.6477**

(1) 80% Capital ($2,279,956) amortized at 6.2500% for 20 years Principal & Interest of $199,978 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.1460
(2) 20% ROE ($569,989) times the ROE factor (0.019110) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5526
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**94.5163**	**94.5163**	**4.0667**	**90.4496**	
Indirect Care	**65.9708**	**65.9708**	**2.8385**	**63.1323**	
Property	**13.6500**	**12.6477**	**0.5442**	**12.1035**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3683**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.7732**	**226.7709**	**9.7572**	**246.0754**	

***Medicaid Trend Adjustment :**

5

0 042140-00 - 2014/01

245.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Madison[40]**	First Used:	**2011/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**11,332**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.42702%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26104493**
Semester Index:	**1.34444818**
Cost:	**1.06613821**
Target:	**1.01966300**
DC FY Index:	**1.19233184**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03620482**
PS Target:	**1.02809000**

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	53.3132	100.2376	63.3218			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3132**	**100.2376**	**63.3218**	**20.7600**		237.6326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2764		64.4659			
7	Provider Target Rate	**55.8010**		**66.2767**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**54.0954**		**65.4713**			
10b	Base for line 10a	52.6174		63.6825			
11	Lesser of 5,7,8,10, 10a	**53.3132**	**92.5525**	**63.3218**	**13.6500**		222.8375
12/13	Medicaid Adjustment Rate		3.7654	2.5762			
14	Prospective Per Diem 11	**53.3132**	**96.3179**	**65.8980**	**13.6500**		**229.1791**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 042140-00 - 2014/01

245.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,690,141**
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:	**118,596**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,352,113**	**6.2245**
20% ROE(2):	**338,028**	**0.3390**
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:		**8.5262**

(1) 80% Capital ($1,352,113) amortized at 6.2500% for 20 years Principal & Interest of $118,596 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $6.2245
(2) 20% ROE ($338,028) times the ROE factor (0.019110) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.3390
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,653,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.3132**	**53.3132**	**2.2939**	**51.0193**	
Patient Care					
Direct Care	**96.3179**	**96.3179**	**4.1442**	**92.1737**	
Indirect Care	**65.8980**	**65.8980**	**2.8353**	**63.0627**	
Property	**13.6500**	**8.5262**	**0.3668**	**8.1594**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9974**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.1791**	**224.0553**	**9.6402**	**245.1059**	

***Medicaid Trend Adjustment :**

4

0 043832-00 - 2014/01

199.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heron Pointe Health and Rehabilitation

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1445 Howell Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34601		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,665**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,929**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,266**		
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 #	**252298**						

Medicaid Utilization	**69.03460%**
Occupancy:	**94.61997%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.63897%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	625,765	948,317	700,319	264,777	0	2,539,178
1a	Audit Adjustments						
2	Cost Per Diem	43.8641	66.4739	49.0901	**18.5600**		177.9881
3	Cost Per Diem Inflated	46.1083	68.3930	51.6016			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1083**	**68.3930**	**51.6016**	**18.5600**		184.6629
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5245		52.0674			
7	Provider Target Rate	**47.8314**		**53.5300**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**45.6090**		**57.5057**			
10b	Base for line 10a	44.3628		55.9345			
11	Lesser of 5,7,8,10, 10a	**45.6090**	**68.3930**	**51.6016**	**13.6500**		179.2536
12/13	Medicaid Adjustment Rate		1.4646	1.1050			
14	Prospective Per Diem 11	**45.6090**	**69.8576**	**52.7066**	**13.6500**		**181.8232**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043832-00 - 2014/01

199.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heron Pointe Health and Rehabilitation

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	**3,557,875**
FRVS Base Asset:	**2,054,536**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**280,400**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,846,300**	**7.1131**
20% ROE(2):	**711,575**	**0.2821**
Insurance Cost(3):	**15,845**	**0.7668**
Taxes Cost(3):	**28,309**	**1.3699**
Home Office(3):	**6,918**	**0.3348**
Replacement(3&4):	**36,764**	**0.0000**
Total FRVS PD:		**9.8667**

(1) 80% Capital ($2,846,300) amortized at 7.7500% for 20 years Principal & Interest of $280,400 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1131
(2) 20% ROE ($711,575) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2821
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.6090**	**45.6090**	**1.9624**	**43.6466**	
Patient Care					
Direct Care	**69.8576**	**69.8576**	**3.0057**	**66.8519**	
Indirect Care	**52.7066**	**52.7066**	**2.2678**	**50.4388**	
Property	**13.6500**	**9.8667**	**0.4245**	**9.4422**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9010**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.8232**	**178.0399**	**7.6604**	**199.9739**	

***Medicaid Trend Adjustment :**

0 043833-00 - 2014/01

203.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heritage Healthcare Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3101 Ginger Drive		**02/01/2012-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**182**	Maximum:	**32,760**	Standard:	**153**
County:	**Leon[37]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**28**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**28,804**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,583**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**19,614**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1983**						
Acquired Date:	**10/1/1983**						
Entered Medicaid	**10/1/1983**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252298**						

Medicaid Utilization	**68.09471%**
Occupancy:	**87.92430%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.31439%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	837,178	1,384,731	900,050	558,803	0	3,680,762
1a	Audit Adjustments						
2	Cost Per Diem	42.6827	70.5991	45.8881	**28.4900**		187.6599
3	Cost Per Diem Inflated	44.8664	72.6372	48.2358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8664**	**72.6372**	**48.2358**	**28.4900**		194.2294
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.2715		48.6713			
7	Provider Target Rate	**46.5432**		**50.0385**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7240**		**52.3072**			
10b	Base for line 10a	45.4474		50.8780			
11	Lesser of 5,7,8,10, 10a	**44.8664**	**72.6372**	**48.2358**	**13.6500**		179.3894
12/13	Medicaid Adjustment Rate		1.2499	0.8300			
14	Prospective Per Diem 11	**44.8664**	**73.8871**	**49.0658**	**13.6500**		**181.4693**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043833-00 - 2014/01

203.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,389,217**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**661,163**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,711,374**	**11.1815**
20% ROE(2):	**1,677,843**	**0.4435**
Insurance Cost(3):	**24,559**	**0.8526**
Taxes Cost(3):	**45,346**	**1.5743**
Home Office(3):	**9,877**	**0.3429**
Replacement(3&4):	**441,537**	**0.0000**
Total FRVS PD:		**14.3948**

(1) 80% Capital ($6,711,374) amortized at 7.7500% for 20 years Principal & Interest of $661,163 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.1815
(2) 20% ROE ($1,677,843) times the ROE factor (0.015630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4435
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8664**	**44.8664**	**1.9304**	**42.9360**	
Patient Care					
Direct Care	**73.8871**	**73.8871**	**3.1791**	**70.7080**	
Indirect Care	**49.0658**	**49.0658**	**2.1111**	**46.9547**	
Property	**13.6500**	**14.3948**	**0.6194**	**13.7754**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4664**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.4693**	**182.2141**	**7.8400**	**203.5339**	

***Medicaid Trend Adjustment :**

0 043835-00 - 2014/01

223.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heritage Health Care Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1026 Albee Farm Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Venice FL 34285		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**19,892**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,558**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,767**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/29/1983**						
Acquired Date:	**12/29/1983**						
Entered Medicaid	**12/29/1983**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252271**						

Medicaid Utilization	**74.23587%**
Occupancy:	**91.08059%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.23854%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	697,782	1,119,993	784,226	373,310	0	2,975,311
1a	Audit Adjustments						
2	Cost Per Diem	47.2528	75.8443	53.1067	**25.2800**		201.4838
3	Cost Per Diem Inflated	49.6703	78.0339	55.8237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6703**	**78.0339**	**55.8237**	**25.2800**		208.8079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1187		56.3277			
7	Provider Target Rate	**51.5265**		**57.9099**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.3672**		**60.1957**			
10b	Base for line 10a	49.9637		58.5510			
11	Lesser of 5,7,8,10, 10a	**49.6703**	**78.0339**	**55.8237**	**13.6500**		197.1779
12/13	Medicaid Adjustment Rate		2.1276	1.5221			
14	Prospective Per Diem 11	**49.6703**	**80.1615**	**57.3458**	**13.6500**		**200.8276**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043835-00 - 2014/01

223.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,568,235**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**438,839**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,454,588**	**11.1324**
20% ROE(2):	**1,113,647**	**0.4416**
Insurance Cost(3):	**16,689**	**0.8390**
Taxes Cost(3):	**35,937**	**1.8066**
Home Office(3):	**7,432**	**0.3736**
Replacement(3&4):	**19,969**	**0.0000**
Total FRVS PD:		**14.5932**

(1) 80% Capital ($4,454,588) amortized at 7.7500% for 20 years Principal & Interest of $438,839 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1324
(2) 20% ROE ($1,113,647) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4416
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6703**	**49.6703**	**2.1371**	**47.5332**	
Patient Care					
Direct Care	**80.1615**	**80.1615**	**3.4490**	**76.7125**	
Indirect Care	**57.3458**	**57.3458**	**2.4674**	**54.8784**	
Property	**13.6500**	**14.5932**	**0.6279**	**13.9653**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5603**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.8276**	**201.7708**	**8.6814**	**223.3431**	

***Medicaid Trend Adjustment :**

0 043838-00 - 2014/01

238.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heritage Healthcare 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	
777 Ninth Street North		**02/01/2012-07/31/2012**		Number of Beds:	**97**	Superior:	**0**
Naples FL 34102		Days In CR	**182**	Maximum:	**17,654**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2012/01**	Max Annualized:	**35,405**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**16,281**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,610**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**10,442**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.27901138**
Open Date:	**11/1/1981**					Semester Index:	**1.34444818**
Acquired Date:	**11/1/1981**					Cost:	**1.05116202**
Entered Medicaid	**10/1/1982**					Target:	**1.01966300**
Med # Active Date:	**2/1/2012**					**DC FY Index:**	**1.20083276**
Previous Med #	**252280**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02886933**
						PS Target:	**1.02809000**

Medicaid Utilization	**64.13611%**	
Occupancy:	**92.22273%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**114.65853%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	548,537	876,997	618,681	302,191	0	2,346,406
1a	Audit Adjustments						
2	Cost Per Diem	52.5318	83.9875	59.2493	**28.9400**		224.7086
3	Cost Per Diem Inflated	55.2194	86.4122	62.2806			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.2194**	**86.4122**	**62.2806**	**28.9400**		232.8522
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7179		65.1178			
7	Provider Target Rate	**57.2830**		**66.9470**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**56.4283**		**67.8956**			
10b	Base for line 10a	54.8865		66.0405			
11	Lesser of 5,7,8,10, 10a	**55.2194**	**86.4122**	**62.2806**	**13.6500**		217.5622
12/13	Medicaid Adjustment Rate		1.3742	0.9905			
14	Prospective Per Diem 11	**55.2194**	**87.7864**	**63.2711**	**13.6500**		**219.9269**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043838-00 - 2014/01

238.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heritage Healthcare and Rehabilitation 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	**4,641,403**
FRVS Base Asset:	**3,220,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**365,794**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,713,122**	**11.4797**
20% ROE(2):	**928,281**	**0.4553**
Insurance Cost(3):	**17,535**	**1.0770**
Taxes Cost(3):	**14,539**	**0.8930**
Home Office(3):	**6,890**	**0.4232**
Replacement(3&4):	**39,622**	**0.0000**
Total FRVS PD:		**14.3282**

(1) 80% Capital ($3,713,122) amortized at 7.7500% for 20 years Principal & Interest of $365,794 divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $11.4797
(2) 20% ROE ($928,281) times the ROE factor (0.015630) divided by annual available days (35,405) divided by Occup. Adj. (0.9000) = $0.4553
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,220,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.2194**	**55.2194**	**2.3759**	**52.8435**	
Patient Care					
Direct Care	**87.7864**	**87.7864**	**3.7771**	**84.0093**	
Indirect Care	**63.2711**	**63.2711**	**2.7223**	**60.5488**	
Property	**13.6500**	**14.3282**	**0.6165**	**13.7117**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9381**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**219.9269**	**220.6051**	**9.4918**	**238.7448**	

***Medicaid Trend Adjustment :**

0 043839-00 - 2014/01

206.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Keystone Rehabilitation and Health 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
1120 West Donegan Avenue	**02/01/2012-07/31/2012**	Number of Beds: **120**	Superior: **0**
Kissimmee FL 34741	Days In CR **182**	Maximum: **21,840**	Standard: **181**
County: **Osceola[49]**	First Used: **2012/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2014/01**	Total Patient: **21,090**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,181**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **13,522**	
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	**64.11569%**
Occupancy:	**96.56593%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.05836%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	600,874	944,391	682,525	371,855	0	2,599,645
1a	Audit Adjustments						
2	Cost Per Diem	44.4368	69.8411	50.4752	**27.5000**		192.2531
3	Cost Per Diem Inflated	46.7103	71.8574	53.0576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7103**	**71.8574**	**53.0576**	**27.5000**		199.1253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1319		53.5367			
7	Provider Target Rate	**48.4558**		**55.0405**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.9515**		**58.3235**			
10b	Base for line 10a	47.6140		56.7300			
11	Lesser of 5,7,8,10, 10a	**46.7103**	**71.8574**	**53.0576**	**13.6500**		185.2753
12/13	Medicaid Adjustment Rate		1.1411	0.8426			
14	Prospective Per Diem 11	**46.7103**	**72.9985**	**53.9002**	**13.6500**		**187.2590**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043839-00 - 2014/01

206.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Keystone Rehabilitation 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	**5,668,693**
FRVS Base Asset:	**5,397,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**370,669**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,534,954**	**9.4031**
20% ROE(2):	**1,133,739**	**0.4495**
Insurance Cost(3):	**16,505**	**0.7826**
Taxes Cost(3):	**34,021**	**1.6131**
Home Office(3):	**7,900**	**0.3746**
Replacement(3&4):	**23,373**	**0.0000**
Total FRVS PD:		**12.6229**

(1) 80% Capital ($4,534,954) amortized at 8.2500% for 20 years Interest of $370,669 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4031
(2) 20% ROE ($1,133,739) times the ROE factor (0.015630) 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:	**1/1/2006**	Used Per Bed Standard:	**44,981**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,397,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7103**	**46.7103**	**2.0098**	**44.7005**	
Patient Care					
Direct Care	**72.9985**	**72.9985**	**3.1408**	**69.8577**	
Indirect Care	**53.9002**	**53.9002**	**2.3191**	**51.5811**	
Property	**13.6500**	**12.6229**	**0.5431**	**12.0798**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7810**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.2590**	**186.2319**	**8.0128**	**206.6935**	

***Medicaid Trend Adjustment :**

0 043841-00 - 2014/01

211.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Oakbridge Healthcare Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3110 Oakbridge Boulevard, E		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33803		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,298**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,757**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**6,651**		
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	**32.76678%**
Occupancy:	**92.93956%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.54977%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	344,622	497,075	392,417	145,524	0	1,379,638
1a	Audit Adjustments						
2	Cost Per Diem	51.8151	74.7369	59.0012	**21.8800**		207.4332
3	Cost Per Diem Inflated	54.4661	76.8945	62.0198			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.4661**	**76.8945**	**62.0198**	**21.8800**		215.2604
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.9577		62.5797			
7	Provider Target Rate	**56.5015**		**64.3376**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.0056**		**62.9221**			
10b	Base for line 10a	48.6393		61.2029			
11	Lesser of 5,7,8,10, 10a	**50.0056**	**76.8945**	**61.0784**	**13.6500**		201.6285
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.0056**	**76.8945**	**61.0784**	**13.6500**		**201.6285**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043841-00 - 2014/01

211.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,842,997**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**351,549**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,674,398**	**8.9180**
20% ROE(2):	**1,168,599**	**0.4633**
Insurance Cost(3):	**15,845**	**0.7806**
Taxes Cost(3):	**27,158**	**1.3380**
Home Office(3):	**10,489**	**0.5168**
Replacement(3&4):	**34,516**	**0.0000**
Total FRVS PD:		**12.0167**

(1) 80% Capital ($4,674,398) amortized at 4.3900% for 20 years Principal & Interest of $351,549 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9180
(2) 20% ROE ($1,168,599) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4633
(3) 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:	**51,248**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.0056**	**50.0056**	**2.1516**	**47.8540**	
Patient Care					
Direct Care	**76.8945**	**76.8945**	**3.3085**	**73.5860**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**12.0167**	**0.5170**	**11.4997**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.2149**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.6285**	**199.9952**	**8.6051**	**211.2984**	

***Medicaid Trend Adjustment :**

0 043843-00 - 2014/01

219.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Oaktree Healthcare

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	
650 Reed Canal Road		**02/01/2012-07/31/2012**		Number of Beds:	**65**	Superior:	**0**
South Daytona FL 32119		Days In CR	**182**	Maximum:	**11,830**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2012/01**	Max Annualized:	**23,725**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**10,063**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**305**	**Inflation**	
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**7,936**	FY Index:	**1.27901138**
Class at 1/94: **North Small [1]**		Medicaid Utilization			**78.86316%**	Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**85.06340%**	Cost:	**1.05116202**
Open Date:	**9/1/1981**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**9/1/1981**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**9/1/1981**	Low Occupancy Adjustment Factor:			**105.75750%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**252476**					**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	395,128	572,393	420,546	92,851	0	1,480,918
1a	Audit Adjustments						
2	Cost Per Diem	49.7893	72.1261	52.9922	**11.7000**		186.6076
3	Cost Per Diem Inflated	52.3366	74.2083	55.7034			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3366**	**74.2083**	**55.7034**	**11.7000**		193.9483
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.8090		56.2062			
7	Provider Target Rate	**54.2924**		**57.7850**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**53.0768**		**60.7646**			
10b	Base for line 10a	51.6266		59.1044			
11	Lesser of 5,7,8,10, 10a	**52.3366**	**74.2083**	**55.7034**	**11.7000**		193.9483
12/13	Medicaid Adjustment Rate		2.4096	1.8087			
14	Prospective Per Diem 11	**52.3366**	**76.6179**	**57.5121**	**11.7000**		**198.1666**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043843-00 - 2014/01

219.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,767,620**
FRVS Base Asset:	**915,383**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**139,308**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,414,096**	**6.5242**
20% ROE(2):	**353,524**	**0.2588**
Insurance Cost(3):	**8,583**	**0.8529**
Taxes Cost(3):	**4,796**	**0.4766**
Home Office(3):	**3,506**	**0.3484**
Replacement(3&4):	**23,646**	**0.0000**
Total FRVS PD:		**8.4609**

(1) 80% Capital ($1,414,096) amortized at 7.7500% for 20 years Principal & Interest of $139,308 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $6.5242
(2) 20% ROE ($353,524) times the ROE factor (0.015630) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.2588
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.3366**	**52.3366**	**2.2518**	**50.0848**	
Patient Care					
Direct Care	**76.6179**	**76.6179**	**3.2966**	**73.3213**	
Indirect Care	**57.5121**	**57.5121**	**2.4745**	**55.0376**	
Property	**11.7000**	**8.4609**	**0.3640**	**8.0969**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$24.0629**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.1666**	**194.9275**	**8.3869**	**219.2969**	

***Medicaid Trend Adjustment :**

0 043846-00 - 2014/01

215.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Rio Pinar Health Care

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	
7950 Lake Underhill Road		**02/01/2012-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Orlando FL 32822		Days In CR	**182**	Maximum:	**32,760**	Standard:	**145**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**36**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**31,386**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,971**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,100**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1987**						
Acquired Date:	**2/1/1987**						
Entered Medicaid	**2/1/1987**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252450**						

Medicaid Utilization	**70.41356%**
Occupancy:	**95.80586%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.11337%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	941,741	1,748,934	1,087,454	507,858	0	4,285,987
1a	Audit Adjustments						
2	Cost Per Diem	42.6127	79.1373	49.2061	**22.9800**		193.9361
3	Cost Per Diem Inflated	44.7929	81.4219	51.7236			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7929**	**81.4219**	**51.7236**	**22.9800**		200.9184
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1972		52.1906			
7	Provider Target Rate	**46.4668**		**53.6566**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**46.4609**		**55.9260**			
10b	Base for line 10a	45.1915		54.3980			
11	Lesser of 5,7,8,10, 10a	**44.7929**	**81.4219**	**51.7236**	**13.6500**		191.5884
12/13	Medicaid Adjustment Rate		1.4980	0.9516			
14	Prospective Per Diem 11	**44.7929**	**82.9199**	**52.6752**	**13.6500**		**194.0380**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043846-00 - 2014/01

215.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,377,737**
FRVS Base Asset:	**5,162,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**665,227**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,702,190**	**11.2502**
20% ROE(2):	**1,675,547**	**0.4429**
Insurance Cost(3):	**23,768**	**0.7573**
Taxes Cost(3):	**58,453**	**1.8624**
Home Office(3):	**11,823**	**0.3767**
Replacement(3&4):	**26,434**	**0.0000**
Total FRVS PD:		**14.6895**

(1) 80% Capital ($6,702,190) amortized at 10.0000% for 20 years Interest of $665,227 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.2502
(2) 20% ROE ($1,675,547) times the ROE factor (0.015630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4429
(3) 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:	**51,248**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7929**	**44.7929**	**1.9273**	**42.8656**	
Patient Care					
Direct Care	**82.9199**	**82.9199**	**3.5677**	**79.3522**	
Indirect Care	**52.6752**	**52.6752**	**2.2664**	**50.4088**	
Property	**13.6500**	**14.6895**	**0.6320**	**14.0575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1998**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.0380**	**195.0775**	**8.3934**	**215.5773**	

***Medicaid Trend Adjustment :**

0 043847-00 - 2014/01

216.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The Palms Rehabilitation and Healthcare Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5405 Babcock Street NE		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Bay FL 32905		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**20,850**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,886**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**12,569**		
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	**60.28297%**
Occupancy:	**95.46703%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.69211%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	562,385	1,001,591	631,775	325,663	0	2,521,414
1a	Audit Adjustments						
2	Cost Per Diem	44.7438	79.6874	50.2645	**25.9100**		200.6057
3	Cost Per Diem Inflated	47.0330	81.9879	52.8361			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0330**	**81.9879**	**52.8361**	**25.9100**		207.7670
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4576		53.3131			
7	Provider Target Rate	**48.7907**		**54.8107**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.7070**		**57.3567**			
10b	Base for line 10a	47.3762		55.7896			
11	Lesser of 5,7,8,10, 10a	**47.0330**	**81.9879**	**52.8361**	**13.6500**		195.5070
12/13	Medicaid Adjustment Rate		0.9485	0.6112			
14	Prospective Per Diem 11	**47.0330**	**82.9364**	**53.4473**	**13.6500**		**197.0667**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043847-00 - 2014/01

216.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The Palms Rehabilitation and 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	**5,517,386**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**434,831**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,413,909**	**11.0307**
20% ROE(2):	**1,103,477**	**0.4375**
Insurance Cost(3):	**15,845**	**0.7600**
Taxes Cost(3):	**35,937**	**1.7236**
Home Office(3):	**8,431**	**0.4044**
Replacement(3&4):	**29,844**	**0.0000**
Total FRVS PD:		**14.3562**

(1) 80% Capital ($4,413,909) amortized at 7.7500% for 20 years Principal & Interest of $434,831 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0307
(2) 20% ROE ($1,103,477) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4375
(3) 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:	**51,248**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0330**	**47.0330**	**2.0237**	**45.0093**	
Patient Care					
Direct Care	**82.9364**	**82.9364**	**3.5684**	**79.3680**	
Indirect Care	**53.4473**	**53.4473**	**2.2996**	**51.1477**	
Property	**13.6500**	**14.3562**	**0.6177**	**13.7385**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8518**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.0667**	**197.7729**	**8.5094**	**216.8087**	

***Medicaid Trend Adjustment :**

0 043848-00 - 2014/01

211.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Coral Trace Health Care

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	
216 Santa Barbara Boulevard		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,556**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,669**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**10,760**		
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	**52.34481%**
Occupancy:	**94.12088%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.01847%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	503,884	795,767	544,376	338,725	0	2,182,752
1a	Audit Adjustments						
2	Cost Per Diem	46.8294	73.9560	50.5926	**31.4800**		202.8580
3	Cost Per Diem Inflated	49.2253	76.0911	53.1810			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.2253**	**76.0911**	**53.1810**	**31.4800**		209.9774
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6697		53.6611			
7	Provider Target Rate	**51.0649**		**55.1684**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.3672**		**60.3095**			
10b	Base for line 10a	49.9637		58.6617			
11	Lesser of 5,7,8,10, 10a	**49.2253**	**76.0911**	**53.1810**	**13.6500**		192.1474
12/13	Medicaid Adjustment Rate		0.2007	0.1403			
14	Prospective Per Diem 11	**49.2253**	**76.2918**	**53.3213**	**13.6500**		**192.4884**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043848-00 - 2014/01

211.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,991,663**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**472,209**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,793,330**	**11.9789**
20% ROE(2):	**1,198,333**	**0.4751**
Insurance Cost(3):	**15,845**	**0.7708**
Taxes Cost(3):	**43,538**	**2.1180**
Home Office(3):	**8,649**	**0.4208**
Replacement(3&4):	**30,613**	**0.0000**
Total FRVS PD:		**15.7636**

(1) 80% Capital ($4,793,330) amortized at 7.7500% for 20 years Principal & Interest of $472,209 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9789
(2) 20% ROE ($1,198,333) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4751
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.2253**	**49.2253**	**2.1180**	**47.1073**	
Patient Care					
Direct Care	**76.2918**	**76.2918**	**3.2825**	**73.0093**	
Indirect Care	**53.3213**	**53.3213**	**2.2942**	**51.0271**	
Property	**13.6500**	**15.7636**	**0.6782**	**15.0854**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2884**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.4884**	**194.6020**	**8.3729**	**211.2109**	

***Medicaid Trend Adjustment :**

0 043850-00 - 2014/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The Parks Healthcare 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	
9311 South Orange Blossom T		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32837		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**19,982**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,940**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,177**		
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	**75.95336%**
Occupancy:	**91.49268%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.75089%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	774,647	1,102,700	775,574	331,617	0	2,984,538
1a	Audit Adjustments						
2	Cost Per Diem	51.0409	72.6560	51.1019	**21.8500**		196.6488
3	Cost Per Diem Inflated	53.6523	74.7535	53.7164			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.6523**	**74.7535**	**53.7164**	**21.8500**		203.9722
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1365		54.2013			
7	Provider Target Rate	**55.6572**		**55.7238**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.2162**		**58.1291**			
10b	Base for line 10a	47.8715		56.5409			
11	Lesser of 5,7,8,10, 10a	**49.2162**	**74.7535**	**53.7164**	**13.6500**		191.3361
12/13	Medicaid Adjustment Rate		2.1826	1.5684			
14	Prospective Per Diem 11	**49.2162**	**76.9361**	**55.2848**	**13.6500**		**195.0871**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043850-00 - 2014/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The 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	**5,914,041**
FRVS Base Asset:	**2,893,663**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**355,823**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,731,233**	**9.0265**
20% ROE(2):	**1,182,808**	**0.4690**
Insurance Cost(3):	**15,845**	**0.7930**
Taxes Cost(3):	**41,720**	**2.0879**
Home Office(3):	**7,894**	**0.3951**
Replacement(3&4):	**22,074**	**0.0000**
Total FRVS PD:		**12.7715**

(1) 80% Capital ($4,731,233) amortized at 4.3900% for 20 years Principal & Interest of $355,823 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0265
(2) 20% ROE ($1,182,808) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4690
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.2162**	**49.2162**	**2.1176**	**47.0986**	
Patient Care					
Direct Care	**76.9361**	**76.9361**	**3.3103**	**73.6258**	
Indirect Care	**55.2848**	**55.2848**	**2.3787**	**52.9061**	
Property	**13.6500**	**12.7715**	**0.5495**	**12.2220**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7469**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.0871**	**194.2086**	**8.3561**	**215.2928**	

***Medicaid Trend Adjustment :**

0 043851-00 - 2014/01

218.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Coral Bay Healthcare and Rehabilitation

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2939 South Haverhill Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**20,732**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,205**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**10,577**	FY Index:	**1.27901138**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**51.01775%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.92674%**	Cost:	**1.05116202**
Open Date:	**5/4/1993**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/4/1993**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**5/4/1993**	Low Occupancy Adjustment Factor:			**118.02038%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**259918**					**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	549,444	808,583	595,315	221,800	0	2,175,142
1a	Audit Adjustments						
2	Cost Per Diem	51.9471	76.4473	56.2839	**20.9700**		205.6483
3	Cost Per Diem Inflated	54.6048	78.6543	59.1635			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6048**	**78.6543**	**59.1635**	**20.9700**		213.3926
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.0977		59.6976			
7	Provider Target Rate	**56.6454**		**61.3745**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**52.0704**		**62.5917**			
10b	Base for line 10a	50.6477		60.8815			
11	Lesser of 5,7,8,10, 10a	**52.0704**	**78.6543**	**59.1635**	**13.6500**		203.5382
12/13	Medicaid Adjustment Rate		0.0901	0.0677			
14	Prospective Per Diem 11	**52.0704**	**78.7444**	**59.2312**	**13.6500**		**203.6960**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043851-00 - 2014/01

218.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,913,536**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**355,793**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,730,829**	**9.0257**
20% ROE(2):	**1,182,707**	**0.4689**
Insurance Cost(3):	**15,845**	**0.7643**
Taxes Cost(3):	**33,656**	**1.6234**
Home Office(3):	**9,304**	**0.4488**
Replacement(3&4):	**16,696**	**0.0000**
Total FRVS PD:		**12.3311**

(1) 80% Capital ($4,730,829) amortized at 4.3900% for 20 years Principal & Interest of $355,793 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0257
(2) 20% ROE ($1,182,707) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4689
(3) 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:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.0704**	**52.0704**	**2.2404**	**49.8300**	
Patient Care					
Direct Care	**78.7444**	**78.7444**	**3.3881**	**75.3563**	
Indirect Care	**59.2312**	**59.2312**	**2.5485**	**56.6827**	
Property	**13.6500**	**12.3311**	**0.5306**	**11.8005**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5984**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.6960**	**202.3771**	**8.7076**	**218.9613**	

***Medicaid Trend Adjustment :**

0 043853-00 - 2014/01

217.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Plantation Bay 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	
4641 Old Canoe Creek Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**20,837**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,711**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,646**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/20/1995**						
Acquired Date:	**7/20/1995**						
Entered Medicaid	**7/20/1995**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252441**						

Medicaid Utilization	**65.48927%**
Occupancy:	**95.40751%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.61811%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	621,865	1,084,955	699,445	291,342	0	2,697,607
1a	Audit Adjustments						
2	Cost Per Diem	45.5712	79.5072	51.2564	**21.3500**		197.6848
3	Cost Per Diem Inflated	47.9027	81.8025	53.8788			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9027**	**81.8025**	**53.8788**	**21.3500**		204.9340
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3351		54.3652			
7	Provider Target Rate	**49.6928**		**55.8923**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.2162**		**58.1291**			
10b	Base for line 10a	47.8715		56.5409			
11	Lesser of 5,7,8,10, 10a	**47.9027**	**81.8025**	**53.8788**	**13.6500**		197.2340
12/13	Medicaid Adjustment Rate		1.4254	0.9389			
14	Prospective Per Diem 11	**47.9027**	**83.2279**	**54.8177**	**13.6500**		**199.5983**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043853-00 - 2014/01

217.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,977,940**
FRVS Base Asset:	**3,595,112**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**392,317**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,982,352**	**9.9522**
20% ROE(2):	**995,588**	**0.3947**
Insurance Cost(3):	**15,845**	**0.7604**
Taxes Cost(3):	**33,620**	**1.6135**
Home Office(3):	**8,552**	**0.4104**
Replacement(3&4):	**24,244**	**0.0000**
Total FRVS PD:		**13.1312**

(1) 80% Capital ($3,982,352) amortized at 7.7500% for 20 years Principal & Interest of $392,317 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9522
(2) 20% ROE ($995,588) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3947
(3) 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:	**51,248**
		Effective PBS Limitation	**3,595,112**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9027**	**47.9027**	**2.0611**	**45.8416**	
Patient Care					
Direct Care	**83.2279**	**83.2279**	**3.5810**	**79.6469**	
Indirect Care	**54.8177**	**54.8177**	**2.3586**	**52.4591**	
Property	**13.6500**	**13.1312**	**0.5650**	**12.5662**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6927**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.5983**	**199.0795**	**8.5657**	**217.8999**	

***Medicaid Trend Adjustment :**

0 043854-00 - 2014/01

216.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Colonial Lakes Health Care

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	
15204 West Colonial Drive		**02/01/2012-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Winter Garden FL 34787		Days In CR	**182**	Maximum:	**32,760**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**31,109**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,255**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,564**		
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	**78.96107%**
Occupancy:	**94.96032%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.06213%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,098,046	1,841,978	1,231,607	597,151	0	4,768,782
1a	Audit Adjustments						
2	Cost Per Diem	44.7014	74.9869	50.1387	**24.3100**		194.1370
3	Cost Per Diem Inflated	46.9884	77.1517	52.7039			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9884**	**77.1517**	**52.7039**	**24.3100**		201.1540
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4126		53.1796			
7	Provider Target Rate	**48.7444**		**54.6734**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**46.6217**		**56.8033**			
10b	Base for line 10a	45.3479		55.2513			
11	Lesser of 5,7,8,10, 10a	**46.6217**	**77.1517**	**52.7039**	**13.6500**		190.1273
12/13	Medicaid Adjustment Rate		2.5137	1.7172			
14	Prospective Per Diem 11	**46.6217**	**79.6654**	**54.4211**	**13.6500**		**194.3582**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043854-00 - 2014/01

216.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,557,941**
FRVS Base Asset:	**3,287,398**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**674,460**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,846,353**	**11.4064**
20% ROE(2):	**1,711,588**	**0.4524**
Insurance Cost(3):	**23,768**	**0.7640**
Taxes Cost(3):	**32,452**	**1.0432**
Home Office(3):	**10,246**	**0.3294**
Replacement(3&4):	**81,251**	**0.0000**
Total FRVS PD:		**13.9954**

(1) 80% Capital ($6,846,353) amortized at 7.7500% for 20 years Principal & Interest of $674,460 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.4064
(2) 20% ROE ($1,711,588) times the ROE factor (0.015630) divided by annual available days (65,700) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6217**	**46.6217**	**2.0060**	**44.6157**	
Patient Care					
Direct Care	**79.6654**	**79.6654**	**3.4277**	**76.2377**	
Indirect Care	**54.4211**	**54.4211**	**2.3415**	**52.0796**	
Property	**13.6500**	**13.9954**	**0.6022**	**13.3932**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3512**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.3582**	**194.7036**	**8.3774**	**216.3708**	

***Medicaid Trend Adjustment :**

0 043856-00 - 2014/01

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 01/01/2014 through 06/30/2014

Central Park Healthcare and Rehabilitation Cente

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	
702 South Kings Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**21,162**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,466**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,893**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/25/1991**						
Acquired Date:	**2/25/1991**						
Entered Medicaid	**2/25/1991**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**259900**						

Medicaid Utilization	**56.19979%**
Occupancy:	**96.89561%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.46822%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	613,150	845,969	639,634	230,248	0	2,329,001
1a	Audit Adjustments						
2	Cost Per Diem	51.5555	71.1317	53.7824	**19.3600**		195.8296
3	Cost Per Diem Inflated	54.1932	73.1852	56.5340			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.1932**	**73.1852**	**56.5340**	**19.3600**		203.2724
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.6824		57.0444			
7	Provider Target Rate	**56.2184**		**58.6468**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.0889**		**58.1291**			
10b	Base for line 10a	47.7477		56.5409			
11	Lesser of 5,7,8,10, 10a	**49.0889**	**73.1852**	**56.5340**	**13.6500**		192.4581
12/13	Medicaid Adjustment Rate		0.5104	0.3943			
14	Prospective Per Diem 11	**49.0889**	**73.6956**	**56.9283**	**13.6500**		**193.3628**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043856-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,272,376**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**317,217**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,217,901**	**8.0471**
20% ROE(2):	**1,054,475**	**0.4181**
Insurance Cost(3):	**15,845**	**0.7487**
Taxes Cost(3):	**27,973**	**1.3219**
Home Office(3):	**9,215**	**0.4355**
Replacement(3&4):	**36,466**	**0.0000**
Total FRVS PD:		**10.9713**

(1) 80% Capital ($4,217,901) amortized at 4.3900% for 20 years Principal & Interest of $317,217 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0471
(2) 20% ROE ($1,054,475) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4181
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0889**	**49.0889**	**2.1121**	**46.9768**	
Patient Care					
Direct Care	**73.6956**	**73.6956**	**3.1708**	**70.5248**	
Indirect Care	**56.9283**	**56.9283**	**2.4494**	**54.4789**	
Property	**13.6500**	**10.9713**	**0.4721**	**10.4992**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3527**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.3628**	**190.6841**	**8.2044**	**207.5258**	

***Medicaid Trend Adjustment :**

0 043857-00 - 2014/01

215.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Beneva Lakes Healthcare and Rehabilitation Cent

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	
741 South Beneva Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34232		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,563**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,061**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,740**		
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	**71.68215%**
Occupancy:	**94.15293%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.05832%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	752,759	1,087,514	796,389	333,714	0	2,970,376
1a	Audit Adjustments						
2	Cost Per Diem	51.0691	73.7798	54.0291	**22.6400**		201.5180
3	Cost Per Diem Inflated	53.6819	75.9098	56.7933			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.6819**	**75.9098**	**56.7933**	**22.6400**		209.0250
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1665		57.3060			
7	Provider Target Rate	**55.6880**		**58.9157**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**48.2944**		**59.7274**			
10b	Base for line 10a	46.9749		58.0955			
11	Lesser of 5,7,8,10, 10a	**48.2944**	**75.9098**	**56.7933**	**13.6500**		194.6475
12/13	Medicaid Adjustment Rate		1.8516	1.3853			
14	Prospective Per Diem 11	**48.2944**	**77.7614**	**58.1786**	**13.6500**		**197.8844**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043857-00 - 2014/01

215.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,976,330**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**299,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,981,064**	**7.5953**
20% ROE(2):	**995,266**	**0.3946**
Insurance Cost(3):	**15,845**	**0.7706**
Taxes Cost(3):	**29,351**	**1.4274**
Home Office(3):	**8,377**	**0.4074**
Replacement(3&4):	**35,648**	**0.0000**
Total FRVS PD:		**10.5953**

(1) 80% Capital ($3,981,064) amortized at 4.3900% for 20 years Principal & Interest of $299,405 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.5953
(2) 20% ROE ($995,266) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3946
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2944**	**48.2944**	**2.0779**	**46.2165**	
Patient Care					
Direct Care	**77.7614**	**77.7614**	**3.3458**	**74.4156**	
Indirect Care	**58.1786**	**58.1786**	**2.5032**	**55.6754**	
Property	**13.6500**	**10.5953**	**0.4559**	**10.1394**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6310**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.8844**	**194.8297**	**8.3828**	**215.7713**	

***Medicaid Trend Adjustment :**

0 043859-00 - 2014/01

217.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Bradenton Health Care

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	
6305 Cortez Road West		**02/01/2012-07/31/2012**		Number of Beds:	**105**	Superior:	**0**
Bradenton FL 34210		Days In CR	**182**	Maximum:	**19,110**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2012/01**	Max Annualized:	**38,325**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**17,888**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,766**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**9,098**		
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	**50.86091%**
Occupancy:	**93.60544%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.37764%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	414,975	734,218	492,863	279,036	0	1,921,092
1a	Audit Adjustments						
2	Cost Per Diem	45.6117	80.7010	54.1727	**30.6700**		211.1554
3	Cost Per Diem Inflated	47.9453	83.0308	56.9443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9453**	**83.0308**	**56.9443**	**30.6700**		218.5904
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3781		57.4584			
7	Provider Target Rate	**49.7370**		**59.0724**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.2162**		**58.1291**			
10b	Base for line 10a	47.8715		56.5409			
11	Lesser of 5,7,8,10, 10a	**47.9453**	**83.0308**	**56.9443**	**13.6500**		201.5704
12/13	Medicaid Adjustment Rate		0.0804	0.0552			
14	Prospective Per Diem 11	**47.9453**	**83.1112**	**56.9995**	**13.6500**		**201.7060**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043859-00 - 2014/01

217.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,897,372**
FRVS Base Asset:	**4,078,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**385,967**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,917,898**	**11.1899**
20% ROE(2):	**979,474**	**0.4438**
Insurance Cost(3):	**13,864**	**0.7750**
Taxes Cost(3):	**35,805**	**2.0016**
Home Office(3):	**7,754**	**0.4335**
Replacement(3&4):	**40,749**	**0.0000**
Total FRVS PD:		**14.8438**

(1) 80% Capital ($3,917,898) amortized at 7.7500% for 20 years Principal & Interest of $385,967 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $11.1899
(2) 20% ROE ($979,474) times the ROE factor (0.015630) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.4438
(3) 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:	**51,248**
		Effective PBS Limitation	**4,078,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9453**	**47.9453**	**2.0629**	**45.8824**	
Patient Care					
Direct Care	**83.1112**	**83.1112**	**3.5760**	**79.5352**	
Indirect Care	**56.9995**	**56.9995**	**2.4525**	**54.5470**	
Property	**13.6500**	**14.8438**	**0.6387**	**14.2051**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6447**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.7060**	**202.8998**	**8.7301**	**217.5078**	

***Medicaid Trend Adjustment :**

0 043860-00 - 2014/01

204.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Brandon 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	
1465 Oakfield Drive		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,764**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,801**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**7,781**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**37.47351%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.07326%**	Cost:	**1.05116202**
Open Date:	**5/7/1997**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/7/1997**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**5/7/1997**	Low Occupancy Adjustment Factor:			**118.20254%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**252077**					**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	351,753	565,301	443,201	262,842	0	1,623,097
1a	Audit Adjustments						
2	Cost Per Diem	45.2067	72.6515	56.9594	**33.7800**		208.5976
3	Cost Per Diem Inflated	47.5196	74.7489	59.8736			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5196**	**74.7489**	**59.8736**	**33.7800**		215.9221
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9486		60.4140			
7	Provider Target Rate	**49.2955**		**62.1110**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**47.7115**		**58.1291**			
10b	Base for line 10a	46.4079		56.5409			
11	Lesser of 5,7,8,10, 10a	**47.5196**	**74.7489**	**58.1291**	**13.6500**		194.0476
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.5196**	**74.7489**	**58.1291**	**13.6500**		**194.0476**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043860-00 - 2014/01

204.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Brandon Health and 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	**5,201,079**
FRVS Base Asset:	**4,237,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**409,903**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,160,863**	**10.3984**
20% ROE(2):	**1,040,216**	**0.4124**
Insurance Cost(3):	**15,845**	**0.7631**
Taxes Cost(3):	**38,327**	**1.8458**
Home Office(3):	**10,973**	**0.5285**
Replacement(3&4):	**27,209**	**0.0000**
Total FRVS PD:		**13.9482**

(1) 80% Capital ($4,160,863) amortized at 7.7500% for 20 years Principal & Interest of $409,903 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3984
(2) 20% ROE ($1,040,216) times the ROE factor (0.015630) 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:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**116**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,237,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5196**	**47.5196**	**2.0446**	**45.4750**	
Patient Care					
Direct Care	**74.7489**	**74.7489**	**3.2162**	**71.5327**	
Indirect Care	**58.1291**	**58.1291**	**2.5011**	**55.6280**	
Property	**13.6500**	**13.9482**	**0.6001**	**13.3481**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.2407**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.0476**	**194.3458**	**8.3620**	**204.9179**	

***Medicaid Trend Adjustment :**

0 043861-00 - 2014/01

232.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Fort Pierce Health Care

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	
611 South 13th Street		**02/01/2012-07/31/2012**		Number of Beds:	**171**	Superior:	**0**
Ft. Pierce FL 34950		Days In CR	**182**	Maximum:	**31,122**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2012/01**	Max Annualized:	**62,415**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**26,073**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,566**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,187**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1984**						
Acquired Date:	**6/1/1984**						
Entered Medicaid	**6/1/1984**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252239**						

Medicaid Utilization	**85.09569%**
Occupancy:	**83.77675%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.15783%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,080,165	1,835,582	1,197,833	287,765	0	4,401,345
1a	Audit Adjustments						
2	Cost Per Diem	48.6846	82.7323	53.9881	**12.9700**		198.3750
3	Cost Per Diem Inflated	51.1754	85.1207	56.7502			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1754**	**85.1207**	**56.7502**	**12.9700**		206.0163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6374		57.2625			
7	Provider Target Rate	**53.0879**		**58.8710**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.3672**		**60.4776**			
10b	Base for line 10a	49.9637		58.8252			
11	Lesser of 5,7,8,10, 10a	**51.1754**	**85.1207**	**56.7502**	**12.9700**		206.0163
12/13	Medicaid Adjustment Rate		3.3608	2.2406			
14	Prospective Per Diem 11	**51.1754**	**88.4815**	**58.9908**	**12.9700**		**211.6177**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043861-00 - 2014/01

232.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,444,185**
FRVS Base Asset:	**3,267,919**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**541,489**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,355,348**	**9.6396**
20% ROE(2):	**1,088,837**	**0.3030**
Insurance Cost(3):	**22,579**	**0.8660**
Taxes Cost(3):	**31,275**	**1.1995**
Home Office(3):	**9,982**	**0.3828**
Replacement(3&4):	**58,297**	**0.0000**
Total FRVS PD:		**12.3909**

(1) 80% Capital ($4,355,348) amortized at 12.5000% for 20 years Interest of $541,489 divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $9.6396
(2) 20% ROE ($1,088,837) times the ROE factor (0.015630) divided by annual available days (62,415) divided by Occup. Adj. (0.9000) = $0.3030
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,873,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.1754**	**51.1754**	**2.2019**	**48.9735**	
Patient Care					
Direct Care	**88.4815**	**88.4815**	**3.8070**	**84.6745**	
Indirect Care	**58.9908**	**58.9908**	**2.5381**	**56.4527**	
Property	**12.9700**	**12.3909**	**0.5331**	**11.8578**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6895**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.6177**	**211.0386**	**9.0801**	**232.3414**	

***Medicaid Trend Adjustment :**

0 043862-00 - 2014/01

221.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Habana Health Care Center

Type of Cost Report:Cost Settled with Interim Component[9] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013
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		**02/01/2012-07/31/2012**		Number of Beds:	**150**	Superior:	**0**
Tampa FL 33614		Days In CR	**182**	Maximum:	**27,300**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2012/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**26,284**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**923**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,188**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**84.41637%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.27839%**	Cost:	**1.05116202**
Open Date:	**6/1/1970**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**6/1/1970**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**10/1/1980**	Low Occupancy Adjustment Factor:			**119.70085%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**252506**	Interim Component Effective date:			**7/1/2013**	**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	982,008	1,794,807	1,107,734	519,865	0	4,404,414
1a	Audit Adjustments						
2	Cost Per Diem	44.2585	80.8909	49.9249	**23.4300**		198.5043
3	Cost Per Diem Inflated	46.5229	83.2262	52.4792			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5229**	**83.2262**	**52.4792**	**23.4300**		205.6583
5a	Interim Adjustment	0.0345	1.3288	0.7155			
5b	Interim Adjusted Per Diem	**46.5574**	**84.5550**	**53.1947**			
6	Prior Semester: Provider Target Base	46.9428		52.9529			
7	Provider Target Rate	**48.2614**		**54.4403**			
7a	Interim Adjustment	0.0345		0.7155			
7b	Interim Adjusted Provider Target Rate	**48.2959**		**55.1558**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**47.6825**		**57.6836**			
10b	Base for line 10a	46.3461		55.4116			
11	Lesser of 5,7,8,10, 10a	**46.5574**	**84.5550**	**53.1947**	**13.6500**		197.9571
12/13	Medicaid Adjustment Rate		3.2738	2.0596			
14	Prospective Per Diem 11	**46.5574**	**87.8288**	**55.2543**	**13.6500**		**203.2905**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043862-00 - 2014/01

221.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.015630**

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**	**0.2836**
Insurance Cost(3):	**19,806**	**0.7535**
Taxes Cost(3):	**23,000**	**0.8751**
Home Office(3):	**9,946**	**0.3784**
Replacement(3&4):	**29,866**	**0.0000**
Total FRVS PD:		**9.4410**

(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 (0.015630) divided by annual available days (54,750) 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	**150**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5574**	**46.5574**	**2.0032**	**44.5542**	
Patient Care					
Direct Care	**87.8288**	**87.8288**	**3.7789**	**84.0499**	
Indirect Care	**55.2543**	**55.2543**	**2.3774**	**52.8769**	
Property	**13.6500**	**9.4410**	**0.4062**	**9.0348**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3571**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.2905**	**199.0815**	**8.5657**	**221.5663**	

***Medicaid Trend Adjustment :**

0 043863-00 - 2014/01

234.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

The Health and Rehabilitation Centre at Dolphins \

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	
1820 Shore Drive, South		**02/01/2012-07/31/2012**		Number of Beds:	**58**	Superior:	**0**
South Pasadena FL 33707		Days In CR	**182**	Maximum:	**10,556**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**21,170**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**8,930**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,003**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,708**	FY Index:	**1.27901138**
Class at 1/94:	**North Small [1]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05116202**
Open Date:	**11/30/1989**					Target:	**1.01966300**
Acquired Date:	**4/1/1991**					**DC FY Index:**	**1.20083276**
Entered Medicaid	**4/1/1991**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.02886933**
Previous Med #	**320528**					**PS Target:**	**1.02809000**

Medicaid Utilization	**41.52296%**
Occupancy:	**84.59644%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.17694%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	218,221	302,673	228,201	90,698	0	839,793
1a	Audit Adjustments						
2	Cost Per Diem	58.8514	81.6270	61.5429	**24.4601**		226.4814
3	Cost Per Diem Inflated	61.8624	83.9835	64.6916			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.8624**	**83.9835**	**64.6916**	**24.4601**		234.9976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.4208		65.2756			
7	Provider Target Rate	**64.1742**		**67.1092**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**58.3829**		**69.5015**			
10b	Base for line 10a	56.7877		67.6025			
11	Lesser of 5,7,8,10, 10a	**58.3829**	**83.9835**	**64.6916**	**13.6500**		220.7080
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**58.3829**	**83.9835**	**64.6916**	**13.6500**		**220.7080**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043863-00 - 2014/01

234.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

**The Health and Rehabilitation Centre at Dolphins **

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	**1,740,744**
FRVS Base Asset:	**1,250,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**169,656**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,392,595**	**8.9044**
20% ROE(2):	**348,149**	**0.2856**
Insurance Cost(3):	**11,328**	**1.2685**
Taxes Cost(3):	**10,135**	**1.1349**
Home Office(3):	**4,445**	**0.4978**
Replacement(3&4):	**25,655**	**0.0000**
Total FRVS PD:		**12.0912**

(1) 80% Capital ($1,392,595) amortized at 10.7500% for 20 years Principal & Interest of $169,656 divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $8.9044
(2) 20% ROE ($348,149) times the ROE factor (0.015630) divided by annual available days (21,170) divided by Occup. Adj. (0.9000) = $0.2856
(3) 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:	**51,248**
		Effective PBS Limitation	**1,729,618**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.3829**	**58.3829**	**2.5120**	**55.8709**	
Patient Care					
Direct Care	**83.9835**	**83.9835**	**3.6135**	**80.3700**	
Indirect Care	**64.6916**	**64.6916**	**2.7834**	**61.9082**	
Property	**13.6500**	**12.0912**	**0.5202**	**11.5710**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2405**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.7080**	**219.1492**	**9.4291**	**234.6540**	

***Medicaid Trend Adjustment :**

0 043864-00 - 2014/01

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 01/01/2014 through 06/30/2014

Grand Oaks 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	
3001 Palm Coast Parkway SE		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Coast FL 32137		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Flagler[18]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**21,082**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,773**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**7,734**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/16/1997**						
Acquired Date:	**5/16/1997**						
Entered Medicaid	**5/16/1997**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252409**						

Medicaid Utilization	**36.68532%**
Occupancy:	**96.52930%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.01282%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	362,904	564,741	386,626	260,790	0	1,575,061
1a	Audit Adjustments						
2	Cost Per Diem	46.9232	73.0206	49.9904	**33.7199**		203.6541
3	Cost Per Diem Inflated	49.3239	75.1287	52.5480			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3239**	**75.1287**	**52.5480**	**33.7199**		210.7205
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7692		53.0225			
7	Provider Target Rate	**51.1672**		**54.5119**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.4630**		**56.1234**			
10b	Base for line 10a	46.1662		54.5900			
11	Lesser of 5,7,8,10, 10a	**47.4630**	**75.1287**	**52.5480**	**13.6500**		188.7897
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4630**	**75.1287**	**52.5480**	**13.6500**		**188.7897**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043864-00 - 2014/01

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 01/01/2014 through 06/30/2014

Grand Oaks Health and Rehabilitation 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	**5,464,049**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**430,628**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,371,239**	**10.9241**
20% ROE(2):	**1,092,810**	**0.4333**
Insurance Cost(3):	**17,115**	**0.8118**
Taxes Cost(3):	**39,224**	**1.8605**
Home Office(3):	**9,985**	**0.4736**
Replacement(3&4):	**156,559**	**0.0000**
Total FRVS PD:		**14.5033**

(1) 80% Capital ($4,371,239) amortized at 7.7500% for 20 years Principal & Interest of $430,628 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9241
(2) 20% ROE ($1,092,810) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4333
(3) 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:	**51,248**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4630**	**47.4630**	**2.0422**	**45.4208**	
Patient Care					
Direct Care	**75.1287**	**75.1287**	**3.2325**	**71.8962**	
Indirect Care	**52.5480**	**52.5480**	**2.2609**	**50.2871**	
Property	**13.6500**	**14.5033**	**0.6240**	**13.8793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.9790**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.7897**	**189.6430**	**8.1596**	**201.1558**	

***Medicaid Trend Adjustment :**

0 043865-00 - 2014/01

197.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Harts Harbor Health Care Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
11565 Harts Road		**02/01/2012-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32218		Days In CR	**182**	Maximum:	**32,760**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**31,793**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,572**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,384**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1977**						
Acquired Date:	**7/1/1977**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252417**						

Medicaid Utilization	**82.98682%**
Occupancy:	**97.04823%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.65798%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,089,756	1,810,014	1,204,103	288,377	0	4,392,250
1a	Audit Adjustments						
2	Cost Per Diem	41.3037	68.6027	45.6376	**10.9300**		166.4740
3	Cost Per Diem Inflated	43.4169	70.5832	47.9725			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4169**	**70.5832**	**47.9725**	**10.9300**		172.9026
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8088		48.4056			
7	Provider Target Rate	**45.0394**		**49.7653**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.3698**		**55.0615**			
10b	Base for line 10a	45.1029		53.5571			
11	Lesser of 5,7,8,10, 10a	**43.4169**	**70.5832**	**47.9725**	**10.9300**		172.9026
12/13	Medicaid Adjustment Rate		2.6194	1.7803			
14	Prospective Per Diem 11	**43.4169**	**73.2026**	**49.7528**	**10.9300**		**177.3023**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043865-00 - 2014/01

197.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,775,003**
FRVS Base Asset:	**2,722,556**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**369,284**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,820,002**	**6.2453**
20% ROE(2):	**955,001**	**0.2524**
Insurance Cost(3):	**23,768**	**0.7476**
Taxes Cost(3):	**23,371**	**0.7351**
Home Office(3):	**9,573**	**0.3011**
Replacement(3&4):	**83,839**	**0.0000**
Total FRVS PD:		**8.2815**

(1) 80% Capital ($3,820,002) amortized at 7.5000% for 20 years Principal & Interest of $369,284 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.2453
(2) 20% ROE ($955,001) times the ROE factor (0.015630) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2524
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4169**	**43.4169**	**1.8681**	**41.5488**	
Patient Care					
Direct Care	**73.2026**	**73.2026**	**3.1496**	**70.0530**	
Indirect Care	**49.7528**	**49.7528**	**2.1407**	**47.6121**	
Property	**10.9300**	**8.2815**	**0.3563**	**7.9252**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9594**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.3023**	**174.6538**	**7.5147**	**197.7919**	

***Medicaid Trend Adjustment :**

0 043866-00 - 2014/01

201.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Fletcher 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
518 West Fletcher Avenue	**02/01/2012-07/31/2012**	Number of Beds: **120**	Superior: **0**
Tampa FL 33612	Days In CR **182**	Maximum: **21,840**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2012/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **20,777**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **5,421**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **9,623**	
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	**46.31564%**
Occupancy:	**95.13279%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.27655%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	413,621	693,323	476,151	250,487	0	1,833,582
1a	Audit Adjustments						
2	Cost Per Diem	42.9825	72.0485	49.4805	**26.0300**		190.5415
3	Cost Per Diem Inflated	45.1816	74.1285	52.0120			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1816**	**74.1285**	**52.0120**	**26.0300**		197.3521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5894		52.4815			
7	Provider Target Rate	**46.8700**		**53.9557**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**47.5313**		**58.1291**			
10b	Base for line 10a	46.2326		56.5409			
11	Lesser of 5,7,8,10, 10a	**45.1816**	**74.1285**	**52.0120**	**13.6500**		184.9721
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.1816**	**74.1285**	**52.0120**	**13.6500**		**184.9721**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043866-00 - 2014/01

201.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Fletcher Health and Rehabilitation 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	**5,575,393**
FRVS Base Asset:	**4,493,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**439,403**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,460,314**	**11.1467**
20% ROE(2):	**1,115,079**	**0.4421**
Insurance Cost(3):	**15,845**	**0.7626**
Taxes Cost(3):	**26,857**	**1.2926**
Home Office(3):	**9,576**	**0.4609**
Replacement(3&4):	**14,762**	**0.0000**
Total FRVS PD:		**14.1049**

(1) 80% Capital ($4,460,314) amortized at 7.7500% for 20 years Principal & Interest of $439,403 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1467
(2) 20% ROE ($1,115,079) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4421
(3) 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:	**51,248**
		Effective PBS Limitation	**4,493,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1816**	**45.1816**	**1.9440**	**43.2376**	
Patient Care					
Direct Care	**74.1285**	**74.1285**	**3.1895**	**70.9390**	
Indirect Care	**52.0120**	**52.0120**	**2.2379**	**49.7741**	
Property	**13.6500**	**14.1049**	**0.6069**	**13.4980**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3393**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.9721**	**185.4270**	**7.9783**	**201.4814**	

***Medicaid Trend Adjustment :**

0 043867-00 - 2014/01

221.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Wedgewood Healthcare Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1010 Carpenters Way		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33809		Days In CR	**182**	Maximum:	**21,840**	Standard:	**163**
County:	**Polk[53]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**18**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,753**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,895**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,322**		
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	**40.10023%**
Occupancy:	**95.02289%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.13992%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	384,177	710,774	469,881	237,676	0	1,802,508
1a	Audit Adjustments						
2	Cost Per Diem	46.1640	85.4090	56.4625	**28.5600**		216.5955
3	Cost Per Diem Inflated	48.5258	87.8747	59.3512			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5258**	**87.8747**	**59.3512**	**28.5600**		224.3117
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9639		59.8871			
7	Provider Target Rate	**50.3393**		**61.5693**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.2162**		**58.6543**			
10b	Base for line 10a	47.8715		57.0517			
11	Lesser of 5,7,8,10, 10a	**48.5258**	**87.8747**	**58.6543**	**13.6500**		208.7048
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.5258**	**87.8747**	**58.6543**	**13.6500**		**208.7048**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043867-00 - 2014/01

221.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,369,989**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**423,215**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,295,991**	**10.7360**
20% ROE(2):	**1,073,998**	**0.4258**
Insurance Cost(3):	**15,845**	**0.7635**
Taxes Cost(3):	**46,977**	**2.2636**
Home Office(3):	**9,960**	**0.4799**
Replacement(3&4):	**33,868**	**0.0000**
Total FRVS PD:		**14.6688**

(1) 80% Capital ($4,295,991) amortized at 7.7500% for 20 years Principal & Interest of $423,215 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7360
(2) 20% ROE ($1,073,998) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4258
(3) 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:	**51,248**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.5258**	**48.5258**	**2.0879**	**46.4379**	
Patient Care					
Direct Care	**87.8747**	**87.8747**	**3.7809**	**84.0938**	
Indirect Care	**58.6543**	**58.6543**	**2.5237**	**56.1306**	
Property	**13.6500**	**14.6688**	**0.6311**	**14.0377**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.0752**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.7048**	**209.7236**	**9.0236**	**221.4686**	

***Medicaid Trend Adjustment :**

0 043868-00 - 2014/01

212.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Deltona Health Care

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	
1851 Elkcam Boulevard		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Deltona FL 32725		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**20,470**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,692**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,271**		
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	**59.94626%**
Occupancy:	**93.72711%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.52890%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	525,755	939,767	622,779	317,205	0	2,405,506
1a	Audit Adjustments						
2	Cost Per Diem	42.8453	76.5844	50.7521	**25.8500**		196.0318
3	Cost Per Diem Inflated	45.0374	78.7953	53.3487			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0374**	**78.7953**	**53.3487**	**25.8500**		203.0314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4440		53.8303			
7	Provider Target Rate	**46.7205**		**55.3424**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**55.1321**			
10b	Base for line 10a	45.4505		53.6258			
11	Lesser of 5,7,8,10, 10a	**45.0374**	**78.7953**	**53.3487**	**13.6500**		190.8314
12/13	Medicaid Adjustment Rate		0.8817	0.5969			
14	Prospective Per Diem 11	**45.0374**	**79.6770**	**53.9456**	**13.6500**		**192.3100**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043868-00 - 2014/01

212.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,743,937**
FRVS Base Asset:	**3,100,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**452,686**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,595,150**	**11.4837**
20% ROE(2):	**1,148,787**	**0.4555**
Insurance Cost(3):	**15,845**	**0.7741**
Taxes Cost(3):	**34,002**	**1.6611**
Home Office(3):	**8,451**	**0.4128**
Replacement(3&4):	**23,912**	**0.0000**
Total FRVS PD:		**14.7872**

(1) 80% Capital ($4,595,150) amortized at 7.7500% for 20 years Principal & Interest of $452,686 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4837
(2) 20% ROE ($1,148,787) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4555
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0374**	**45.0374**	**1.9378**	**43.0996**	
Patient Care					
Direct Care	**79.6770**	**79.6770**	**3.4282**	**76.2488**	
Indirect Care	**53.9456**	**53.9456**	**2.3211**	**51.6245**	
Property	**13.6500**	**14.7872**	**0.6362**	**14.1510**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0902**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.3100**	**193.4472**	**8.3233**	**212.9075**	

***Medicaid Trend Adjustment :**

0 043871-00 - 2014/01

206.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Lake Mary 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	
710 North Sun Drive		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lake Mary Fl 32746		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**20,899**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,084**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,437**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/16/2000**						
Acquired Date:	**10/16/2000**						
Entered Medicaid	**11/8/2000**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252310**						

Medicaid Utilization	**40.37035%**
Occupancy:	**95.69139%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.97106%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	364,264	668,302	427,934	234,464	0	1,694,964
1a	Audit Adjustments						
2	Cost Per Diem	43.1746	79.2109	50.7211	**27.7900**		200.8966
3	Cost Per Diem Inflated	45.3835	81.4977	53.3161			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3835**	**81.4977**	**53.3161**	**27.7900**		207.9873
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7932		53.7974			
7	Provider Target Rate	**47.0795**		**55.3086**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.4360**		**58.1291**			
10b	Base for line 10a	47.1126		56.5409			
11	Lesser of 5,7,8,10, 10a	**45.3835**	**81.4977**	**53.3161**	**13.6500**		193.8473
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.3835**	**81.4977**	**53.3161**	**13.6500**		**193.8473**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043871-00 - 2014/01

206.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Lake Mary Health and Rehabilitation 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	**5,491,335**
FRVS Base Asset:	**4,781,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**432,778**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,393,068**	**10.9786**
20% ROE(2):	**1,098,267**	**0.4355**
Insurance Cost(3):	**15,845**	**0.7582**
Taxes Cost(3):	**43,051**	**2.0600**
Home Office(3):	**9,988**	**0.4779**
Replacement(3&4):	**26,950**	**0.0000**
Total FRVS PD:		**14.7102**

(1) 80% Capital ($4,393,068) amortized at 7.7500% for 20 years Principal & Interest of $432,778 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9786
(2) 20% ROE ($1,098,267) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4355
(3) 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:	**51,248**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3835**	**45.3835**	**1.9527**	**43.4308**	
Patient Care					
Direct Care	**81.4977**	**81.4977**	**3.5065**	**77.9912**	
Indirect Care	**53.3161**	**53.3161**	**2.2940**	**51.0221**	
Property	**13.6500**	**14.7102**	**0.6329**	**14.0773**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.6856**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.8473**	**194.9075**	**8.3861**	**206.9004**	

***Medicaid Trend Adjustment :**

0 043872-00 - 2014/01

204.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Countryside Rehab and Healthcare Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3825 Countryside Boulevard N		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**182**	Maximum:	**21,840**	Standard:	**159**
County:	**Pinellas[52]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**22**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**20,776**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,193**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,250**		
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	**73.40200%**
Occupancy:	**95.12820%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.27085%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	699,388	983,910	771,883	398,025	0	2,853,206
1a	Audit Adjustments						
2	Cost Per Diem	45.8615	64.5187	50.6153	**26.1000**		187.0955
3	Cost Per Diem Inflated	48.2079	66.3813	53.2049			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2079**	**66.3813**	**53.2049**	**26.1000**		193.8941
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6430		53.6851			
7	Provider Target Rate	**50.0094**		**55.1931**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.1058**		**58.1291**			
10b	Base for line 10a	47.7641		56.5409			
11	Lesser of 5,7,8,10, 10a	**48.2079**	**66.3813**	**53.2049**	**13.6500**		181.4441
12/13	Medicaid Adjustment Rate		1.5352	1.2305			
14	Prospective Per Diem 11	**48.2079**	**67.9165**	**54.4354**	**13.6500**		**184.2098**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043872-00 - 2014/01

204.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,597,650**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**441,157**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,478,120**	**11.1912**
20% ROE(2):	**1,119,530**	**0.4439**
Insurance Cost(3):	**15,845**	**0.7627**
Taxes Cost(3):	**31,054**	**1.4947**
Home Office(3):	**7,835**	**0.3771**
Replacement(3&4):	**39,040**	**0.0000**
Total FRVS PD:		**14.2696**

(1) 80% Capital ($4,478,120) amortized at 7.7500% for 20 years Principal & Interest of $441,157 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1912
(2) 20% ROE ($1,119,530) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4439
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2079**	**48.2079**	**2.0742**	**46.1337**	
Patient Care					
Direct Care	**67.9165**	**67.9165**	**2.9222**	**64.9943**	
Indirect Care	**54.4354**	**54.4354**	**2.3421**	**52.0933**	
Property	**13.6500**	**14.2696**	**0.6140**	**13.6556**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1576**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.2098**	**184.8294**	**7.9525**	**204.7279**	

***Medicaid Trend Adjustment :**

0 043873-00 - 2014/01

239.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Harbor Beach Nursing 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	
1615 South Miami Road		**02/01/2012-07/31/2012**		Number of Beds:	**59**	Superior:	**0**
Ft. Lauderdale FL 33316		Days In CR	**182**	Maximum:	**10,738**	Standard:	**181**
County: **Broward[6]**		First Used:	**2012/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**9,802**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,552**	**Inflation**	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**7,174**	FY Index:	**1.27901138**
Class at 1/94: **South Small [3]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.05116202**
Open Date: **12/1/1984**						Target:	**1.01966300**
Acquired Date: **12/1/1984**						**DC FY Index:**	**1.20083276**
Entered Medicaid **5/1/1986**						**DC Sem Index:**	**1.23550000**
Med # Active Date: **2/1/2012**						**DC Inflation:**	**1.02886933**
Previous Med # **252255**						**PS Target:**	**1.02809000**

Medicaid Utilization	**73.18915%**	Statewide Low Occupancy Threshold:	**80.43250%**
Occupancy:	**91.28329%**	Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.49056%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	414,539	511,941	451,796	197,285	0	1,575,561
1a	Audit Adjustments						
2	Cost Per Diem	57.7835	71.3606	62.9769	**27.5000**		219.6210
3	Cost Per Diem Inflated	60.7398	73.4207	66.1989			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.7398**	**73.4207**	**66.1989**	**27.5000**		227.8594
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.2882		66.7966			
7	Provider Target Rate	**63.0098**		**68.6729**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**61.1003**		**71.2611**			
10b	Base for line 10a	59.4309		69.3141			
11	Lesser of 5,7,8,10, 10a	**60.7398**	**73.4207**	**66.1989**	**13.6500**		214.0094
12/13	Medicaid Adjustment Rate		1.9154	1.7270			
14	Prospective Per Diem 11	**60.7398**	**75.3361**	**67.9259**	**13.6500**		**217.6518**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043873-00 - 2014/01

239.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Harbor Beach Nursing and Rehabilitation 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	**2,799,985**
FRVS Base Asset:	**1,938,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**220,670**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,239,988**	**11.3856**
20% ROE(2):	**559,997**	**0.4516**
Insurance Cost(3):	**7,791**	**0.7948**
Taxes Cost(3):	**25,943**	**2.6467**
Home Office(3):	**3,897**	**0.3976**
Replacement(3&4):	**45,124**	**0.0000**
Total FRVS PD:		**15.6763**

(1) 80% Capital ($2,239,988) amortized at 7.7500% for 20 years Principal & Interest of $220,670 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $11.3856
(2) 20% ROE ($559,997) times the ROE factor (0.015630) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.4516
(3) 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:	**51,248**
		Effective PBS Limitation	**1,617,367**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.7398**	**60.7398**	**2.6134**	**58.1264**	
Patient Care					
Direct Care	**75.3361**	**75.3361**	**3.2414**	**72.0947**	
Indirect Care	**67.9259**	**67.9259**	**2.9226**	**65.0033**	
Property	**13.6500**	**15.6763**	**0.6745**	**15.0018**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5646**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.6518**	**219.6781**	**9.4519**	**239.4842**	

***Medicaid Trend Adjustment :**

0 043874-00 - 2014/01

200.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Health Center at Brentwood

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	
2333 North Brentwood Circle		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**182**	Maximum:	**21,840**	Standard:	**171**
County:	**Citrus[9]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**10**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**21,012**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,861**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**9,146**		
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	**43.52751%**
Occupancy:	**96.20879%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.61433%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	418,218	638,939	413,988	238,070	0	1,709,215
1a	Audit Adjustments						
2	Cost Per Diem	45.7269	69.8599	45.2644	**26.0300**		186.8812
3	Cost Per Diem Inflated	48.0664	71.8767	47.5802			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0664**	**71.8767**	**47.5802**	**26.0300**		193.5533
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5003		48.0097			
7	Provider Target Rate	**49.8627**		**49.3583**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.6177**		**57.6432**			
10b	Base for line 10a	46.3167		56.0682			
11	Lesser of 5,7,8,10, 10a	**47.6177**	**71.8767**	**47.5802**	**13.6500**		180.7246
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.6177**	**71.8767**	**47.5802**	**13.6500**		**180.7246**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 043874-00 - 2014/01

200.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,432,291**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**428,125**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,345,833**	**10.8606**
20% ROE(2):	**1,086,458**	**0.4308**
Insurance Cost(3):	**15,845**	**0.7541**
Taxes Cost(3):	**30,963**	**1.4736**
Home Office(3):	**8,213**	**0.3909**
Replacement(3&4):	**17,216**	**0.0000**
Total FRVS PD:		**13.9100**

(1) 80% Capital ($4,345,833) amortized at 7.7500% for 20 years Principal & Interest of $428,125 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8606
(2) 20% ROE ($1,086,458) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4308
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.6177**	**47.6177**	**2.0488**	**45.5689**	
Patient Care					
Direct Care	**71.8767**	**71.8767**	**3.0926**	**68.7841**	
Indirect Care	**47.5802**	**47.5802**	**2.0472**	**45.5330**	
Property	**13.6500**	**13.9100**	**0.5985**	**13.3115**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5429**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.7246**	**180.9846**	**7.7871**	**200.4338**	

***Medicaid Trend Adjustment :**

4

0 043875-00 - 2014/01

201.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Governor's Creek Health and Rehabilitation

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1]

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
803 Oak Street		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Green Cove Springs FL 32043		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County: **Clay[10]**		First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**20,598**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**2,009**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,419**		
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	**79.71162%**
Occupancy:	**94.31319%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.25756%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	699,585	1,072,719	803,366	378,458	0	2,954,128
1a	Audit Adjustments						
2	Cost Per Diem	42.6083	65.3340	48.9290	**23.0500**		179.9213
3	Cost Per Diem Inflated	44.7882	67.2201	51.4323			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7882**	**67.2201**	**51.4323**	**23.0500**		186.4906
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1925		51.8967			
7	Provider Target Rate	**46.4620**		**53.3545**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**56.1234**			
10b	Base for line 10a	45.4505		54.5900			
11	Lesser of 5,7,8,10, 10a	**44.7882**	**67.2201**	**51.4323**	**13.6500**		177.0906
12/13	Medicaid Adjustment Rate		2.2469	1.7192			
14	Prospective Per Diem 11	**44.7882**	**69.4670**	**53.1515**	**13.6500**		**181.0567**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043875-00 - 2014/01

201.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Governor's Creek Health and Rehabilitation

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	**4,068,020**
FRVS Base Asset:	**2,253,887**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**320,605**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,254,416**	**8.1331**
20% ROE(2):	**813,604**	**0.3226**
Insurance Cost(3):	**22,031**	**1.0696**
Taxes Cost(3):	**12,816**	**0.6222**
Home Office(3):	**7,331**	**0.3559**
Replacement(3&4):	**53,076**	**0.0000**
Total FRVS PD:		**10.5034**

(1) 80% Capital ($3,254,416) amortized at 7.7500% for 20 years Principal & Interest of $320,605 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.1331
(2) 20% ROE ($813,604) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3226
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7882**	**44.7882**	**1.9271**	**42.8611**	
Patient Care					
Direct Care	**69.4670**	**69.4670**	**2.9889**	**66.4781**	
Indirect Care	**53.1515**	**53.1515**	**2.2869**	**50.8646**	
Property	**13.6500**	**10.5034**	**0.4519**	**10.0515**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2013**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.0567**	**177.9101**	**7.6548**	**201.1500**	

***Medicaid Trend Adjustment :**

0 043876-00 - 2014/01

206.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Largo Rehab & Spa

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
9035 Bryan Dairy Road		**02/01/2012-07/31/2012**		Number of Beds:	**158**	Superior:	**0**
Largo FL 33777		Days In CR	**182**	Maximum:	**28,756**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**57,670**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**27,766**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,276**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,149**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**65.36411%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.55724%**	Cost:	**1.05116202**
Open Date:	**6/2/1999**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**6/2/1999**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**6/2/1999**	Low Occupancy Adjustment Factor:			**120.04755%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**252336**	Interim Component Effective date:			**7/1/2013**	**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	794,181	1,389,137	914,315	524,506	0	3,622,139
1a	Audit Adjustments						
2	Cost Per Diem	43.7589	76.5407	50.3783	**28.9000**		199.5779
3	Cost Per Diem Inflated	45.9977	78.7504	52.9558			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9977**	**78.7504**	**52.9558**	**28.9000**		206.6039
5a	Interim Adjustment	0.0193	0.6289	0.3388			
5b	Interim Adjusted Per Diem	**46.0170**	**79.3793**	**53.2946**			
6	Prior Semester: Provider Target Base	39.8499		45.5050			
7	Provider Target Rate	**40.9693**		**48.3982**			
7a	Interim Adjustment	0.0193		0.3388			
7b	Interim Adjusted Provider Target Rate	**40.9886**		**48.7370**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.0853**		**58.4679**			
10b	Base for line 10a	46.7527		56.5409			
11	Lesser of 5,7,8,10, 10a	**40.9886**	**79.3793**	**48.7370**	**13.6500**		182.7549
12/13	Medicaid Adjustment Rate		1.3720	0.8424			
14	Prospective Per Diem 11	**40.9886**	**80.7513**	**49.5794**	**13.6500**		**184.9693**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043876-00 - 2014/01

206.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Largo Rehab & 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	**7,270,324**
FRVS Base Asset:	**6,049,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**572,982**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,816,259**	**11.0395**
20% ROE(2):	**1,454,065**	**0.4379**
Insurance Cost(3):	**21,540**	**0.7758**
Taxes Cost(3):	**60,122**	**2.1653**
Home Office(3):	**10,842**	**0.3905**
Replacement(3&4):	**42,316**	**0.0000**
Total FRVS PD:		**14.8090**

(1) 80% Capital ($5,816,259) amortized at 7.7500% for 20 years Principal & Interest of $572,982 divided by annual available days (57,670) divided by Occup. Adj. (0.9000) = $11.0395
(2) 20% ROE ($1,454,065) times the ROE factor (0.015630) divided by annual available days (57,670) 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:	**7/1/1998**	Used Per Bed Standard:	**38,291**
Comparison Bed	**158**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,049,978**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9886**	**40.9886**	**1.7636**	**39.2250**	
Patient Care					
Direct Care	**80.7513**	**80.7513**	**3.4744**	**77.2769**	
Indirect Care	**49.5794**	**49.5794**	**2.1332**	**47.4462**	
Property	**13.6500**	**14.8090**	**0.6372**	**14.1718**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2889**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.9693**	**186.1283**	**8.0084**	**206.1022**	

***Medicaid Trend Adjustment :**

0 043877-00 - 2014/01

213.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Magnolia 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	
1507 South Tuttle Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34239		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,440**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,181**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,236**		
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	**64.75538%**
Occupancy:	**93.58974%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.35811%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	610,258	935,976	683,617	373,652	0	2,603,503
1a	Audit Adjustments						
2	Cost Per Diem	46.1059	70.7144	51.6483	**28.2300**		196.6986
3	Cost Per Diem Inflated	48.4648	72.7559	54.2907			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4648**	**72.7559**	**54.2907**	**28.2300**		203.7414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9022		54.7808			
7	Provider Target Rate	**50.2759**		**56.3196**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**49.8117**		**60.1957**			
10b	Base for line 10a	48.4507		58.5510			
11	Lesser of 5,7,8,10, 10a	**48.4648**	**72.7559**	**54.2907**	**13.6500**		189.1614
12/13	Medicaid Adjustment Rate		1.2077	0.9012			
14	Prospective Per Diem 11	**48.4648**	**73.9636**	**55.1919**	**13.6500**		**191.2703**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043877-00 - 2014/01

213.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,556,846**
FRVS Base Asset:	**4,058,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**437,941**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,445,477**	**11.1096**
20% ROE(2):	**1,111,369**	**0.4407**
Insurance Cost(3):	**15,845**	**0.7752**
Taxes Cost(3):	**56,502**	**2.7643**
Home Office(3):	**7,924**	**0.3877**
Replacement(3&4):	**74,200**	**0.0000**
Total FRVS PD:		**15.4775**

(1) 80% Capital ($4,445,477) amortized at 7.7500% for 20 years Principal & Interest of $437,941 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1096
(2) 20% ROE ($1,111,369) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4407
(3) 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:	**51,248**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4648**	**48.4648**	**2.0853**	**46.3795**	
Patient Care					
Direct Care	**73.9636**	**73.9636**	**3.1824**	**70.7812**	
Indirect Care	**55.1919**	**55.1919**	**2.3747**	**52.8172**	
Property	**13.6500**	**15.4775**	**0.6659**	**14.8116**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5279**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.2703**	**193.0978**	**8.3083**	**213.0108**	

***Medicaid Trend Adjustment :**

0 043878-00 - 2014/01

198.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Marshall 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	
207 Marshall Drive		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Perry FL 32347		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Taylor[62]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**19,088**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,792**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,374**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1979**						
Acquired Date:	**9/1/1979**						
Entered Medicaid	**3/1/1984**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252425**						

Medicaid Utilization	**75.30386%**
Occupancy:	**87.39927%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.66164%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	663,480	957,193	671,807	292,942	0	2,585,422
1a	Audit Adjustments						
2	Cost Per Diem	46.1583	66.5920	46.7377	**20.3800**		179.8680
3	Cost Per Diem Inflated	48.5199	68.5145	49.1289			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5199**	**68.5145**	**49.1289**	**20.3800**		186.5433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9579		49.5724			
7	Provider Target Rate	**50.3331**		**50.9649**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**54.3785**			
10b	Base for line 10a	45.4505		52.8927			
11	Lesser of 5,7,8,10, 10a	**46.7272**	**68.5145**	**49.1289**	**13.6500**		178.0206
12/13	Medicaid Adjustment Rate		1.9504	1.3985			
14	Prospective Per Diem 11	**46.7272**	**70.4649**	**50.5274**	**13.6500**		**181.3695**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043878-00 - 2014/01

198.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Marshall 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:	**1979/07**
Indexed Asset Value	**3,552,927**
FRVS Base Asset:	**2,027,076**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**280,010**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,842,342**	**7.1032**
20% ROE(2):	**710,585**	**0.2817**
Insurance Cost(3):	**15,845**	**0.8301**
Taxes Cost(3):	**15,821**	**0.8288**
Home Office(3):	**6,495**	**0.3403**
Replacement(3&4):	**30,569**	**0.0000**
Total FRVS PD:		**9.3841**

(1) 80% Capital ($2,842,342) amortized at 7.7500% for 20 years Principal & Interest of $280,010 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1032
(2) 20% ROE ($710,585) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2817
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7272**	**46.7272**	**2.0105**	**44.7167**	
Patient Care					
Direct Care	**70.4649**	**70.4649**	**3.0318**	**67.4331**	
Indirect Care	**50.5274**	**50.5274**	**2.1740**	**48.3534**	
Property	**13.6500**	**9.3841**	**0.4038**	**8.9803**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6546**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.3695**	**177.1036**	**7.6201**	**198.8315**	

***Medicaid Trend Adjustment :**

0 043880-00 - 2014/01

198.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

North Florida Rehabilitation and Specialty Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
6700 NW 10th Place		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32605		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,896**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,273**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**8,746**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05116202**
Open Date:	**3/1/1984**					Target:	**1.01966300**
Acquired Date:	**3/1/1984**					**DC FY Index:**	**1.20083276**
Entered Medicaid	**3/1/1984**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.02886933**
Previous Med #	**252361**					**PS Target:**	**1.02809000**

Medicaid Utilization		**41.85490%**
Occupancy:		**95.67766%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**118.95398%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	369,041	667,908	444,548	280,134	0	1,761,631
1a	Audit Adjustments						
2	Cost Per Diem	42.1954	76.3673	50.8287	**32.0300**		201.4214
3	Cost Per Diem Inflated	44.3542	78.5720	53.4292			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3542**	**78.5720**	**53.4292**	**32.0300**		208.3854
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	34.3696		49.8488			
7	Provider Target Rate	**37.3532**		**51.2491**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**57.6877**			
10b	Base for line 10a	45.4505		56.1115			
11	Lesser of 5,7,8,10, 10a	**37.3532**	**78.5720**	**51.2491**	**13.6500**		180.8243
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.3532**	**78.5720**	**51.2491**	**13.6500**		**180.8243**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 043880-00 - 2014/01

198.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

North Florida Rehabilitation 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	**5,367,758**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**423,039**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,294,206**	**10.7316**
20% ROE(2):	**1,073,552**	**0.4257**
Insurance Cost(3):	**15,845**	**0.7583**
Taxes Cost(3):	**41,008**	**1.9625**
Home Office(3):	**8,638**	**0.4134**
Replacement(3&4):	**18,394**	**0.0000**
Total FRVS PD:		**14.2915**

(1) 80% Capital ($4,294,206) amortized at 7.7500% for 20 years Principal & Interest of $423,039 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7316
(2) 20% ROE ($1,073,552) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4257
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3532**	**37.3532**	**1.6072**	**35.7460**	
Patient Care					
Direct Care	**78.5720**	**78.5720**	**3.3807**	**75.1913**	
Indirect Care	**51.2491**	**51.2491**	**2.2051**	**49.0440**	
Property	**13.6500**	**14.2915**	**0.6149**	**13.6766**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8839**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.8243**	**181.4658**	**7.8079**	**198.2352**	

***Medicaid Trend Adjustment :**

0 044886-00 - 2014/01

227.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Crestview Rehabilitation Center

Type of Cost Report:Cost Settled with Interim Component[9] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013
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:	**181**
County:	**Okaloosa[46]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**21,428**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,516**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,843**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05116202**
Open Date:	**10/1/1970**					Target:	**1.01966300**
Acquired Date:	**10/1/1970**					**DC FY Index:**	**1.20083276**
Entered Medicaid	**5/1/1979**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.02886933**
Previous Med #	**251101**					**PS Target:**	**1.02809000**

Medicaid Utilization	**69.26918%**
Occupancy:	**65.40903%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**81.32165%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**7/1/2013**

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	51.8216	99.6939	54.2986			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8216**	**99.6939**	**54.2986**	**34.2600**		240.0741
5a	Interim Adjustment	0.0499	0.0324	0.1296			
5b	Interim Adjusted Per Diem	**51.8715**	**99.7263**	**54.4282**			
6	Prior Semester: Provider Target Base	52.2894		54.7888			
7	Provider Target Rate	**53.7582**		**56.3278**			
7a	Interim Adjustment	0.0499		0.1296			
7b	Interim Adjusted Provider Target Rate	**53.8081**		**56.4574**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7771**		**52.5003**			
10b	Base for line 10a	45.4505		50.9398			
11	Lesser of 5,7,8,10, 10a	**46.7771**	**94.1508**	**52.5003**	**13.6500**		207.0782
12/13	Medicaid Adjustment Rate		2.0410	1.1381			
14	Prospective Per Diem 11	**46.7771**	**96.1918**	**53.6384**	**13.6500**		**210.2573**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044886-00 - 2014/01

227.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7771**	**46.7771**	**2.0126**	**44.7645**	
Patient Care					
Direct Care	**96.1918**	**96.1918**	**4.1388**	**92.0530**	
Indirect Care	**53.6384**	**53.6384**	**2.3079**	**51.3305**	
Property	**13.6500**	**9.9185**	**0.4268**	**9.4917**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8308**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.2573**	**206.5258**	**8.8861**	**227.1639**	

***Medicaid Trend Adjustment :**

0 044888-00 - 2014/01

233.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Okaloosa[46]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**16,829**	Total:	**181**
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:	**1.27901138**
Open Date:	**8/1/1960**					Semester Index:	**1.34444818**
Acquired Date:	**8/1/1960**					Cost:	**1.05116202**
Entered Medicaid	**3/1/1982**					Target:	**1.01966300**
Med # Active Date:	**2/1/2012**					**DC FY Index:**	**1.20083276**
Previous Med #	**229237**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02886933**
						PS Target:	**1.02809000**

Medicaid Utilization	**61.04344%**						
Occupancy:	**77.05586%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**95.80190%**						
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	53.5413	100.9614	55.2908			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5413**	**100.9614**	**55.2908**	**31.4900**		241.2835
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.0246		55.7900			
7	Provider Target Rate	**55.5422**		**57.3571**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.3688**		**54.7204**			
10b	Base for line 10a	46.0746		53.2253			
11	Lesser of 5,7,8,10, 10a	**47.3688**	**94.1508**	**54.7204**	**13.6500**		209.8900
12/13	Medicaid Adjustment Rate		1.1697	0.6798			
14	Prospective Per Diem 11	**47.3688**	**95.3205**	**55.4002**	**13.6500**		**211.7395**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044888-00 - 2014/01

233.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3688**	**47.3688**	**2.0381**	**45.3307**	
Patient Care					
Direct Care	**95.3205**	**95.3205**	**4.1013**	**91.2192**	
Indirect Care	**55.4002**	**55.4002**	**2.3837**	**53.0165**	
Property	**13.6500**	**14.3001**	**0.6153**	**13.6848**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2624**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.7395**	**212.3896**	**9.1384**	**233.2070**	

***Medicaid Trend Adjustment :**

0 044889-00 - 2014/01

228.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Calhoun[7]**	First Used:	**2012/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**23,016**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.81795%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

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	46.3368	101.8058	48.6953			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.3368**	**101.8058**	**48.6953**	**21.7900**		218.6279
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7551		49.1349			
7	Provider Target Rate	**48.0685**		**50.5151**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.5147**		**51.6450**			
10b	Base for line 10a	45.2438		50.2339			
11	Lesser of 5,7,8,10, 10a	**46.3368**	**94.1508**	**48.6953**	**13.6500**		202.8329
12/13	Medicaid Adjustment Rate		3.3424	1.7287			
14	Prospective Per Diem 11	**46.3368**	**97.4932**	**50.4240**	**13.6500**		**207.9040**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 044889-00 - 2014/01

228.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.3368**	**46.3368**	**1.9937**	**44.3431**	
Patient Care					
Direct Care	**97.4932**	**97.4932**	**4.1948**	**93.2984**	
Indirect Care	**50.4240**	**50.4240**	**2.1696**	**48.2544**	
Property	**13.6500**	**11.6058**	**0.4994**	**11.1064**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6485**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.9040**	**205.8598**	**8.8575**	**228.3442**	

***Medicaid Trend Adjustment :**

0 044975-00 - 2014/01

250.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Monroe[44]**	First Used:	**2011/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**10,033**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,364**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**7,092**	FY Index:	**1.27004145**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.00000000**
Open Date:	**10/1/1984**					Target:	**1.01966300**
Acquired Date:	**10/1/1984**					**DC FY Index:**	**1.19666435**
Entered Medicaid	**10/1/1984**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**12/19/2011**					**DC Inflation:**	**1.00000000**
Previous Med #	**208906**					**PS Target:**	**1.02809000**

Medicaid Utilization		**70.68673%**
Occupancy:		**22.84381%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**28.40121%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.2366**		**62.2956**			
10b	Base for line 10a	52.7547		60.5935			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**61.1634**	**13.6500**		226.2291
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**61.1634**	**13.6500**		**226.2291**
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 - 2014/01

250.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,478,611**
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:	**566,908**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,382,889**	**14.3812**
20% ROE(2):	**1,095,722**	**0.6863**
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:		**22.9196**

(1) 80% Capital ($4,382,889) amortized at 13.0000% for 20 years Interest of $566,908 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3812
(2) 20% ROE ($1,095,722) times the ROE factor (0.024690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6863
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**61.1634**	**61.1634**	**2.6316**	**58.5318**	
Property	**13.6500**	**22.9196**	**0.9861**	**21.9335**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8841**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.2291**	**235.4987**	**10.1326**	**250.9436**	

***Medicaid Trend Adjustment :**

0 045471-00 - 2014/01

240.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

The Crossroads

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
206 West Orange Street	**02/01/2011-01/31/2012**	Number of Beds: **60**	Superior: **0**
Davenport FL 33837	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Polk[53]**	First Used: **2013/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **18,754**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **4,248**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **12,405**	
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	**66.14589%**
Occupancy:	**85.63470%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.46778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25516245**
Semester Index:	**1.34444818**
Cost:	**1.07113480**
Target:	**1.01966300**
DC FY Index:	**1.18999979**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03823548**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	660,566	1,000,268	820,524	52,473	0	2,533,831
1a	Audit Adjustments						
2	Cost Per Diem	53.2500	80.6343	66.1446	**4.2300**		204.2589
3	Cost Per Diem Inflated	57.0379	83.7174	70.8498			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.0379**	**83.7174**	**70.8498**	**4.2300**		215.8351
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.5948		84.8143			
7	Provider Target Rate	**64.3531**		**87.1967**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**61.4116**		**72.5496**			
10b	Base for line 10a	59.7337		70.5674			
11	Lesser of 5,7,8,10, 10a	**57.0379**	**83.7174**	**70.8498**	**4.2300**		215.8351
12/13	Medicaid Adjustment Rate		1.5207	1.2869			
14	Prospective Per Diem 11	**57.0379**	**85.2381**	**72.1367**	**4.2300**		**218.6427**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 045471-00 - 2014/01

240.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.023020**

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**	**0.4283**
Insurance Cost(3):	**24,750**	**1.3197**
Taxes Cost(3):	**9,525**	**0.5079**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.9140**

(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 (0.023020) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4283
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.0379**	**57.0379**	**2.4541**	**54.5838**	
Patient Care					
Direct Care	**85.2381**	**85.2381**	**3.6675**	**81.5706**	
Indirect Care	**72.1367**	**72.1367**	**3.1038**	**69.0329**	
Property	**4.2300**	**8.9140**	**0.3835**	**8.5305**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3997**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.6427**	**223.3267**	**9.6089**	**240.8109**	

***Medicaid Trend Adjustment :**

0 046017-00 - 2014/01

261.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2011/07**	Max Annualized:	**23,360**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**14,723**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1983**						
Acquired Date:	**1/1/1983**						
Entered Medicaid	**1/1/1983**						
Med # Active Date:	**11/1/2011**						
Previous Med #	**212121**						

Medicaid Utilization	**59.75684%**
Occupancy:	**94.66950%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.70055%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	77.3410	106.0981	64.9978			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**77.3410**	**106.0981**	**64.9978**	**16.2100**		264.6469
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.0117		65.5614			
7	Provider Target Rate	**80.2030**		**67.4030**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**56.8028**		**68.0423**			
10b	Base for line 10a	55.2508		66.1832			
11	Lesser of 5,7,8,10, 10a	**56.8028**	**105.0880**	**64.9978**	**13.6500**		240.5386
12/13	Medicaid Adjustment Rate		1.1535	0.7134			
14	Prospective Per Diem 11	**56.8028**	**106.2415**	**65.7112**	**13.6500**		**242.4055**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046017-00 - 2014/01

261.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,859,336**
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:	**191,156**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,287,469**	**9.0923**
20% ROE(2):	**571,867**	**0.4420**
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:		**12.7484**

(1) 80% Capital ($2,287,469) amortized at 5.6500% for 20 years Principal & Interest of $191,156 divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $9.0923
(2) 20% ROE ($571,867) times the ROE factor (0.016250) divided by annual available days (23,360) divided by Occup. Adj. (0.9000) = $0.4420
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.8028**	**56.8028**	**2.4440**	**54.3588**	
Patient Care					
Direct Care	**106.2415**	**106.2415**	**4.5712**	**101.6703**	
Indirect Care	**65.7112**	**65.7112**	**2.8273**	**62.8839**	
Property	**13.6500**	**12.7484**	**0.5485**	**12.1999**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3980**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**242.4055**	**241.5039**	**10.3910**	**261.2043**	

***Medicaid Trend Adjustment :**

0 046128-00 - 2014/01

233.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Victoria Nursing and Rehabilitation Center, 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	
955 NW 3rd Street		**03/01/2012-02/28/2013**		Number of Beds:	**264**	Superior:	**0**
Miami Fl 33128		Days In CR	**365**	Maximum:	**96,360**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**96,360**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**93,798**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,320**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**57,414**		
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	**61.21026%**
Occupancy:	**97.34122%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.02225%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,055,550	5,644,594	3,411,340	2,396,460	0	14,507,944
1a	Audit Adjustments						
2	Cost Per Diem	53.2196	98.3139	59.4165	**41.7400**		252.6900
3	Cost Per Diem Inflated	55.5700	100.8443	62.0406			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.5700**	**100.8443**	**62.0406**	**41.7400**		260.1949
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5240		81.0215			
7	Provider Target Rate	**56.0556**		**83.2974**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**62.0406**	**13.6500**		227.1063
12/13	Medicaid Adjustment Rate		1.2283	0.7824			
14	Prospective Per Diem 11	**54.0223**	**98.6217**	**62.8230**	**13.6500**		**229.1170**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

8

0 046128-00 - 2014/01

233.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Victoria Nursing and Rehabilitation Center, Inc.

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	**12,607,232**
FRVS Base Asset:	**5,618,709**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**1,203,526**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**10,085,786**	**13.8777**
20% ROE(2):	**2,521,446**	**0.4271**
Insurance Cost(3):	**159,152**	**1.6968**
Taxes Cost(3):	**153,000**	**1.6312**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**62,507**	**0.0000**
Total FRVS PD:		**17.6328**

(1) 80% Capital ($10,085,786) amortized at 10.4408% for 20 years Principal & Interest of $1,203,526 divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $13.8777
(2) 20% ROE ($2,521,446) times the ROE factor (0.014690) divided by annual available days (96,360) divided by Occup. Adj. (0.9000) = $0.4271
(3) 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:	**51,248**
		Effective PBS Limitation	**5,618,709**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.6217**	**98.6217**	**4.2433**	**94.3784**	
Indirect Care	**62.8230**	**62.8230**	**2.7030**	**60.1200**	
Property	**13.6500**	**17.6328**	**0.7587**	**16.8741**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$1.7813**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.1170**	**233.0998**	**10.0294**	**233.5451**	

***Medicaid Trend Adjustment :**

0 046233-00 - 2014/01

243.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Crossbreeze 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	
1755 18th Street		**04/01/2012-03/31/2013**		Number of Beds:	**101**	Superior:	**0**
Sarasota FL 34234		Days In CR	**365**	Maximum:	**36,865**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**36,865**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**23,790**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,895**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,985**		
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:	**10/1/2011**						
Previous Med #	**202681**						

Medicaid Utilization	**84.00588%**
Occupancy:	**64.53276%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**80.23219%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,073,603	1,968,904	1,102,621	273,395	0	4,418,523
1a	Audit Adjustments						
2	Cost Per Diem	53.7204	98.5191	55.1724	**13.6800**		221.0919
3	Cost Per Diem Inflated	56.0008	100.9708	57.5144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0008**	**100.9708**	**57.5144**	**13.6800**		228.1660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.8983		61.2579			
7	Provider Target Rate	**62.6089**		**62.9786**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.8129**		**60.4147**			
10b	Base for line 10a	55.2606		58.7640			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**57.5144**	**13.6500**		222.5801
12/13	Medicaid Adjustment Rate		3.7259	2.2003			
14	Prospective Per Diem 11	**54.0223**	**101.1193**	**59.7147**	**13.6500**		**228.5063**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046233-00 - 2014/01

243.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3631**
Insurance Cost(3):	**43,065**	**1.8102**
Taxes Cost(3):	**44,124**	**1.8547**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.2120**

(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 (0.014580) divided by annual available days (36,865) divided by Occup. Adj. (0.9000) = $0.3631
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**101.1193**	**101.1193**	**4.3508**	**96.7685**	
Indirect Care	**59.7147**	**59.7147**	**2.5693**	**57.1454**	
Property	**13.6500**	**7.2120**	**0.3103**	**6.9017**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8634**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.5063**	**222.0683**	**9.5548**	**243.0703**	

***Medicaid Trend Adjustment :**

0 046758-00 - 2014/01

239.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**181**
Miami FL 33128		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**42,766**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,751**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,021**	FY Index:	**1.28758294**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04416433**
Open Date:	**7/1/1975**					Target:	**1.01966300**
Acquired Date:	**7/1/1975**					**DC FY Index:**	**1.20449917**
Entered Medicaid	**4/1/1983**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**3/29/2012**					**DC Inflation:**	**1.02573753**
Previous Med #	**207276**					**PS Target:**	**1.02809000**

Medicaid Utilization		**77.21321%**
Occupancy:		**97.63927%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**121.39281%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,493,210	2,898,904	1,953,004	463,285	0	6,808,403
1a	Audit Adjustments						
2	Cost Per Diem	45.2200	87.7897	59.1443	**14.0300**		206.1840
3	Cost Per Diem Inflated	47.2171	90.0492	61.7564			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2171**	**90.0492**	**61.7564**	**14.0300**		213.0527
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.8297		67.8626			
7	Provider Target Rate	**47.1171**		**69.7689**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1171**	**90.0492**	**61.7564**	**13.6500**		212.5727
12/13	Medicaid Adjustment Rate		2.7568	1.8907			
14	Prospective Per Diem 11	**47.1171**	**92.8060**	**63.6471**	**13.6500**		**217.2202**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 046758-00 - 2014/01

239.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,054,173**
FRVS Base Asset:	**782,402**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**263,800**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,443,338**	**6.6920**
20% ROE(2):	**610,835**	**0.2276**
Insurance Cost(3):	**92,638**	**2.1662**
Taxes Cost(3):	**49,526**	**1.1581**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**71,537**	**0.0000**
Total FRVS PD:		**10.2439**

(1) 80% Capital ($2,443,338) amortized at 9.0000% for 20 years Principal & Interest of $263,800 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6920
(2) 20% ROE ($610,835) times the ROE factor (0.014690) 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	**80**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1171**	**47.1171**	**2.0273**	**45.0898**	
Patient Care					
Direct Care	**92.8060**	**92.8060**	**3.9931**	**88.8129**	
Indirect Care	**63.6471**	**63.6471**	**2.7385**	**60.9086**	
Property	**13.6500**	**10.2439**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.7321**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.2202**	**213.8141**	**9.3462**	**239.2995**	

***Medicaid Trend Adjustment :**

0 047787-00 - 2014/01

229.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Renaissance Health and Rehabilitation

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5065 Wallis Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**18,319**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,256**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,182**		
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	**82.87570%**
Occupancy:	**83.87821%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.28398%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	758,413	1,146,229	829,480	304,703	0	3,038,825
1a	Audit Adjustments						
2	Cost Per Diem	49.9547	75.4992	54.6358	**20.0700**		200.1597
3	Cost Per Diem Inflated	52.5105	77.6788	57.4311			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.5105**	**77.6788**	**57.4311**	**20.0700**		207.6904
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.9845		57.9496			
7	Provider Target Rate	**54.4728**		**59.5774**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.1934**		**60.5924**			
10b	Base for line 10a	51.7400		58.9369			
11	Lesser of 5,7,8,10, 10a	**52.5105**	**77.6788**	**57.4311**	**13.6500**		201.2704
12/13	Medicaid Adjustment Rate		2.8730	2.1241			
14	Prospective Per Diem 11	**52.5105**	**80.5518**	**59.5552**	**13.6500**		**206.2675**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 047787-00 - 2014/01

229.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,409,024**
FRVS Base Asset:	**3,590,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**426,291**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,327,219**	**10.8141**
20% ROE(2):	**1,081,805**	**0.4289**
Insurance Cost(3):	**15,845**	**0.8649**
Taxes Cost(3):	**32,548**	**1.7767**
Home Office(3):	**7,324**	**0.3998**
Replacement(3&4):	**42,132**	**0.0000**
Total FRVS PD:		**14.2844**

(1) 80% Capital ($4,327,219) amortized at 7.7500% for 20 years Principal & Interest of $426,291 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8141
(2) 20% ROE ($1,081,805) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4289
(3) 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:	**51,248**
		Effective PBS Limitation	**3,289,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.5105**	**52.5105**	**2.2593**	**50.2512**	
Patient Care					
Direct Care	**80.5518**	**80.5518**	**3.4658**	**77.0860**	
Indirect Care	**59.5552**	**59.5552**	**2.5624**	**56.9928**	
Property	**13.6500**	**14.2844**	**0.6146**	**13.6698**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.8703**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.2675**	**206.9019**	**8.9021**	**229.5635**	

***Medicaid Trend Adjustment :**

0 047788-00 - 2014/01

224.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Wood Lake Nursing 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	
6414 13th Road South		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33415		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**19,354**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,231**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,146**		
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	**73.09083%**
Occupancy:	**88.61722%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.17588%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	787,185	982,921	744,848	338,231	0	2,853,185
1a	Audit Adjustments						
2	Cost Per Diem	55.6472	69.4840	52.6543	**23.9100**		201.6955
3	Cost Per Diem Inflated	58.4942	71.4900	55.3482			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.4942**	**71.4900**	**55.3482**	**23.9100**		209.2424
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0223		55.8479			
7	Provider Target Rate	**60.6802**		**57.4167**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.3176**		**64.0452**			
10b	Base for line 10a	54.7789		62.2953			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**71.4900**	**55.3482**	**13.6500**		194.5105
12/13	Medicaid Adjustment Rate		1.8571	1.4378			
14	Prospective Per Diem 11	**54.0223**	**73.3471**	**56.7860**	**13.6500**		**197.8054**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 047788-00 - 2014/01

224.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Wood Lake Nursing and 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	**6,051,137**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**579,968**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,840,910**	**14.7125**
20% ROE(2):	**1,210,227**	**0.4799**
Insurance Cost(3):	**15,845**	**0.8187**
Taxes Cost(3):	**41,955**	**2.1678**
Home Office(3):	**7,936**	**0.4100**
Replacement(3&4):	**24,885**	**0.0000**
Total FRVS PD:		**18.5889**

(1) 80% Capital ($4,840,910) amortized at 10.5000% for 20 years Principal & Interest of $579,968 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.7125
(2) 20% ROE ($1,210,227) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4799
(3) 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:	**51,248**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**73.3471**	**73.3471**	**3.1558**	**70.1913**	
Indirect Care	**56.7860**	**56.7860**	**2.4433**	**54.3427**	
Property	**13.6500**	**18.5889**	**0.7998**	**17.7891**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8197**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.8054**	**202.7443**	**8.7233**	**224.5341**	

***Medicaid Trend Adjustment :**

0 047795-00 - 2014/01

216.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hillcrest Nursing 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	
4200 Washington Street		**02/01/2012-07/31/2012**		Number of Beds:	**240**	Superior:	**0**
Hollywood FL 33021		Days In CR	**182**	Maximum:	**43,680**	Standard:	**181**
County: **Broward[6]**		First Used:	**2012/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**38,572**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,206**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**25,377**		
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	**65.79125%**
Occupancy:	**88.30586%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.78879%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,158,239	1,912,555	1,324,993	691,523	0	5,087,310
1a	Audit Adjustments						
2	Cost Per Diem	45.6413	75.3657	52.2124	**27.2500**		200.4694
3	Cost Per Diem Inflated	47.9764	77.5415	54.8837			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9764**	**77.5415**	**54.8837**	**27.2500**		207.6516
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4095		55.3792			
7	Provider Target Rate	**49.7693**		**56.9348**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.3672**		**60.1957**			
10b	Base for line 10a	49.9637		58.5510			
11	Lesser of 5,7,8,10, 10a	**47.9764**	**77.5415**	**54.8837**	**13.6500**		194.0516
12/13	Medicaid Adjustment Rate		1.3775	0.9750			
14	Prospective Per Diem 11	**47.9764**	**78.9190**	**55.8587**	**13.6500**		**196.4041**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 047795-00 - 2014/01

216.70

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**10,977,569**
FRVS Base Asset:	**6,840,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**865,154**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,782,055**	**10.9735**
20% ROE(2):	**2,195,514**	**0.4353**
Insurance Cost(3):	**31,690**	**0.8216**
Taxes Cost(3):	**102,090**	**2.6467**
Home Office(3):	**15,774**	**0.4089**
Replacement(3&4):	**64,032**	**0.0000**
Total FRVS PD:		**15.2860**

(1) 80% Capital ($8,782,055) amortized at 7.7500% for 20 years Principal & Interest of $865,154 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $10.9735
(2) 20% ROE ($2,195,514) times the ROE factor (0.015630) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.4353
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9764**	**47.9764**	**2.0642**	**45.9122**	
Patient Care					
Direct Care	**78.9190**	**78.9190**	**3.3956**	**75.5234**	
Indirect Care	**55.8587**	**55.8587**	**2.4034**	**53.4553**	
Property	**13.6500**	**15.2860**	**0.6577**	**14.6283**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4911**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.4041**	**198.0401**	**8.5209**	**216.7037**	

***Medicaid Trend Adjustment :**

0 048441-00 - 2014/01

231.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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: **181**
County: **Orange[48]**	First Used: **2013/07**	Max Annualized: **83,220**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2014/01**	Total Patient: **75,146**	Total: **181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.95884%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	53.0163	97.4069	49.1191			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.0163**	**97.4069**	**49.1191**	**5.4700**		205.0123
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3135		52.4439			
7	Provider Target Rate	**48.6425**		**53.9170**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.6425**	**95.7721**	**49.1191**	**5.4700**		199.0037
12/13	Medicaid Adjustment Rate		1.6444	0.8434			
14	Prospective Per Diem 11	**48.6425**	**97.4165**	**49.9625**	**5.4700**		**201.4915**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 048441-00 - 2014/01

231.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**10,972,951**
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:	**1,012,568**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,778,361**	**13.5193**
20% ROE(2):	**2,194,590**	**0.4518**
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:		**14.9658**

(1) 80% Capital ($8,778,361) amortized at 9.9428% for 20 years Principal & Interest of $1,012,568 divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $13.5193
(2) 20% ROE ($2,194,590) times the ROE factor (0.015420) divided by annual available days (83,220) divided by Occup. Adj. (0.9000) = $0.4518
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6425**	**48.6425**	**2.0929**	**46.5496**	
Patient Care					
Direct Care	**97.4165**	**97.4165**	**4.1915**	**93.2250**	
Indirect Care	**49.9625**	**49.9625**	**2.1497**	**47.8128**	
Property	**5.4700**	**14.9658**	**0.6439**	**14.3219**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6593**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.4915**	**210.9873**	**9.0780**	**231.2620**	

***Medicaid Trend Adjustment :**

0 048611-00 - 2014/01

236.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**41,986**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.17875%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**49.5259**		**61.0414**			
10b	Base for line 10a	48.1727		59.3736			
11	Lesser of 5,7,8,10, 10a	**46.7981**	**94.1508**	**57.6622**	**13.6500**		212.2611
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7981**	**94.1508**	**57.6622**	**13.6500**		**212.2611**
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 - 2014/01

236.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,300,327**
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:	**516,580**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,240,262**	**13.1045**
20% ROE(2):	**1,060,065**	**0.3698**
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:		**16.4324**

(1) 80% Capital ($4,240,262) amortized at 10.7500% for 20 years Principal & Interest of $516,580 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1045
(2) 20% ROE ($1,060,065) times the ROE factor (0.013750) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3698
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7981**	**46.7981**	**2.0135**	**44.7846**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**57.6622**	**57.6622**	**2.4810**	**55.1812**	
Property	**13.6500**	**16.4324**	**0.7070**	**15.7254**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6680**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.2611**	**215.0435**	**9.2525**	**236.1524**	

***Medicaid Trend Adjustment :**

0 048807-00 - 2014/01

241.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2012/01**	Max Annualized:	**81,395**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**54,559**	Total:	**181**
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 [1]**						
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**83.10916%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28118151**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.0341**		**61.7347**			
10b	Base for line 10a	51.5851		60.0480			
11	Lesser of 5,7,8,10, 10a	**50.1100**	**97.3934**	**57.5175**	**13.6500**		218.6709
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.1100**	**97.3934**	**57.5175**	**13.6500**		**218.6709**
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 - 2014/01

241.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**11,081,292**
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:	**777,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,865,034**	**10.6144**
20% ROE(2):	**2,216,258**	**0.5673**
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:		**30.3939**

(1) 80% Capital ($8,865,034) amortized at 6.2500% for 20 years Principal & Interest of $777,564 divided by annual available days (81,395) divided by Occup. Adj. (0.9000) = $10.6144
(2) 20% ROE ($2,216,258) times the ROE factor (0.018750) divided by annual available days (81,395) divided by Occup. Adj. (0.9000) = $0.5673
(3) 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:	**51,248**
		Effective PBS Limitation	**11,059,239**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1100**	**50.1100**	**2.1560**	**47.9540**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**57.5175**	**57.5175**	**2.4748**	**55.0427**	
Property	**13.6500**	**30.3939**	**1.3077**	**29.0862**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.1171**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.6709**	**235.4148**	**10.1290**	**241.0963**	

***Medicaid Trend Adjustment :**

0 054789-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**131**
County:	**Dade[13]**	First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**50**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**62,528**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.32529%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**47.5404**		**57.3710**			
10b	Base for line 10a	46.2415		55.8035			
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 - 2014/01

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 01/01/2014 through 06/30/2014

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	**8,365,800**
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:	**828,968**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,692,640**	**14.0194**
20% ROE(2):	**1,673,160**	**0.3891**
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:		**18.4684**

(1) 80% Capital ($6,692,640) amortized at 11.0000% for 20 years Principal & Interest of $828,968 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $14.0194
(2) 20% ROE ($1,673,160) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3891
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9546**	**38.9546**	**1.6761**	**37.2785**	
Patient Care					
Direct Care	**82.1223**	**82.1223**	**3.5334**	**78.5889**	
Indirect Care	**42.2340**	**42.2340**	**1.8172**	**40.4168**	
Property	**13.6500**	**18.4684**	**0.7946**	**17.6738**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0060**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.9609**	**181.7793**	**7.8213**	**199.6574**	

***Medicaid Trend Adjustment :**

0 054790-00 - 2014/01

230.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**164**
County: **Dade[13]**		First Used:	**2012/01**	Max Annualized:	**65,700**	Conditional:	**17**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**50,614**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,060**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**44,631**		
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: **6/1/2012**							
Previous Med # **207993**							

Medicaid Utilization	**88.17916%**
Occupancy:	**77.03805%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.77975%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**48.3655**		**62.6873**			
10b	Base for line 10a	47.0440		60.9745			
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.

7

0 054790-00 - 2014/01

230.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,976,712**
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:	**927,934**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,181,370**	**15.6931**
20% ROE(2):	**1,795,342**	**0.4175**
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:		**20.6581**

(1) 80% Capital ($7,181,370) amortized at 11.6500% for 20 years Principal & Interest of $927,934 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.6931
(2) 20% ROE ($1,795,342) times the ROE factor (0.013750) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4175
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4104**	**42.4104**	**1.8248**	**40.5856**	
Patient Care					
Direct Care	**97.1795**	**97.1795**	**4.1813**	**92.9982**	
Indirect Care	**51.6917**	**51.6917**	**2.2241**	**49.4676**	
Property	**13.6500**	**20.6581**	**0.8888**	**19.7693**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9796**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.9316**	**211.9397**	**9.1190**	**230.4937**	

***Medicaid Trend Adjustment :**

7

0 059369-00 - 2014/01

239.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Calusa Harbour

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2525 E. First St.		**10/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**0**
Fort Myers FL 33901		Days In CR	**273**	Maximum:	**16,380**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**15,035**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,010**	**Inflation**	
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**4,716**	FY Index:	**1.30557092**
Class at 1/94:	**South Small [3]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.02977798**
Open Date:	**6/1/1984**					Target:	**1.01966300**
Acquired Date:	**6/1/1984**					**DC FY Index:**	**1.21049917**
Entered Medicaid	**6/1/1984**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/1/2012**					**DC Inflation:**	**1.02065332**
Previous Med #	**221473**					**PS Target:**	**1.02809000**

Medicaid Utilization	**31.36681%**
Occupancy:	**91.78877%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.11901%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	192,840	461,049	384,750	23,627	0	1,062,266
1a	Audit Adjustments						
2	Cost Per Diem	40.8906	97.7627	81.5840	**5.0100**		225.2473
3	Cost Per Diem Inflated	42.1082	99.7818	84.0134			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1082**	**99.7818**	**84.0134**	**5.0100**		230.9134
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2074		84.0601			
7	Provider Target Rate	**51.6177**		**86.4213**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**67.1525**		**75.1184**			
10b	Base for line 10a	65.3177		73.0660			
11	Lesser of 5,7,8,10, 10a	**42.1082**	**99.7818**	**75.1184**	**5.0100**		222.0184
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.1082**	**99.7818**	**75.1184**	**5.0100**		**222.0184**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059369-00 - 2014/01

239.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,963,242**
FRVS Base Asset:	**1,177,008**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014860**

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:	**160,756**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,570,594**	**8.1561**
20% ROE(2):	**392,648**	**0.2960**
Insurance Cost(3):	**12,968**	**0.8625**
Taxes Cost(3):	**15,091**	**1.0037**
Home Office(3):	**853**	**0.0567**
Replacement(3&4):	**824,813**	**0.0000**
Total FRVS PD:		**10.3750**

(1) 80% Capital ($1,570,594) amortized at 8.2640% for 20 years Principal & Interest of $160,756 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.1561
(2) 20% ROE ($392,648) times the ROE factor (0.014860) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2960
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.1082**	**42.1082**	**1.8118**	**40.2964**	
Patient Care					
Direct Care	**99.7818**	**99.7818**	**4.2932**	**95.4886**	
Indirect Care	**75.1184**	**75.1184**	**3.2321**	**71.8863**	
Property	**5.0100**	**10.3750**	**0.4464**	**9.9286**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0693**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.0184**	**227.3834**	**9.7835**	**239.3626**	

***Medicaid Trend Adjustment :**

0 059400-00 - 2014/01

241.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Stratford Court of Palm Harbor

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
45 Katherine Blvd.		**10/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**273**	Maximum:	**16,380**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**13,287**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,400**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,887**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/15/1992**						
Acquired Date:	**1/15/1992**						
Entered Medicaid	**2/12/1992**						
Med # Active Date:	**10/1/2012**						
Previous Med #	**210943**						

Medicaid Utilization	**44.30646%**
Occupancy:	**81.11722%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**100.85130%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	308,445	500,269	557,245	56,574	0	1,422,533
1a	Audit Adjustments						
2	Cost Per Diem	52.3943	84.9786	94.6569	**9.6100**		241.6398
3	Cost Per Diem Inflated	53.9545	86.7337	97.4756			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9545**	**86.7337**	**97.4756**	**9.6100**		247.7738
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.6566		98.4483			
7	Provider Target Rate	**61.3324**		**101.2137**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**58.8293**		**70.2989**			
10b	Base for line 10a	57.2219		68.3782			
11	Lesser of 5,7,8,10, 10a	**53.9545**	**86.7337**	**70.2989**	**9.6100**		220.5971
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.9545**	**86.7337**	**70.2989**	**9.6100**		**220.5971**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059400-00 - 2014/01

241.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,426,634**
FRVS Base Asset:	**1,859,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014860**

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:	**217,146**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,941,307**	**11.0170**
20% ROE(2):	**485,327**	**0.3659**
Insurance Cost(3):	**17,885**	**1.3461**
Taxes Cost(3):	**22,830**	**1.7182**
Home Office(3):	**811**	**0.0610**
Replacement(3&4):	**552,271**	**0.0000**
Total FRVS PD:		**14.5082**

(1) 80% Capital ($1,941,307) amortized at 9.5000% for 20 years Principal & Interest of $217,146 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.0170
(2) 20% ROE ($485,327) times the ROE factor (0.014860) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3659
(3) 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:	**51,248**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.9545**	**53.9545**	**2.3215**	**51.6330**	
Patient Care					
Direct Care	**86.7337**	**86.7337**	**3.7318**	**83.0019**	
Indirect Care	**70.2989**	**70.2989**	**3.0247**	**67.2742**	
Property	**9.6100**	**14.5082**	**0.6242**	**13.8840**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6260**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.5971**	**225.4953**	**9.7022**	**241.1125**	

***Medicaid Trend Adjustment :**

0 059404-00 - 2014/01

243.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Gardens of Port St. Lucie

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1699 SE Lyngate Drive		**10/01/2012-06/30/2013**		Number of Beds:	**30**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**273**	Maximum:	**8,190**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2014/01**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**7,653**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,330**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,149**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/13/1993**						
Acquired Date:	**10/13/1993**						
Entered Medicaid	**10/18/1993**						
Med # Active Date:	**10/1/2012**						
Previous Med #	**210781**						

Medicaid Utilization	**28.08049%**
Occupancy:	**93.44322%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.17595%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	98,532	210,075	167,378	48,825	0	524,810
1a	Audit Adjustments						
2	Cost Per Diem	45.8502	97.7548	77.8865	**22.7199**		244.2114
3	Cost Per Diem Inflated	47.2155	99.7738	80.2058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2155**	**99.7738**	**80.2058**	**22.7199**		249.9150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6924		73.3429			
7	Provider Target Rate	**48.0040**		**75.4031**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**61.2717**		**76.6099**			
10b	Base for line 10a	59.5976		74.5167			
11	Lesser of 5,7,8,10, 10a	**47.2155**	**99.7738**	**75.4031**	**13.6500**		236.0424
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.2155**	**99.7738**	**75.4031**	**13.6500**		**236.0424**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059404-00 - 2014/01

243.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,407,759**
FRVS Base Asset:	**982,590**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014860**

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:	**125,973**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,126,207**	**12.7826**
20% ROE(2):	**281,552**	**0.4245**
Insurance Cost(3):	**52,576**	**6.8700**
Taxes Cost(3):	**23,993**	**3.1351**
Home Office(3):	**1,459**	**0.1906**
Replacement(3&4):	**172,380**	**0.0000**
Total FRVS PD:		**23.4028**

(1) 80% Capital ($1,126,207) amortized at 9.5000% for 20 years Principal & Interest of $125,973 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $12.7826
(2) 20% ROE ($281,552) times the ROE factor (0.014860) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.4245
(3) 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:	**51,248**
		Effective PBS Limitation	**982,590**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2155**	**47.2155**	**2.0315**	**45.1840**	
Patient Care					
Direct Care	**99.7738**	**99.7738**	**4.2929**	**95.4809**	
Indirect Care	**75.4031**	**75.4031**	**3.2443**	**72.1588**	
Property	**13.6500**	**23.4028**	**1.0069**	**22.3959**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**236.0424**	**245.7952**	**10.5756**	**243.9130**	

***Medicaid Trend Adjustment :**

0 059783-00 - 2014/01

196.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**42,340**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,229**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,556**	FY Index:	**1.29878490**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**83.97733%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.66666%**	Cost:	**1.00000000**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20850000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**120.18359%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**7/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**265721**					**PS Target:**	**1.02809000**

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	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**50.0502**		**48.0784**			
10b	Base for line 10a	48.6827		46.7648			
11	Lesser of 5,7,8,10, 10a	**49.8042**	**79.0009**	**35.8485**	**13.6500**		178.3036
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**79.0009**	**35.8485**	**13.6500**		**178.3036**
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 - 2014/01

196.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**79.0009**	**79.0009**	**3.3991**	**75.6018**	
Indirect Care	**35.8485**	**35.8485**	**1.5424**	**34.3061**	
Property	**13.6500**	**7.3684**	**0.3170**	**7.0514**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.5833**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.3036**	**172.0220**	**7.4014**	**196.8973**	

***Medicaid Trend Adjustment :**

0 059852-00 - 2014/01

188.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Shoal Creek Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
500 Hospital Drive		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Crestview Fl 32539		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**21,179**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,851**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**13,569**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/5/2000**						
Acquired Date:	**4/5/2000**						
Entered Medicaid	**4/27/2000**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252379**						

Medicaid Utilization	**64.06818%**
Occupancy:	**96.97344%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.56500%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	579,296	894,534	652,563	399,336	0	2,525,729
1a	Audit Adjustments						
2	Cost Per Diem	42.6926	65.9248	48.0922	**29.4300**		186.1396
3	Cost Per Diem Inflated	44.8768	67.8280	50.5527			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8768**	**67.8280**	**50.5527**	**29.4300**		192.6875
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	30.3411		36.6144			
7	Provider Target Rate	**37.3532**		**46.9253**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.1197**		**54.0320**			
10b	Base for line 10a	44.8596		52.5557			
11	Lesser of 5,7,8,10, 10a	**37.3532**	**67.8280**	**46.9253**	**13.6500**		165.7565
12/13	Medicaid Adjustment Rate		1.0735	0.7427			
14	Prospective Per Diem 11	**37.3532**	**68.9015**	**47.6680**	**13.6500**		**167.5727**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059852-00 - 2014/01

188.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,534,554**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**436,184**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,427,643**	**11.0650**
20% ROE(2):	**1,106,911**	**0.4389**
Insurance Cost(3):	**15,845**	**0.7481**
Taxes Cost(3):	**27,624**	**1.3043**
Home Office(3):	**7,171**	**0.3386**
Replacement(3&4):	**38,758**	**0.0000**
Total FRVS PD:		**13.8949**

(1) 80% Capital ($4,427,643) amortized at 7.7500% for 20 years Principal & Interest of $436,184 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0650
(2) 20% ROE ($1,106,911) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4389
(3) 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:	**51,248**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3532**	**37.3532**	**1.6072**	**35.7460**	
Patient Care					
Direct Care	**68.9015**	**68.9015**	**2.9646**	**65.9369**	
Indirect Care	**47.6680**	**47.6680**	**2.0510**	**45.6170**	
Property	**13.6500**	**13.8949**	**0.5978**	**13.2971**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0555**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**167.5727**	**167.8176**	**7.2206**	**188.3459**	

***Medicaid Trend Adjustment :**

0 059855-00 - 2014/01

195.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Englewood 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	
1111 Drury Lane		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Englewood FL 34224		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**18,813**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,892**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**9,654**		
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	**51.31558%**
Occupancy:	**86.14011%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.09615%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	446,485	670,806	496,689	311,052	0	1,925,032
1a	Audit Adjustments						
2	Cost Per Diem	46.2487	69.4848	51.4490	**32.2200**		199.4025
3	Cost Per Diem Inflated	48.6149	71.4908	54.0812			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.6149**	**71.4908**	**54.0812**	**32.2200**		206.4069
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.1691		40.4659			
7	Provider Target Rate	**42.3255**		**49.8711**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**48.6424**		**58.0599**			
10b	Base for line 10a	47.3134		56.4736			
11	Lesser of 5,7,8,10, 10a	**42.3255**	**71.4908**	**49.8711**	**13.6500**		177.3374
12/13	Medicaid Adjustment Rate		0.1058	0.0738			
14	Prospective Per Diem 11	**42.3255**	**71.5966**	**49.9449**	**13.6500**		**177.5170**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059855-00 - 2014/01

195.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Englewood Healthcare &Rehabilitation 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	**5,338,642**
FRVS Base Asset:	**3,190,349**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**420,744**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,270,914**	**10.6734**
20% ROE(2):	**1,067,728**	**0.4234**
Insurance Cost(3):	**17,184**	**0.9134**
Taxes Cost(3):	**26,267**	**1.3962**
Home Office(3):	**7,584**	**0.4031**
Replacement(3&4):	**17,405**	**0.0000**
Total FRVS PD:		**13.8095**

(1) 80% Capital ($4,270,914) amortized at 7.7500% for 20 years Principal & Interest of $420,744 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6734
(2) 20% ROE ($1,067,728) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4234
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.3255**	**42.3255**	**1.8211**	**40.5044**	
Patient Care					
Direct Care	**71.5966**	**71.5966**	**3.0805**	**68.5161**	
Indirect Care	**49.9449**	**49.9449**	**2.1489**	**47.7960**	
Property	**13.6500**	**13.8095**	**0.5942**	**13.2153**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3261**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.5170**	**177.6765**	**7.6447**	**195.0513**	

***Medicaid Trend Adjustment :**

0 059866-00 - 2014/01

189.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Island 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	
125 Alma Boulevard		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Merritt Island FL 32953		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**18,511**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,979**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,462**		
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	**61.91994%**
Occupancy:	**84.75733%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.37697%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	532,063	767,548	579,386	349,133	0	2,228,130
1a	Audit Adjustments						
2	Cost Per Diem	46.4197	66.9646	50.5484	**30.4600**		194.3927
3	Cost Per Diem Inflated	48.7946	68.8978	53.1346			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7946**	**68.8978**	**53.1346**	**30.4600**		201.2870
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.5979		46.6323			
7	Provider Target Rate	**38.9349**		**48.3982**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.6982**		**57.1301**			
10b	Base for line 10a	47.3676		55.5692			
11	Lesser of 5,7,8,10, 10a	**38.9349**	**68.8978**	**48.3982**	**13.6500**		169.8809
12/13	Medicaid Adjustment Rate		0.9239	0.6490			
14	Prospective Per Diem 11	**38.9349**	**69.8217**	**49.0472**	**13.6500**		**171.4538**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059866-00 - 2014/01

189.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Island Health and Rehabilitation 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	**3,725,949**
FRVS Base Asset:	**2,166,209**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**293,646**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,980,759**	**7.4492**
20% ROE(2):	**745,190**	**0.2955**
Insurance Cost(3):	**15,845**	**0.8560**
Taxes Cost(3):	**16,809**	**0.9081**
Home Office(3):	**8,819**	**0.4764**
Replacement(3&4):	**39,612**	**0.0000**
Total FRVS PD:		**9.9852**

(1) 80% Capital ($2,980,759) amortized at 7.7500% for 20 years Principal & Interest of $293,646 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.4492
(2) 20% ROE ($745,190) times the ROE factor (0.015630) divided by annual available days (43,800) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9349**	**38.9349**	**1.6752**	**37.2597**	
Patient Care					
Direct Care	**69.8217**	**69.8217**	**3.0042**	**66.8175**	
Indirect Care	**49.0472**	**49.0472**	**2.1103**	**46.9369**	
Property	**13.6500**	**9.9852**	**0.4296**	**9.5556**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7571**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**171.4538**	**167.7890**	**7.2193**	**189.0202**	

***Medicaid Trend Adjustment :**

0 059869-00 - 2014/01

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 01/01/2014 through 06/30/2014

Rosewood Health and Rehabilitation Center

Type of Cost Report:Cost Settled Interim CHOW[5] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

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		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**20,885**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,778**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,727**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**70.51472%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.62729%**	Cost:	**1.05116202**
Open Date:	**11/1/1984**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**11/1/1984**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20083276**
Entered Medicaid	**11/1/1984**	Low Occupancy Adjustment Factor:			**118.89136%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02886933**
Previous Med #	**252468**				**7/1/2013**	**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	663,506	1,142,761	733,798	404,109	0	2,944,174
1a	Audit Adjustments						
2	Cost Per Diem	45.0537	77.5963	49.8267	**27.4400**		199.9167
3	Cost Per Diem Inflated	47.3587	79.8365	52.3759			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3587**	**79.8365**	**52.3759**	**27.4400**		207.0111
5a	Interim Adjustment		0.1562	0.0841			
5b	Interim Adjusted Per Diem		**79.9927**	**52.4600**			
6	Prior Semester: Provider Target Base	47.7862		52.8488			
7	Provider Target Rate	**49.1285**		**54.3333**			
7a	Interim Adjustment			0.0841			
7b	Interim Adjusted Provider Target Rate			**54.4174**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**49.2162**		**56.5651**			
10b	Base for line 10a	47.8715		54.9378			
11	Lesser of 5,7,8,10, 10a	**47.3587**	**79.9927**	**52.4600**	**13.6500**		193.4614
12/13	Medicaid Adjustment Rate		1.8462	1.2107			
14	Prospective Per Diem 11	**47.3587**	**81.8389**	**53.6707**	**13.6500**		**196.5183**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059869-00 - 2014/01

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 01/01/2014 through 06/30/2014

Rosewood 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:	**1984/07**
Indexed Asset Value	**5,873,411**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**462,890**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,698,729**	**11.7425**
20% ROE(2):	**1,174,682**	**0.4658**
Insurance Cost(3):	**16,278**	**0.7794**
Taxes Cost(3):	**28,323**	**1.3561**
Home Office(3):	**8,221**	**0.3936**
Replacement(3&4):	**28,715**	**0.0000**
Total FRVS PD:		**14.7374**

(1) 80% Capital ($4,698,729) amortized at 7.7500% for 20 years Principal & Interest of $462,890 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7425
(2) 20% ROE ($1,174,682) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4658
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3587**	**47.3587**	**2.0377**	**45.3210**	
Patient Care					
Direct Care	**81.8389**	**81.8389**	**3.5212**	**78.3177**	
Indirect Care	**53.6707**	**53.6707**	**2.3092**	**51.3615**	
Property	**13.6500**	**14.7374**	**0.6341**	**14.1033**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6136**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.5183**	**197.6057**	**8.5022**	**217.4105**	

***Medicaid Trend Adjustment :**

0 059873-00 - 2014/01

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 01/01/2014 through 06/30/2014

Evans Health Care

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3735 Evans Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ft Myers FL 33901		Days In CR	**182**	Maximum:	**21,840**	Standard:	**168**
County: **Lee[36]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**13**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,694**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,654**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**8,952**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **12/3/1998**							
Acquired Date: **12/3/1998**							
Entered Medicaid **12/14/1998**							
Med # Active Date: **2/1/2012**							
Previous Med # **252212**							

Medicaid Utilization	**43.25892%**
Occupancy:	**94.75275%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.80406%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	439,051	685,301	463,261	238,660	0	1,826,273
1a	Audit Adjustments						
2	Cost Per Diem	49.0450	76.5528	51.7494	**26.6600**		204.0072
3	Cost Per Diem Inflated	51.5542	78.7628	54.3970			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5542**	**78.7628**	**54.3970**	**26.6600**		211.3740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.9311		47.4727			
7	Provider Target Rate	**40.5167**		**49.8711**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.3307**		**59.6673**			
10b	Base for line 10a	49.9282		58.0370			
11	Lesser of 5,7,8,10, 10a	**40.5167**	**78.7628**	**49.8711**	**13.6500**		182.8006
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.5167**	**78.7628**	**49.8711**	**13.6500**		**182.8006**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059873-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**4,792,982**
FRVS Base Asset:	**3,977,610**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**377,740**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,834,386**	**9.5824**
20% ROE(2):	**958,596**	**0.3801**
Insurance Cost(3):	**15,845**	**0.7657**
Taxes Cost(3):	**45,158**	**2.1822**
Home Office(3):	**8,652**	**0.4181**
Replacement(3&4):	**19,841**	**0.0000**
Total FRVS PD:		**13.3285**

(1) 80% Capital ($3,834,386) amortized at 7.7500% for 20 years Principal & Interest of $377,740 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5824
(2) 20% ROE ($958,596) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3801
(3) 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:	**51,248**
		Effective PBS Limitation	**3,977,610**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5167**	**40.5167**	**1.7433**	**38.7734**	
Patient Care					
Direct Care	**78.7628**	**78.7628**	**3.3889**	**75.3739**	
Indirect Care	**49.8711**	**49.8711**	**2.1458**	**47.7253**	
Property	**13.6500**	**13.3285**	**0.5735**	**12.7550**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5563**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.8006**	**182.4791**	**7.8515**	**200.8773**	

***Medicaid Trend Adjustment :**

0 059874-00 - 2014/01

187.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Sea Breeze Health Care

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1937 Jenks Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Panama City FL 32405		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Bay[3]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**20,206**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,506**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,732**	FY Index:	**1.27901138**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05116202**
Open Date:	**12/1/1979**					Target:	**1.01966300**
Acquired Date:	**12/1/1979**					**DC FY Index:**	**1.20083276**
Entered Medicaid	**6/1/1980**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/2012**					**DC Inflation:**	**1.02886933**
Previous Med #	**252247**					**PS Target:**	**1.02809000**

Medicaid Utilization		**72.90904%**
Occupancy:		**92.51832%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**115.02604%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	590,338	966,130	674,224	267,975	0	2,498,667
1a	Audit Adjustments						
2	Cost Per Diem	40.0718	65.5804	45.7660	**18.1900**		169.6082
3	Cost Per Diem Inflated	42.1220	67.4737	48.1075			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.1220**	**67.4737**	**48.1075**	**18.1900**		175.8932
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	33.3595		40.4863			
7	Provider Target Rate	**37.3532**		**46.9253**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**45.0869**		**52.1826**			
10b	Base for line 10a	43.8550		50.7568			
11	Lesser of 5,7,8,10, 10a	**37.3532**	**67.4737**	**46.9253**	**13.6500**		165.4022
12/13	Medicaid Adjustment Rate		1.7390	1.2094			
14	Prospective Per Diem 11	**37.3532**	**69.2127**	**48.1347**	**13.6500**		**168.3506**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 059874-00 - 2014/01

187.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,083,180**
FRVS Base Asset:	**1,814,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**285,632**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,466,544**	**7.2459**
20% ROE(2):	**616,636**	**0.2445**
Insurance Cost(3):	**17,317**	**0.8570**
Taxes Cost(3):	**11,736**	**0.5808**
Home Office(3):	**6,810**	**0.3370**
Replacement(3&4):	**33,875**	**0.0000**
Total FRVS PD:		**9.2652**

(1) 80% Capital ($2,466,544) amortized at 10.0000% for 20 years Principal & Interest of $285,632 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.2459
(2) 20% ROE ($616,636) times the ROE factor (0.015630) 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3532**	**37.3532**	**1.6072**	**35.7460**	
Patient Care					
Direct Care	**69.2127**	**69.2127**	**2.9780**	**66.2347**	
Indirect Care	**48.1347**	**48.1347**	**2.0711**	**46.0636**	
Property	**13.6500**	**9.2652**	**0.3986**	**8.8666**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7480**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**168.3506**	**163.9658**	**7.0549**	**187.3523**	

***Medicaid Trend Adjustment :**

3

0 059877-00 - 2014/01

199.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Spring Hill 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	
12170 Cortez Boulevard		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34613		Days In CR	**182**	Maximum:	**21,840**	Standard:	**150**
County:	**Hernando[27]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**31**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,984**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,328**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**10,378**		
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	**49.45673%**
Occupancy:	**96.08058%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.45493%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	436,731	767,115	570,763	295,877	0	2,070,486
1a	Audit Adjustments						
2	Cost Per Diem	42.0824	73.9174	54.9974	**28.5100**		199.5072
3	Cost Per Diem Inflated	44.2354	76.0513	57.8112			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2354**	**76.0513**	**57.8112**	**28.5100**		206.6079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	36.5427		57.6422			
7	Provider Target Rate	**37.5692**		**59.2614**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.4146**		**56.1234**			
10b	Base for line 10a	45.1464		54.5900			
11	Lesser of 5,7,8,10, 10a	**37.5692**	**76.0513**	**56.1234**	**13.6500**		183.3939
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.5692**	**76.0513**	**56.1234**	**13.6500**		**183.3939**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 059877-00 - 2014/01

199.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Spring Hill Health and Rehabilitation 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	**5,411,856**
FRVS Base Asset:	**4,444,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**426,514**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,329,485**	**10.8197**
20% ROE(2):	**1,082,371**	**0.4292**
Insurance Cost(3):	**15,845**	**0.7551**
Taxes Cost(3):	**57,799**	**2.7544**
Home Office(3):	**9,636**	**0.4592**
Replacement(3&4):	**48,366**	**0.0000**
Total FRVS PD:		**15.2176**

(1) 80% Capital ($4,329,485) amortized at 7.7500% for 20 years Principal & Interest of $426,514 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8197
(2) 20% ROE ($1,082,371) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4292
(3) 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:	**51,248**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5692**	**37.5692**	**1.6165**	**35.9527**	
Patient Care					
Direct Care	**76.0513**	**76.0513**	**3.2722**	**72.7791**	
Indirect Care	**56.1234**	**56.1234**	**2.4148**	**53.7086**	
Property	**13.6500**	**15.2176**	**0.6548**	**14.5628**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3201**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.3939**	**184.9615**	**7.9583**	**199.0167**	

***Medicaid Trend Adjustment :**

0 060972-00 - 2014/01

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 01/01/2014 through 06/30/2014

Emerald Shores Health and Rehabilitation

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
626 North Tyndall Parkway		**02/01/2012-07/31/2012**		Number of Beds:	**77**	Superior:	**0**
Callaway Fl 32404		Days In CR	**182**	Maximum:	**14,014**	Standard:	**181**
County: **Bay[3]**		First Used:	**2014/01**	Max Annualized:	**28,105**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**13,393**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**4,897**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,930**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**8/30/2000**						
Acquired Date:	**8/30/2000**						
Entered Medicaid	**8/30/2000**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252191**						

Medicaid Utilization	**44.27686%**
Occupancy:	**95.56872%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.81853%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	283,720	431,119	320,225	140,956	0	1,176,020
1a	Audit Adjustments						
2	Cost Per Diem	47.8449	72.7013	54.0008	**23.7700**		198.3170
3	Cost Per Diem Inflated	50.2927	74.8001	56.7636			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2927**	**74.8001**	**56.7636**	**23.7700**		205.6264
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4269		52.9218			
7	Provider Target Rate	**48.7591**		**54.4084**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**51.9379**		**61.7594**			
10b	Base for line 10a	50.5188		60.0720			
11	Lesser of 5,7,8,10, 10a	**48.7591**	**74.8001**	**54.4084**	**13.6500**		191.6176
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7591**	**74.8001**	**54.4084**	**13.6500**		**191.6176**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 060972-00 - 2014/01

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 01/01/2014 through 06/30/2014

Emerald Shores Health and Rehabilitation

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	**3,531,228**
FRVS Base Asset:	**3,068,373**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**278,300**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,824,982**	**11.0024**
20% ROE(2):	**706,246**	**0.4364**
Insurance Cost(3):	**10,167**	**0.7591**
Taxes Cost(3):	**16,528**	**1.2341**
Home Office(3):	**5,603**	**0.4184**
Replacement(3&4):	**12,290**	**0.0000**
Total FRVS PD:		**13.8504**

(1) 80% Capital ($2,824,982) amortized at 7.7500% for 20 years Principal & Interest of $278,300 divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $11.0024
(2) 20% ROE ($706,246) times the ROE factor (0.015630) divided by annual available days (28,105) divided by Occup. Adj. (0.9000) = $0.4364
(3) 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:	**51,248**
		Effective PBS Limitation	**3,068,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7591**	**48.7591**	**2.0979**	**46.6612**	
Patient Care					
Direct Care	**74.8001**	**74.8001**	**3.2184**	**71.5817**	
Indirect Care	**54.4084**	**54.4084**	**2.3410**	**52.0674**	
Property	**13.6500**	**13.8504**	**0.5959**	**13.2545**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2668**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.6176**	**191.8180**	**8.2532**	**207.5250**	

***Medicaid Trend Adjustment :**

0 060993-00 - 2014/01

195.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

University Hills Health and Rehabilitation

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
10040 Hillview Road		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**19,351**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,537**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,245**		
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	**73.61377%**
Occupancy:	**88.60348%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.15880%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	614,558	958,955	663,735	359,829	0	2,597,077
1a	Audit Adjustments						
2	Cost Per Diem	43.1420	67.3187	46.5942	**25.2600**		182.3149
3	Cost Per Diem Inflated	45.3492	69.2621	48.9781			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3492**	**69.2621**	**48.9781**	**25.2600**		188.8494
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	34.3339		52.3614			
7	Provider Target Rate	**37.3532**		**53.8322**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.2210**		**56.1234**			
10b	Base for line 10a	45.9308		54.5900			
11	Lesser of 5,7,8,10, 10a	**37.3532**	**69.2621**	**48.9781**	**13.6500**		169.2434
12/13	Medicaid Adjustment Rate		1.8400	1.3011			
14	Prospective Per Diem 11	**37.3532**	**71.1021**	**50.2792**	**13.6500**		**172.3845**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 060993-00 - 2014/01

195.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

University Hills Health and Rehabilitation

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	**5,524,290**
FRVS Base Asset:	**3,249,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**435,375**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,419,432**	**11.0445**
20% ROE(2):	**1,104,858**	**0.4381**
Insurance Cost(3):	**15,845**	**0.8188**
Taxes Cost(3):	**20,141**	**1.0408**
Home Office(3):	**6,656**	**0.3440**
Replacement(3&4):	**22,985**	**0.0000**
Total FRVS PD:		**13.6862**

(1) 80% Capital ($4,419,432) amortized at 7.7500% for 20 years Principal & Interest of $435,375 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0445
(2) 20% ROE ($1,104,858) times the ROE factor (0.015630) divided by annual available days (43,800) 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	**114**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3532**	**37.3532**	**1.6072**	**35.7460**	
Patient Care					
Direct Care	**71.1021**	**71.1021**	**3.0593**	**68.0428**	
Indirect Care	**50.2792**	**50.2792**	**2.1633**	**48.1159**	
Property	**13.6500**	**13.6862**	**0.5889**	**13.0973**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8513**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.3845**	**172.4207**	**7.4187**	**195.5467**	

***Medicaid Trend Adjustment :**

0 061095-00 - 2014/01

207.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Heritage Park 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	
2826 Cleveland Avenue		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33901		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,591**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,434**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,366**		
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	**69.76835%**
Occupancy:	**94.28114%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.21772%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	696,702	1,092,043	725,112	348,519	0	2,862,376
1a	Audit Adjustments						
2	Cost Per Diem	48.4966	76.0158	50.4742	**24.2600**		199.2466
3	Cost Per Diem Inflated	50.9778	78.2103	53.0566			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9778**	**78.2103**	**53.0566**	**24.2600**		206.5047
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	37.0542		48.6678			
7	Provider Target Rate	**40.5167**		**50.0349**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.1866**		**59.1666**			
10b	Base for line 10a	52.7061		57.5500			
11	Lesser of 5,7,8,10, 10a	**40.5167**	**78.2103**	**50.0349**	**13.6500**		182.4119
12/13	Medicaid Adjustment Rate		1.7393	1.1127			
14	Prospective Per Diem 11	**40.5167**	**79.9496**	**51.1476**	**13.6500**		**185.2639**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 061095-00 - 2014/01

207.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heritage Park 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:	**1981/07**
Indexed Asset Value	**5,124,523**
FRVS Base Asset:	**3,026,911**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**403,869**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,099,618**	**10.2453**
20% ROE(2):	**1,024,905**	**0.4064**
Insurance Cost(3):	**15,845**	**0.7695**
Taxes Cost(3):	**38,140**	**1.8523**
Home Office(3):	**7,694**	**0.3737**
Replacement(3&4):	**21,141**	**0.0000**
Total FRVS PD:		**13.6472**

(1) 80% Capital ($4,099,618) amortized at 7.7500% for 20 years Principal & Interest of $403,869 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2453
(2) 20% ROE ($1,024,905) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4064
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5167**	**40.5167**	**1.7433**	**38.7734**	
Patient Care					
Direct Care	**79.9496**	**79.9496**	**3.4399**	**76.5097**	
Indirect Care	**51.1476**	**51.1476**	**2.2007**	**48.9469**	
Property	**13.6500**	**13.6472**	**0.5872**	**13.0600**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1935**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.2639**	**185.2611**	**7.9711**	**207.1769**	

***Medicaid Trend Adjustment :**

0 061101-00 - 2014/01

191.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Destin 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	
195 Mattie M. Kelly Blvd.		**02/01/2012-07/31/2012**		Number of Beds:	**119**	Superior:	**0**
Destin FL 32541		Days In CR	**182**	Maximum:	**21,658**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2014/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**20,043**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,771**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,033**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/14/1994**						
Acquired Date:	**8/11/1994**						
Entered Medicaid	**8/11/1994**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252166**						

Medicaid Utilization	**60.03592%**
Occupancy:	**92.54317%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.05694%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	516,657	826,388	579,903	295,530	0	2,218,478
1a	Audit Adjustments						
2	Cost Per Diem	42.9367	68.6768	48.1927	**24.5600**		184.3662
3	Cost Per Diem Inflated	45.1334	70.6595	50.6583			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1334**	**70.6595**	**50.6583**	**24.5600**		191.0112
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	34.6754		42.5473			
7	Provider Target Rate	**37.3532**		**46.9253**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**56.1234**			
10b	Base for line 10a	45.4505		54.5900			
11	Lesser of 5,7,8,10, 10a	**37.3532**	**70.6595**	**46.9253**	**13.6500**		168.5880
12/13	Medicaid Adjustment Rate		0.7978	0.5298			
14	Prospective Per Diem 11	**37.3532**	**71.4573**	**47.4551**	**13.6500**		**169.9156**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

5

0 061101-00 - 2014/01

191.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,552,691**
FRVS Base Asset:	**2,976,160**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**437,614**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,442,153**	**11.1946**
20% ROE(2):	**1,110,538**	**0.4440**
Insurance Cost(3):	**15,713**	**0.7840**
Taxes Cost(3):	**23,681**	**1.1815**
Home Office(3):	**7,269**	**0.3627**
Replacement(3&4):	**35,091**	**0.0000**
Total FRVS PD:		**13.9668**

(1) 80% Capital ($4,442,153) amortized at 7.7500% for 20 years Principal & Interest of $437,614 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $11.1946
(2) 20% ROE ($1,110,538) times the ROE factor (0.015630) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.4440
(3) 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:	**51,248**
		Effective PBS Limitation	**2,976,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3532**	**37.3532**	**1.6072**	**35.7460**	
Patient Care					
Direct Care	**71.4573**	**71.4573**	**3.0745**	**68.3828**	
Indirect Care	**47.4551**	**47.4551**	**2.0418**	**45.4133**	
Property	**13.6500**	**13.9668**	**0.6009**	**13.3659**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6245**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**169.9156**	**170.2324**	**7.3244**	**191.2259**	

***Medicaid Trend Adjustment :**

5

0 061102-00 - 2014/01

211.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

San Jose 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	
9355 San Jose Boulevard		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2012/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**21,097**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,214**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**15,708**		
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	**74.45608%**
Occupancy:	**96.59799%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.09821%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	680,524	1,150,152	790,151	387,831	0	3,008,658
1a	Audit Adjustments						
2	Cost Per Diem	43.3234	73.2208	50.3025	**24.6900**		191.5367
3	Cost Per Diem Inflated	45.5399	75.3346	52.8761			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5399**	**75.3346**	**52.8761**	**24.6900**		198.4406
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9510		53.3535			
7	Provider Target Rate	**47.2418**		**54.8522**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.7272**		**56.1234**			
10b	Base for line 10a	45.4505		54.5900			
11	Lesser of 5,7,8,10, 10a	**45.5399**	**75.3346**	**52.8761**	**13.6500**		187.4006
12/13	Medicaid Adjustment Rate		2.0727	1.4548			
14	Prospective Per Diem 11	**45.5399**	**77.4073**	**54.3309**	**13.6500**		**190.9281**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 061102-00 - 2014/01

211.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,025,176**
FRVS Base Asset:	**3,051,972**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**396,040**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,020,141**	**10.0467**
20% ROE(2):	**1,005,035**	**0.3985**
Insurance Cost(3):	**15,845**	**0.7511**
Taxes Cost(3):	**31,702**	**1.5027**
Home Office(3):	**7,699**	**0.3649**
Replacement(3&4):	**93,671**	**0.0000**
Total FRVS PD:		**13.0639**

(1) 80% Capital ($4,020,141) amortized at 7.7500% for 20 years Principal & Interest of $396,040 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0467
(2) 20% ROE ($1,005,035) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3985
(3) 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:	**51,248**
		Effective PBS Limitation	**3,051,972**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5399**	**45.5399**	**1.9594**	**43.5805**	
Patient Care					
Direct Care	**77.4073**	**77.4073**	**3.3305**	**74.0768**	
Indirect Care	**54.3309**	**54.3309**	**2.3377**	**51.9932**	
Property	**13.6500**	**13.0639**	**0.5621**	**12.5018**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4088**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.9281**	**190.3420**	**8.1897**	**211.2545**	

***Medicaid Trend Adjustment :**

2

0 061107-00 - 2014/01

217.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

SeaView 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	
2401 NE 2nd Street		**02/01/2012-07/31/2012**		Number of Beds:	**83**	Superior:	**0**
Pompano Beach FL 33062		Days In CR	**182**	Maximum:	**15,106**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**30,295**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**14,168**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**984**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**11,637**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.27901138**
Open Date:	**8/1/1983**					Semester Index:	**1.34444818**
Acquired Date:	**8/1/1983**					Cost:	**1.05116202**
Entered Medicaid	**8/1/1983**					Target:	**1.01966300**
Med # Active Date:	**2/1/2012**					**DC FY Index:**	**1.20083276**
Previous Med #	**252433**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02886933**
						PS Target:	**1.02809000**

Medicaid Utilization	**82.13580%**						
Occupancy:	**93.79055%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**116.60777%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	617,082	790,127	690,109	196,782	0	2,294,100
1a	Audit Adjustments						
2	Cost Per Diem	53.0276	67.8978	59.3030	**16.9100**		197.1384
3	Cost Per Diem Inflated	55.7406	69.8580	62.3371			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7406**	**69.8580**	**62.3371**	**16.9100**		204.8457
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7580		52.0531			
7	Provider Target Rate	**47.4985**		**63.0027**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**59.3078**		**69.2224**			
10b	Base for line 10a	57.6874		67.3311			
11	Lesser of 5,7,8,10, 10a	**47.4985**	**69.8580**	**62.3371**	**13.6500**		193.3436
12/13	Medicaid Adjustment Rate		2.5256	2.2537			
14	Prospective Per Diem 11	**47.4985**	**72.3836**	**64.5908**	**13.6500**		**198.1229**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 061107-00 - 2014/01

217.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

SeaView 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:	**1983/07**
Indexed Asset Value	**2,217,289**
FRVS Base Asset:	**1,201,038**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**174,747**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,773,831**	**6.4091**
20% ROE(2):	**443,458**	**0.2542**
Insurance Cost(3):	**16,151**	**1.1400**
Taxes Cost(3):	**25,781**	**1.8197**
Home Office(3):	**5,232**	**0.3693**
Replacement(3&4):	**38,949**	**0.0000**
Total FRVS PD:		**9.9923**

(1) 80% Capital ($1,773,831) amortized at 7.7500% for 20 years Principal & Interest of $174,747 divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $6.4091
(2) 20% ROE ($443,458) times the ROE factor (0.015630) divided by annual available days (30,295) divided by Occup. Adj. (0.9000) = $0.2542
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,365,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4985**	**47.4985**	**2.0437**	**45.4548**	
Patient Care					
Direct Care	**72.3836**	**72.3836**	**3.1144**	**69.2692**	
Indirect Care	**64.5908**	**64.5908**	**2.7791**	**61.8117**	
Property	**13.6500**	**9.9923**	**0.4299**	**9.5624**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.1785**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.1229**	**194.4652**	**8.3671**	**217.9700**	

***Medicaid Trend Adjustment :**

0 061109-00 - 2014/01

202.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Vista Manor

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1550 Jess Parrish Court		**02/01/2012-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Titusville FL 32796		Days In CR	**182**	Maximum:	**21,840**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**20,640**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,658**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,927**		
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	**57.78585%**
Occupancy:	**94.50549%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.49666%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	514,065	871,170	611,151	316,781	0	2,313,167
1a	Audit Adjustments						
2	Cost Per Diem	43.1009	73.0418	51.2410	**26.5600**		193.9437
3	Cost Per Diem Inflated	45.3060	75.1505	53.8626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3060**	**75.1505**	**53.8626**	**26.5600**		200.8791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	34.7512		50.8695			
7	Provider Target Rate	**38.9349**		**52.2984**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**48.1517**		**58.1291**			
10b	Base for line 10a	46.8361		56.5409			
11	Lesser of 5,7,8,10, 10a	**38.9349**	**75.1505**	**52.2984**	**13.6500**		180.0338
12/13	Medicaid Adjustment Rate		0.6582	0.4581			
14	Prospective Per Diem 11	**38.9349**	**75.8087**	**52.7565**	**13.6500**		**181.1501**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 061109-00 - 2014/01

202.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,660,886**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015630**

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:	**446,141**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,528,709**	**11.3176**
20% ROE(2):	**1,132,177**	**0.4489**
Insurance Cost(3):	**16,689**	**0.8086**
Taxes Cost(3):	**34,974**	**1.6945**
Home Office(3):	**8,174**	**0.3960**
Replacement(3&4):	**31,323**	**0.0000**
Total FRVS PD:		**14.6656**

(1) 80% Capital ($4,528,709) amortized at 7.7500% for 20 years Principal & Interest of $446,141 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.3176
(2) 20% ROE ($1,132,177) times the ROE factor (0.015630) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4489
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.9349**	**38.9349**	**1.6752**	**37.2597**	
Patient Care					
Direct Care	**75.8087**	**75.8087**	**3.2618**	**72.5469**	
Indirect Care	**52.7565**	**52.7565**	**2.2699**	**50.4866**	
Property	**13.6500**	**14.6656**	**0.6310**	**14.0346**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8288**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.1501**	**182.1657**	**7.8379**	**202.8500**	

***Medicaid Trend Adjustment :**

0 061140-00 - 2014/01

212.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Lakeside Oaks 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	
1061 Virginia Street		**02/01/2012-07/31/2012**		Number of Beds:	**93**	Superior:	**0**
Dunedin FL 34698		Days In CR	**182**	Maximum:	**16,926**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**33,945**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**15,102**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,180**		
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:	**11/1/1981**						
Acquired Date:	**11/1/1981**						
Entered Medicaid	**10/1/1982**						
Med # Active Date:	**2/1/2012**						
Previous Med #	**252484**						

Medicaid Utilization	**59.20408%**
Occupancy:	**89.22368%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.92988%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	445,803	634,977	514,055	239,529	0	1,834,364
1a	Audit Adjustments						
2	Cost Per Diem	49.8605	71.0186	57.4941	**26.7900**		205.1632
3	Cost Per Diem Inflated	52.4115	73.0689	60.4356			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4115**	**73.0689**	**60.4356**	**26.7900**		212.7060
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.7192		58.2227			
7	Provider Target Rate	**45.0114**		**59.8582**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**52.4020**		**67.0035**			
10b	Base for line 10a	50.9702		65.1728			
11	Lesser of 5,7,8,10, 10a	**45.0114**	**73.0689**	**59.8582**	**13.6500**		191.5885
12/13	Medicaid Adjustment Rate		0.7566	0.6198			
14	Prospective Per Diem 11	**45.0114**	**73.8255**	**60.4780**	**13.6500**		**192.9649**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 061140-00 - 2014/01

212.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,807,693**
FRVS Base Asset:	**1,628,358**
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:	**279,259**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,246,154**	**9.1409**
20% ROE(2):	**561,539**	**0.2873**
Insurance Cost(3):	**13,124**	**0.8690**
Taxes Cost(3):	**16,783**	**1.1113**
Home Office(3):	**5,783**	**0.3829**
Replacement(3&4):	**17,064**	**0.0000**
Total FRVS PD:		**11.7914**

(1) 80% Capital ($2,246,154) amortized at 12.5000% for 20 years Interest of $279,259 divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $9.1409
(2) 20% ROE ($561,539) times the ROE factor (0.015630) divided by annual available days (33,945) divided by Occup. Adj. (0.9000) = $0.2873
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0114**	**45.0114**	**1.9367**	**43.0747**	
Patient Care					
Direct Care	**73.8255**	**73.8255**	**3.1764**	**70.6491**	
Indirect Care	**60.4780**	**60.4780**	**2.6021**	**57.8759**	
Property	**13.6500**	**11.7914**	**0.5073**	**11.2841**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6064**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.9649**	**191.1063**	**8.2225**	**212.1836**	

***Medicaid Trend Adjustment :**

0 071884-00 - 2014/01

238.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**56,210**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**51,940**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**37,960**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**3,400**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/16/1982**						
Acquired Date:	**12/16/1982**						
Entered Medicaid	**12/1/2009**						
Med # Active Date:	**1/1/2013**						
Previous Med #	**016016**						

Medicaid Utilization	**6.54601%**
Occupancy:	**92.40349%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.88328%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**55.1354**		**62.4311**			
10b	Base for line 10a	53.6290		60.7253			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**62.4311**	**13.6500**		227.4968
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**62.4311**	**13.6500**		**227.4968**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

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

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0 071884-00 - 2014/01

238.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,818,584**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**62.4311**	**62.4311**	**2.6862**	**59.7449**	
Property	**13.6500**	**13.5991**	**0.5851**	**13.0140**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.5394**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.4968**	**227.4459**	**9.7862**	**238.8925**	

***Medicaid Trend Adjustment :**

0 072048-00 - 2014/01

230.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Lake[35]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**40,576**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1980**						
Acquired Date:	**1/1/1980**						
Entered Medicaid	**4/1/1982**						
Med # Active Date:	**12/28/2012**						
Previous Med #	**252956**						

Medicaid Utilization	**65.66690%**
Occupancy:	**92.63927%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.17642%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**50.7895**		**60.6235**			
10b	Base for line 10a	49.4018		58.9671			
11	Lesser of 5,7,8,10, 10a	**49.1100**	**94.1508**	**59.2527**	**13.6500**		216.1635
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.1100**	**94.1508**	**59.2527**	**13.6500**		**216.1635**
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 - 2014/01

230.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,665,680**
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:	**221,874**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,932,544**	**5.6285**
20% ROE(2):	**733,136**	**0.2712**
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:		**8.2927**

(1) 80% Capital ($2,932,544) amortized at 4.4600% for 20 years Principal & Interest of $221,874 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.6285
(2) 20% ROE ($733,136) times the ROE factor (0.014583) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2712
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.1100**	**49.1100**	**2.1130**	**46.9970**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**8.2927**	**0.3568**	**7.9359**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2021**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.1635**	**210.8062**	**9.0702**	**230.6315**	

***Medicaid Trend Adjustment :**

0 072054-00 - 2014/01

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 01/01/2014 through 06/30/2014

Rehabilitation Center of St. Pete

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	
435 42nd Avenue South		**01/01/2013-12/31/2013**		Number of Beds:	**159**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**58,035**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**53,856**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,372**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,076**		
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:	**1/1/2013**						
Previous Med #	**006408**						

Medicaid Utilization	**72.55645%**
Occupancy:	**92.79917%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.37522%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,011,242	3,983,857	2,335,955	1,182,049	429	9,513,532
1a	Audit Adjustments						
2	Cost Per Diem	51.4700	101.9515	59.7798	**30.2500**	**0.0110**	243.4623
3	Cost Per Diem Inflated	51.4700	101.9515	59.7798			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4700**	**101.9515**	**59.7798**	**30.2500**	**0.0110**	243.4623
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	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.6989**		**60.4501**			
10b	Base for line 10a	51.2590		58.7985			
11	Lesser of 5,7,8,10, 10a	**51.4700**	**95.7721**	**59.7798**	**13.6500**	**0.0110**	220.6829
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.4700**	**95.7721**	**59.7798**	**13.6500**	**0.0110**	**220.6829**
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 072054-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**3,191,125**
FRVS Base Asset:	**1,587,729**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018020**

Mortgage Information		
Amount:	**11,552,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**177,670**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,552,900**	**3.4016**
20% ROE(2):	**638,225**	**0.2202**
Insurance Cost(3):	**67,100**	**1.2459**
Taxes Cost(3):	**62,300**	**1.1568**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**6.0245**

(1) 80% Capital ($2,552,900) amortized at 3.5000% for 20 years Principal & Interest of $177,670 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $3.4016
(2) 20% ROE ($638,225) times the ROE factor (0.018020) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.2202
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,531,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4700**	**51.4700**	**2.2146**	**49.2554**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**59.7798**	**59.7798**	**2.5721**	**57.2077**	
Property	**13.6500**	**6.0245**	**0.5873**	**13.0627**	
ROE	**0.0110**	**0.0110**	**0.0005**	**0.0105**	
ROE Adjustment	**-0.0110**	**-0.0110**	**-0.0005**	**-0.0105**	
Quality Assess-Medicaid Share				**$21.3806**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.6719**	**213.0464**	**9.4947**	**241.2512**	

***Medicaid Trend Adjustment :**

0 072320-00 - 2014/01

215.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Marion[42]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**14,941**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**84.82112%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**56.6992**	**92.5525**	**69.0854**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**51.2274**		**59.0438**			
10b	Base for line 10a	49.8277		57.4306			
11	Lesser of 5,7,8,10, 10a	**51.2274**	**88.6800**	**59.0438**	**18.6230**		217.5742
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.2274**	**88.6800**	**59.0438**	**18.6230**		**217.5742**
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 - 2014/01

215.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**0.9000**
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**	**9.8038**
20% ROE(2):	**597,420**	**0.4420**
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:		**10.2458**

(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. (0.9000) = $9.8038
(2) 20% ROE ($597,420) times the ROE factor (0.014583) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4420
(3) 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:	**51,248**
		Effective PBS Limitation	**2,987,100**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.2274**	**51.2274**	**2.2041**	**49.0233**	
Patient Care					
Direct Care	**88.6800**	**88.6800**	**3.8156**	**84.8644**	
Indirect Care	**59.0438**	**59.0438**	**2.5404**	**56.5034**	
Property	**18.6230**	**10.2458**	**0.4408**	**9.8050**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$7.0909**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.5742**	**209.1970**	**9.0009**	**215.9804**	

***Medicaid Trend Adjustment :**

0 073324-00 - 2014/01

223.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**75,920**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**62,329**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.07101%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

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	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**46.6220**		**53.1849**			
10b	Base for line 10a	45.3482		51.7318			
11	Lesser of 5,7,8,10, 10a	**46.6220**	**95.7721**	**52.7149**	**13.6500**		208.7590
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.6220**	**95.7721**	**52.7149**	**13.6500**		**208.7590**
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 - 2014/01

223.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,928,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6220**	**46.6220**	**2.0060**	**44.6160**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**52.7149**	**52.7149**	**2.2681**	**50.4468**	
Property	**13.6500**	**8.7028**	**0.3744**	**8.3284**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0246**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.7590**	**203.8118**	**8.7692**	**223.7606**	

***Medicaid Trend Adjustment :**

0 080062-00 - 2014/01

183.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Lake Wales FL 33853		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,225**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,909**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,694**		
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:	**4/1/2009**						
Previous Med #	**212881**						

Medicaid Utilization	**73.81976%**
Occupancy:	**91.83790%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.18009%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	963,638	2,122,970	1,245,718	522,021	0	4,854,347
1a	Audit Adjustments						
2	Cost Per Diem	32.4523	71.4949	41.9518	**17.5800**		163.4790
3	Cost Per Diem Inflated	33.4187	72.9715	43.2010			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.4187**	**72.9715**	**43.2010**	**17.5800**		167.1712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9156		51.8788			
7	Provider Target Rate	**44.1211**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.4187**	**72.9715**	**43.2010**	**13.6500**		163.2412
12/13	Medicaid Adjustment Rate		1.9554	1.1577			
14	Prospective Per Diem 11	**33.4187**	**74.9269**	**44.3587**	**13.6500**		**166.3543**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080062-00 - 2014/01

183.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,504,298**
FRVS Base Asset:	**1,240,145**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**256,383**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,003,438**	**6.5039**
20% ROE(2):	**500,860**	**0.1999**
Insurance Cost(3):	**80,517**	**2.0017**
Taxes Cost(3):	**26,698**	**0.6637**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**120,025**	**0.0000**
Total FRVS PD:		**9.3692**

(1) 80% Capital ($2,003,438) amortized at 11.5000% for 20 years Principal & Interest of $256,383 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.5039
(2) 20% ROE ($500,860) times the ROE factor (0.015730) 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.4187**	**33.4187**	**1.4379**	**31.9808**	
Patient Care					
Direct Care	**74.9269**	**74.9269**	**3.2238**	**71.7031**	
Indirect Care	**44.3587**	**44.3587**	**1.9086**	**42.4501**	
Property	**13.6500**	**9.3692**	**0.4031**	**8.9661**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4192**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.3543**	**162.0735**	**6.9734**	**183.2127**	

***Medicaid Trend Adjustment :**

0 080068-00 - 2014/01

190.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Lakeland Hills Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County: **Polk[53]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2014/01**	Total Patient:	**38,300**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,329**	**Inflation**	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**31,151**	FY Index:	**1.27343864**
Class at 1/94: **South Large [4]**		Medicaid Utilization			**81.33420%**	Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**87.20401%**	Cost:	**1.05576204**
Open Date:	**8/1/1972**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**8/1/1972**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.19833101**
Entered Medicaid	**8/1/1972**	Low Occupancy Adjustment Factor:			**108.41887%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**4/1/2009**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03101730**
Previous Med #	**212865**				**7/1/2013**	**PS Target:**	**1.02809000**

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	35.3300	73.4232	45.5187			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.3300**	**73.4232**	**45.5187**	**16.7900**		171.0619
5a	Interim Adjustment	0.3704	0.1379	0.1101			
5b	Interim Adjusted Per Diem	**35.7004**	**73.5611**	**45.6288**			
6	Prior Semester: Provider Target Base	42.9156		51.8788			
7	Provider Target Rate	**44.1211**		**53.3361**			
7a	Interim Adjustment	0.3704		0.1101			
7b	Interim Adjusted Provider Target Rate	**44.4915**		**53.4462**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.7004**	**73.5611**	**45.6288**	**13.6500**		168.5403
12/13	Medicaid Adjustment Rate		2.5931	1.6085			
14	Prospective Per Diem 11	**35.7004**	**76.1542**	**47.2373**	**13.6500**		**172.7419**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080068-00 - 2014/01

190.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.7004**	**35.7004**	**1.5361**	**34.1643**	
Patient Care					
Direct Care	**76.1542**	**76.1542**	**3.2766**	**72.8776**	
Indirect Care	**47.2373**	**47.2373**	**2.0324**	**45.2049**	
Property	**13.6500**	**7.9026**	**0.3400**	**7.5626**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.6212**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.7419**	**166.9945**	**7.1851**	**190.1240**	

***Medicaid Trend Adjustment :**

0 080079-00 - 2014/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Tarpon Springs FL 34689		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,671**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,652**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,151**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1972**						
Acquired Date:	**7/1/1972**						
Entered Medicaid	**7/1/1972**						
Med # Active Date:	**4/1/2009**						
Previous Med #	**212849**						

Medicaid Utilization	**77.96799%**
Occupancy:	**88.28995%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.76900%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,658,252	2,324,962	1,268,265	545,432	0	5,796,911
1a	Audit Adjustments						
2	Cost Per Diem	54.9982	77.1106	42.0638	**18.0900**		192.2626
3	Cost Per Diem Inflated	56.6359	78.7032	43.3164			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6359**	**78.7032**	**43.3164**	**18.0900**		196.7455
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9156		51.8788			
7	Provider Target Rate	**44.1211**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1211**	**78.7032**	**43.3164**	**13.6500**		179.7907
12/13	Medicaid Adjustment Rate		2.4763	1.3629			
14	Prospective Per Diem 11	**44.1211**	**81.1795**	**44.6793**	**13.6500**		**183.6299**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080079-00 - 2014/01

206.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,785,544**
FRVS Base Asset:	**1,883,680**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**387,554**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,028,435**	**9.8314**
20% ROE(2):	**757,109**	**0.3021**
Insurance Cost(3):	**95,668**	**2.4739**
Taxes Cost(3):	**37,486**	**0.9694**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**27,847**	**0.0000**
Total FRVS PD:		**13.5768**

(1) 80% Capital ($3,028,435) amortized at 11.5000% for 20 years Principal & Interest of $387,554 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8314
(2) 20% ROE ($757,109) times the ROE factor (0.015730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3021
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1211**	**44.1211**	**1.8984**	**42.2227**	
Patient Care					
Direct Care	**81.1795**	**81.1795**	**3.4928**	**77.6867**	
Indirect Care	**44.6793**	**44.6793**	**1.9224**	**42.7569**	
Property	**13.6500**	**13.5768**	**0.5842**	**12.9926**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9344**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.6299**	**183.5567**	**7.8978**	**206.2867**	

***Medicaid Trend Adjustment :**

0 080374-00 - 2014/01

186.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hudson FL 34667		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**42,249**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,523**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,734**		
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:	**10/1/2012**						
Previous Med #	**319651**						

Medicaid Utilization	**60.91032%**
Occupancy:	**96.19536%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.59763%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,062,915	1,602,711	1,063,004	929,512	0	4,658,142
1a	Audit Adjustments						
2	Cost Per Diem	41.3039	62.2799	41.3074	**36.1200**		181.0112
3	Cost Per Diem Inflated	43.2701	63.9890	43.2738			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.2701**	**63.9890**	**43.2738**	**36.1200**		186.6529
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0917		51.8788			
7	Provider Target Rate	**48.4145**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2701**	**63.9890**	**43.2738**	**13.6500**		164.1829
12/13	Medicaid Adjustment Rate		0.7854	0.5311			
14	Prospective Per Diem 11	**43.2701**	**64.7744**	**43.8049**	**13.6500**		**165.4994**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080374-00 - 2014/01

186.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,548,890**
FRVS Base Asset:	**3,861,960**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**397,162**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,439,112**	**10.0751**
20% ROE(2):	**1,109,778**	**0.4105**
Insurance Cost(3):	**49,754**	**1.1776**
Taxes Cost(3):	**73,228**	**1.7332**
Home Office(3):	**27,602**	**0.6533**
Replacement(3&4):	**83,179**	**0.0000**
Total FRVS PD:		**14.0497**

(1) 80% Capital ($4,439,112) amortized at 6.5000% for 20 years Principal & Interest of $397,162 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0751
(2) 20% ROE ($1,109,778) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4105
(3) 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:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2701**	**43.2701**	**1.8617**	**41.4084**	
Patient Care					
Direct Care	**64.7744**	**64.7744**	**2.7870**	**61.9874**	
Indirect Care	**43.8049**	**43.8049**	**1.8848**	**41.9201**	
Property	**13.6500**	**14.0497**	**0.6045**	**13.4452**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9290**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**165.4994**	**165.8991**	**7.1380**	**186.3835**	

***Medicaid Trend Adjustment :**

0 080377-00 - 2014/01

190.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care of Brandon

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 :01/01/2014
Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
701 Victoria Street		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33510		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**42,510**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,779**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,323**		
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:	**10/1/2012**						
Previous Med #	**319660**						

Medicaid Utilization	**54.86474%**
Occupancy:	**96.78962%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.33645%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	996,660	1,426,178	999,930	870,181	0	4,292,949
1a	Audit Adjustments						
2	Cost Per Diem	42.7329	61.1490	42.8731	**37.3100**		184.0650
3	Cost Per Diem Inflated	44.7672	62.8271	44.9140			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7672**	**62.8271**	**44.9140**	**37.3100**		189.8183
5a	Interim Adjustment	0.3102	0.4451	0.3121			
5b	Interim Adjusted Per Diem	**45.0774**	**63.2722**	**45.2261**			
6	Prior Semester: Provider Target Base	53.6581		51.8788			
7	Provider Target Rate	**55.1654**		**53.3361**			
7a	Interim Adjustment	0.3102		0.3121			
7b	Interim Adjusted Provider Target Rate	**55.4756**		**53.6482**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0774**	**63.2722**	**45.2261**	**13.6500**		167.2257
12/13	Medicaid Adjustment Rate		0.3463	0.2475			
14	Prospective Per Diem 11	**45.0774**	**63.6185**	**45.4736**	**13.6500**		**167.8195**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080377-00 - 2014/01

190.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,962,717**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**567,654**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,770,174**	**14.4002**
20% ROE(2):	**1,192,543**	**0.4411**
Insurance Cost(3):	**50,506**	**1.1881**
Taxes Cost(3):	**69,041**	**1.6241**
Home Office(3):	**28,977**	**0.6817**
Replacement(3&4):	**92,175**	**0.0000**
Total FRVS PD:		**18.3352**

(1) 80% Capital ($4,770,174) amortized at 10.4000% for 20 years Principal & Interest of $567,654 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.4002
(2) 20% ROE ($1,192,543) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4411
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0774**	**45.0774**	**1.9395**	**43.1379**	
Patient Care					
Direct Care	**63.6185**	**63.6185**	**2.7373**	**60.8812**	
Indirect Care	**45.4736**	**45.4736**	**1.9566**	**43.5170**	
Property	**13.6500**	**18.3352**	**0.7889**	**17.5463**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4838**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**167.8195**	**172.5047**	**7.4223**	**190.2596**	

***Medicaid Trend Adjustment :**

0 080384-00 - 2014/01

198.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care of Jacksonville

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 :01/01/2014
Type of 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	**01/01/2012-12/31/2012**	Number of Beds: **116**	Superior: **0**
Jacksonville FL 32216	Days In CR **366**	Maximum: **42,456**	Standard: **181**
County: **Duval[16]**	First Used: **2014/01**	Max Annualized: **42,340**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2014/01**	Total Patient: **40,349**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,899**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,734**	
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: **10/1/2012**			
Previous Med # **319503**			

Medicaid Utilization	**51.38665%**
Occupancy:	**95.03722%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.15773%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,008,471	1,415,106	905,261	782,086	0	4,110,924
1a	Audit Adjustments						
2	Cost Per Diem	48.6385	68.2505	43.6607	**37.7200**		198.2697
3	Cost Per Diem Inflated	50.9539	70.1235	45.7391			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.9539**	**70.1235**	**45.7391**	**37.7200**		204.5365
5a	Interim Adjustment	0.0100	0.0220				
5b	Interim Adjusted Per Diem	**50.9639**	**70.1455**				
6	Prior Semester: Provider Target Base	52.2136		51.1059			
7	Provider Target Rate	**53.6803**		**52.5415**			
7a	Interim Adjustment	0.0100					
7b	Interim Adjusted Provider Target Rate	**53.6903**					
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**70.1455**	**45.7391**	**13.6500**		179.3388
12/13	Medicaid Adjustment Rate		0.1094	0.0714			
14	Prospective Per Diem 11	**49.8042**	**70.2549**	**45.8105**	**13.6500**		**179.5196**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080384-00 - 2014/01

198.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,353,725**
FRVS Base Asset:	**4,181,452**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**383,193**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,282,980**	**10.0560**
20% ROE(2):	**1,070,745**	**0.4097**
Insurance Cost(3):	**49,126**	**1.2175**
Taxes Cost(3):	**76,373**	**1.8928**
Home Office(3):	**31,233**	**0.7741**
Replacement(3&4):	**62,998**	**0.0000**
Total FRVS PD:		**14.3501**

(1) 80% Capital ($4,282,980) amortized at 6.5000% for 20 years Principal & Interest of $383,193 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $10.0560
(2) 20% ROE ($1,070,745) times the ROE factor (0.014580) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.4097
(3) 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:	**51,248**
		Effective PBS Limitation	**4,181,452**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**70.2549**	**70.2549**	**3.0228**	**67.2321**	
Indirect Care	**45.8105**	**45.8105**	**1.9711**	**43.8394**	
Property	**13.6500**	**14.3501**	**0.6174**	**13.7327**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0667**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.5196**	**180.2197**	**7.7542**	**198.2256**	

***Medicaid Trend Adjustment :**

0 080387-00 - 2014/01

194.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Kissimmee FL 34741		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**43,040**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,534**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,785**		
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:	**10/1/2012**						
Previous Med #	**319511**						

Medicaid Utilization	**62.23281%**
Occupancy:	**97.99635%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.83677%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,118,899	1,893,485	1,086,593	912,297	0	5,011,274
1a	Audit Adjustments						
2	Cost Per Diem	41.7733	70.6920	40.5672	**34.0600**		187.0925
3	Cost Per Diem Inflated	43.7619	72.6320	42.4984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7619**	**72.6320**	**42.4984**	**34.0600**		192.9523
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.7372		51.8788			
7	Provider Target Rate	**52.1624**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7619**	**72.6320**	**42.4984**	**13.6500**		172.5423
12/13	Medicaid Adjustment Rate		0.9996	0.5849			
14	Prospective Per Diem 11	**43.7619**	**73.6316**	**43.0833**	**13.6500**		**174.1268**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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0 080387-00 - 2014/01

194.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,663,982**
FRVS Base Asset:	**4,661,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**395,854**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,531,186**	**10.0420**
20% ROE(2):	**1,132,796**	**0.4190**
Insurance Cost(3):	**48,742**	**1.1325**
Taxes Cost(3):	**71,397**	**1.6589**
Home Office(3):	**28,401**	**0.6599**
Replacement(3&4):	**118,781**	**0.0000**
Total FRVS PD:		**13.9123**

(1) 80% Capital ($4,531,186) amortized at 6.2000% for 20 years Principal & Interest of $395,854 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0420
(2) 20% ROE ($1,132,796) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4190
(3) 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:	**51,248**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7619**	**43.7619**	**1.8829**	**41.8790**	
Patient Care					
Direct Care	**73.6316**	**73.6316**	**3.1681**	**70.4635**	
Indirect Care	**43.0833**	**43.0833**	**1.8537**	**41.2296**	
Property	**13.6500**	**13.9123**	**0.5986**	**13.3137**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4674**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**174.1268**	**174.3891**	**7.5033**	**194.0466**	

***Medicaid Trend Adjustment :**

7

0 080391-00 - 2014/01

185.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Rd	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Lakeland FL 33809	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Polk[53]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **41,180**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **7,054**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **27,077**	
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: **10/1/2012**			
Previous Med # **319953**			

Medicaid Utilization	**65.75279%**
Occupancy:	**93.76138%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.57152%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,177,741	1,758,646	1,021,547	1,363,868	0	5,321,802
1a	Audit Adjustments						
2	Cost Per Diem	43.4960	64.9498	37.7275	**50.3700**		196.5433
3	Cost Per Diem Inflated	45.5666	66.7322	39.5235			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5666**	**66.7322**	**39.5235**	**50.3700**		202.1923
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4278		51.8788			
7	Provider Target Rate	**55.9567**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5666**	**66.7322**	**39.5235**	**13.6500**		165.4723
12/13	Medicaid Adjustment Rate		1.1826	0.7004			
14	Prospective Per Diem 11	**45.5666**	**67.9148**	**40.2239**	**13.6500**		**167.3553**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080391-00 - 2014/01

185.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,079,683**
FRVS Base Asset:	**2,134,715**
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:	**274,927**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,263,746**	**6.9743**
20% ROE(2):	**815,937**	**0.3018**
Insurance Cost(3):	**57,309**	**1.3917**
Taxes Cost(3):	**60,169**	**1.4611**
Home Office(3):	**26,307**	**0.6388**
Replacement(3&4):	**70,014**	**0.0000**
Total FRVS PD:		**10.7677**

(1) 80% Capital ($3,263,746) amortized at 8.5000% for 20 years Interest of $274,927 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.9743
(2) 20% ROE ($815,937) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3018
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5666**	**45.5666**	**1.9606**	**43.6060**	
Patient Care					
Direct Care	**67.9148**	**67.9148**	**2.9221**	**64.9927**	
Indirect Care	**40.2239**	**40.2239**	**1.7307**	**38.4932**	
Property	**13.6500**	**10.7677**	**0.4633**	**10.3044**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4710**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**167.3553**	**164.4730**	**7.0767**	**185.5607**	

***Medicaid Trend Adjustment :**

0 080393-00 - 2014/01

188.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care of Lake Parker

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lakeland FL 33805		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**41,953**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,730**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,712**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**56.52039%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.52140%**	Cost:	**1.04760401**
Open Date:	**4/12/1990**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**4/12/1990**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**5/14/1990**	Low Occupancy Adjustment Factor:			**118.75972%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02744283**
Previous Med #	**319678**	Interim Component Effective date:			**1/1/2014**	**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,011,120	1,508,522	911,674	898,685	0	4,330,001
1a	Audit Adjustments						
2	Cost Per Diem	42.6417	63.6185	38.4478	**37.9000**		182.6080
3	Cost Per Diem Inflated	44.6716	65.3644	40.2781			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6716**	**65.3644**	**40.2781**	**37.9000**		188.2141
5a	Interim Adjustment	0.0300	0.0373	0.0225			
5b	Interim Adjusted Per Diem	**44.7016**	**65.4017**	**40.3006**			
6	Prior Semester: Provider Target Base	52.9962		51.8788			
7	Provider Target Rate	**54.4849**		**53.3361**			
7a	Interim Adjustment	0.0300		0.0225			
7b	Interim Adjusted Provider Target Rate	**54.5149**		**53.3586**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7016**	**65.4017**	**40.3006**	**13.6500**		164.0539
12/13	Medicaid Adjustment Rate		0.4798	0.2956			
14	Prospective Per Diem 11	**44.7016**	**65.8815**	**40.5962**	**13.6500**		**164.8293**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080393-00 - 2014/01

188.01

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,001,380**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**571,334**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,801,104**	**14.4935**
20% ROE(2):	**1,200,276**	**0.4439**
Insurance Cost(3):	**53,444**	**1.2739**
Taxes Cost(3):	**57,410**	**1.3684**
Home Office(3):	**27,753**	**0.6615**
Replacement(3&4):	**57,546**	**0.0000**
Total FRVS PD:		**18.2412**

(1) 80% Capital ($4,801,104) amortized at 10.4000% for 20 years Principal & Interest of $571,334 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.4935
(2) 20% ROE ($1,200,276) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4439
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7016**	**44.7016**	**1.9233**	**42.7783**	
Patient Care					
Direct Care	**65.8815**	**65.8815**	**2.8346**	**63.0469**	
Indirect Care	**40.5962**	**40.5962**	**1.7467**	**38.8495**	
Property	**13.6500**	**18.2412**	**0.7848**	**17.4564**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1820**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**164.8293**	**169.4205**	**7.2894**	**188.0065**	

***Medicaid Trend Adjustment :**

0 080394-00 - 2014/01

191.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care 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	
3033 Sarno Road		**01/01/2012-12/31/2012**		Number of Beds:	**167**	Superior:	**0**
Melbourne FL 32934		Days In CR	**366**	Maximum:	**61,122**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**54,081**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,097**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,784**		
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:	**10/1/2012**						
Previous Med #	**319520**						

Medicaid Utilization	**42.12940%**
Occupancy:	**88.48042%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.00581%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	933,207	1,489,256	1,016,279	872,855	0	4,311,597
1a	Audit Adjustments						
2	Cost Per Diem	40.9589	65.3641	44.6049	**38.3100**		189.2379
3	Cost Per Diem Inflated	42.9087	67.1579	46.7283			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9087**	**67.1579**	**46.7283**	**38.3100**		195.1049
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6719		53.1266			
7	Provider Target Rate	**54.1515**		**54.6189**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9087**	**67.1579**	**46.7283**	**13.6500**		170.4449
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.9087**	**67.1579**	**46.7283**	**13.6500**		**170.4449**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080394-00 - 2014/01

191.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care of 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	**7,521,782**
FRVS Base Asset:	**5,597,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**716,077**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,017,426**	**13.0529**
20% ROE(2):	**1,504,356**	**0.3998**
Insurance Cost(3):	**50,060**	**0.9256**
Taxes Cost(3):	**89,185**	**1.6491**
Home Office(3):	**37,775**	**0.6985**
Replacement(3&4):	**97,283**	**0.0000**
Total FRVS PD:		**16.7259**

(1) 80% Capital ($6,017,426) amortized at 10.4000% for 20 years Principal & Interest of $716,077 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $13.0529
(2) 20% ROE ($1,504,356) times the ROE factor (0.014580) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $0.3998
(3) 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:	**51,248**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9087**	**42.9087**	**1.8462**	**41.0625**	
Patient Care					
Direct Care	**67.1579**	**67.1579**	**2.8895**	**64.2684**	
Indirect Care	**46.7283**	**46.7283**	**2.0105**	**44.7178**	
Property	**13.6500**	**16.7259**	**0.7197**	**16.0062**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7706**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**170.4449**	**173.5208**	**7.4659**	**191.5189**	

***Medicaid Trend Adjustment :**

0 080397-00 - 2014/01

180.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Old County Road 54	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
New Port Richey FL 34653	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Pasco[51]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2014/01**	Total Patient: **42,215**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,545**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **28,158**	
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: **10/1/2012**			
Previous Med # **319970**			

Medicaid Utilization	**66.70141%**
Occupancy:	**96.11794%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.50138%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,235,516	1,741,726	1,016,651	1,476,042	0	5,469,935
1a	Audit Adjustments						
2	Cost Per Diem	43.8780	61.8555	36.1052	**52.4200**		194.2587
3	Cost Per Diem Inflated	45.9668	63.5530	37.8240			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9668**	**63.5530**	**37.8240**	**52.4200**		199.7638
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2133		51.8788			
7	Provider Target Rate	**49.5676**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9668**	**63.5530**	**37.8240**	**13.6500**		160.9938
12/13	Medicaid Adjustment Rate		1.1941	0.7107			
14	Prospective Per Diem 11	**45.9668**	**64.7471**	**38.5347**	**13.6500**		**162.8986**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080397-00 - 2014/01

180.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,937,064**
FRVS Base Asset:	**2,097,277**
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:	**265,316**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,149,651**	**6.7305**
20% ROE(2):	**787,413**	**0.2912**
Insurance Cost(3):	**63,332**	**1.5002**
Taxes Cost(3):	**55,092**	**1.3050**
Home Office(3):	**25,377**	**0.6011**
Replacement(3&4):	**117,090**	**0.0000**
Total FRVS PD:		**10.4280**

(1) 80% Capital ($3,149,651) amortized at 8.5000% for 20 years Interest of $265,316 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.7305
(2) 20% ROE ($787,413) times the ROE factor (0.014580) 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9668**	**45.9668**	**1.9778**	**43.9890**	
Patient Care					
Direct Care	**64.7471**	**64.7471**	**2.7858**	**61.9613**	
Indirect Care	**38.5347**	**38.5347**	**1.6580**	**36.8767**	
Property	**13.6500**	**10.4280**	**0.4487**	**9.9793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2635**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**162.8986**	**159.6766**	**6.8703**	**180.7632**	

***Medicaid Trend Adjustment :**

0 080400-00 - 2014/01

183.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care of North Ft. Myers

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
North Ft. Myers FL 33903		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Lee[36]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,863**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**7,807**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**23,909**		
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: **10/1/2012**							
Previous Med # **320111**							

		Inflation	
Medicaid Utilization	**58.51014%**	FY Index:	**1.28335532**
Occupancy:	**93.03962%**	Semester Index:	**1.34444818**
Statewide Low Occupancy Threshold:	**80.43250%**	Cost:	**1.04760401**
Medicaid Low Occupancy Threshold:	**41.71220%**	Target:	**1.01966300**
Low Occupancy Adjustment Factor:	**115.67416%**	**DC FY Index:**	**1.20250000**
Weighted Low Occ Adjustment Factor:	**100.00000%**	**DC Sem Index:**	**1.23550000**
Interim Component Effective date:	**1/1/2014**	**DC Inflation:**	**1.02744283**
		PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,022,287	1,505,201	934,871	1,222,706	0	4,685,065
1a	Audit Adjustments						
2	Cost Per Diem	42.7574	62.9554	39.1012	**51.1400**		195.9540
3	Cost Per Diem Inflated	44.7928	64.6831	40.9626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7928**	**64.6831**	**40.9626**	**51.1400**		201.5785
5a	Interim Adjustment	0.4814	0.6976	0.4334			
5b	Interim Adjusted Per Diem	**45.2742**	**65.3807**	**41.3960**			
6	Prior Semester: Provider Target Base	51.0719		53.9513			
7	Provider Target Rate	**52.5065**		**55.4668**			
7a	Interim Adjustment	0.4814		0.4334			
7b	Interim Adjusted Provider Target Rate	**52.9879**		**55.9002**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2742**	**65.3807**	**41.3960**	**13.6500**		165.7009
12/13	Medicaid Adjustment Rate		0.6259	0.3963			
14	Prospective Per Diem 11	**45.2742**	**66.0066**	**41.7923**	**13.6500**		**166.7231**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080400-00 - 2014/01

183.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,783,658**
FRVS Base Asset:	**2,181,402**
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:	**254,978**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,026,926**	**6.4682**
20% ROE(2):	**756,732**	**0.2799**
Insurance Cost(3):	**62,421**	**1.5276**
Taxes Cost(3):	**68,038**	**1.6650**
Home Office(3):	**27,434**	**0.6714**
Replacement(3&4):	**79,277**	**0.0000**
Total FRVS PD:		**10.6121**

(1) 80% Capital ($3,026,926) amortized at 8.5000% for 20 years Interest of $254,978 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.4682
(2) 20% ROE ($756,732) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2799
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2742**	**45.2742**	**1.9480**	**43.3262**	
Patient Care					
Direct Care	**66.0066**	**66.0066**	**2.8400**	**63.1666**	
Indirect Care	**41.7923**	**41.7923**	**1.7982**	**39.9941**	
Property	**13.6500**	**10.6121**	**0.4566**	**10.1555**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0803**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.7231**	**163.6852**	**7.0428**	**183.4161**	

***Medicaid Trend Adjustment :**

0 080402-00 - 2014/01

185.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Orange Park FL 32073	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Clay[10]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2014/01**	Total Patient: **42,168**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **7,563**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **26,276**	
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: **10/1/2012**			
Previous Med # **319538**			

Medicaid Utilization	**62.31265%**
Occupancy:	**96.01093%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.36833%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,947	1,588,276	1,080,213	955,133	0	4,705,569
1a	Audit Adjustments						
2	Cost Per Diem	41.1762	60.4459	41.1103	**36.3500**		179.0824
3	Cost Per Diem Inflated	43.1364	62.1047	43.0673			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1364**	**62.1047**	**43.0673**	**36.3500**		184.6584
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1022		49.8062			
7	Provider Target Rate	**58.7062**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1364**	**62.1047**	**43.0673**	**13.6500**		161.9584
12/13	Medicaid Adjustment Rate		0.8603	0.5966			
14	Prospective Per Diem 11	**43.1364**	**62.9650**	**43.6639**	**13.6500**		**163.4153**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080402-00 - 2014/01

185.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,088,522**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**435,786**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,870,818**	**11.0549**
20% ROE(2):	**1,217,704**	**0.4504**
Insurance Cost(3):	**49,327**	**1.1698**
Taxes Cost(3):	**45,616**	**1.0818**
Home Office(3):	**27,893**	**0.6615**
Replacement(3&4):	**43,270**	**0.0000**
Total FRVS PD:		**14.4184**

(1) 80% Capital ($4,870,818) amortized at 6.5000% for 20 years Principal & Interest of $435,786 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0549
(2) 20% ROE ($1,217,704) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4504
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1364**	**43.1364**	**1.8560**	**41.2804**	
Patient Care					
Direct Care	**62.9650**	**62.9650**	**2.7091**	**60.2559**	
Indirect Care	**43.6639**	**43.6639**	**1.8787**	**41.7852**	
Property	**13.6500**	**14.4184**	**0.6204**	**13.7980**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8134**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**163.4153**	**164.1837**	**7.0642**	**185.6263**	

***Medicaid Trend Adjustment :**

0 080405-00 - 2014/01

188.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Pensacola FL 32505	Days In CR **366**	Maximum: **43,920**	Standard: **158**
County: **Escambia[17]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **23**
Region: **North [1]** Area: **1**	Last Used: **2014/01**	Total Patient: **42,122**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **9,411**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **23,861**	
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: **10/1/2012**			
Previous Med # **319686**			

Medicaid Utilization	**56.64736%**
Occupancy:	**95.90619%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.23811%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,050,112	1,506,817	940,308	808,172	0	4,305,409
1a	Audit Adjustments						
2	Cost Per Diem	44.0096	63.1498	39.4077	**33.8700**		180.4371
3	Cost Per Diem Inflated	46.1046	64.8828	41.2837			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1046**	**64.8828**	**41.2837**	**33.8700**		186.1411
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.6271		49.9232			
7	Provider Target Rate	**59.2458**		**51.3255**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1046**	**64.8828**	**41.2837**	**13.6500**		165.9211
12/13	Medicaid Adjustment Rate		0.4236	0.2695			
14	Prospective Per Diem 11	**46.1046**	**65.3064**	**41.5532**	**13.6500**		**166.6142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080405-00 - 2014/01

188.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,631,392**
FRVS Base Asset:	**4,383,120**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**536,111**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,505,114**	**13.6000**
20% ROE(2):	**1,126,278**	**0.4166**
Insurance Cost(3):	**49,208**	**1.1682**
Taxes Cost(3):	**45,420**	**1.0783**
Home Office(3):	**27,906**	**0.6625**
Replacement(3&4):	**36,779**	**0.0000**
Total FRVS PD:		**16.9256**

(1) 80% Capital ($4,505,114) amortized at 10.4000% for 20 years Principal & Interest of $536,111 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6000
(2) 20% ROE ($1,126,278) times the ROE factor (0.014580) 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:	**7/1/1996**	Used Per Bed Standard:	**36,526**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,383,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1046**	**46.1046**	**1.9837**	**44.1209**	
Patient Care					
Direct Care	**65.3064**	**65.3064**	**2.8099**	**62.4965**	
Indirect Care	**41.5532**	**41.5532**	**1.7879**	**39.7653**	
Property	**13.6500**	**16.9256**	**0.7282**	**16.1974**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6727**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.6142**	**169.8898**	**7.3097**	**188.9462**	

***Medicaid Trend Adjustment :**

0 080406-00 - 2014/01

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 01/01/2014 through 06/30/2014

Consulate Health Care of Safety Harbor

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 :01/01/2014

Type of 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 Dr. Martin Luther King J		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Safety Harbor FL 34695		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**42,431**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,902**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,819**	FY Index:	**1.28335532**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**72.63322%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**96.60975%**	Cost:	**1.04760401**
Open Date:	**9/1/1985**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**9/1/1985**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**9/1/1985**	Low Occupancy Adjustment Factor:			**120.11282%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/1/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02744283**
Previous Med #	**319694**	Interim Component Effective date:			**1/1/2014**	**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,338,533	1,986,970	1,155,969	1,103,320	0	5,584,792
1a	Audit Adjustments						
2	Cost Per Diem	43.4321	64.4722	37.5083	**35.8000**		181.2126
3	Cost Per Diem Inflated	45.4996	66.2415	39.2938			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4996**	**66.2415**	**39.2938**	**35.8000**		186.8349
5a	Interim Adjustment	0.0400	0.0648	0.0377			
5b	Interim Adjusted Per Diem	**45.5396**	**66.3063**	**39.3315**			
6	Prior Semester: Provider Target Base	52.2579		51.8788			
7	Provider Target Rate	**53.7258**		**53.3361**			
7a	Interim Adjustment	0.0400		0.0377			
7b	Interim Adjusted Provider Target Rate	**53.7658**		**53.3738**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5396**	**66.3063**	**39.3315**	**13.6500**		164.8274
12/13	Medicaid Adjustment Rate		1.6883	1.0015			
14	Prospective Per Diem 11	**45.5396**	**67.9946**	**40.3330**	**13.6500**		**167.5172**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080406-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,918,289**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**423,602**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,734,631**	**10.7459**
20% ROE(2):	**1,183,658**	**0.4378**
Insurance Cost(3):	**48,369**	**1.1399**
Taxes Cost(3):	**43,450**	**1.0240**
Home Office(3):	**24,849**	**0.5856**
Replacement(3&4):	**97,083**	**0.0000**
Total FRVS PD:		**13.9332**

(1) 80% Capital ($4,734,631) amortized at 6.5000% for 20 years Principal & Interest of $423,602 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7459
(2) 20% ROE ($1,183,658) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4378
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5396**	**45.5396**	**1.9594**	**43.5802**	
Patient Care					
Direct Care	**67.9946**	**67.9946**	**2.9255**	**65.0691**	
Indirect Care	**40.3330**	**40.3330**	**1.7354**	**38.5976**	
Property	**13.6500**	**13.9332**	**0.5995**	**13.3337**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3955**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**167.5172**	**167.8004**	**7.2198**	**190.6695**	

***Medicaid Trend Adjustment :**

0 080409-00 - 2014/01

197.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33777		Days In CR	**366**	Maximum:	**43,920**	Standard:	**163**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**18**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**40,619**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,573**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**25,173**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1995**						
Acquired Date:	**11/3/1995**						
Entered Medicaid	**11/3/1995**						
Med # Active Date:	**10/1/2012**						
Previous Med #	**319708**						

Medicaid Utilization	**61.97346%**
Occupancy:	**92.48406%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.98345%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,112,191	1,688,882	1,138,490	972,433	0	4,911,996
1a	Audit Adjustments						
2	Cost Per Diem	44.1819	67.0910	45.2266	**38.6300**		195.1295
3	Cost Per Diem Inflated	46.2851	68.9322	47.3796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2851**	**68.9322**	**47.3796**	**38.6300**		201.2269
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.4354		51.8788			
7	Provider Target Rate	**50.8240**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2851**	**68.9322**	**47.3796**	**13.6500**		176.2469
12/13	Medicaid Adjustment Rate		0.8362	0.5747			
14	Prospective Per Diem 11	**46.2851**	**69.7684**	**47.9543**	**13.6500**		**177.6578**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080409-00 - 2014/01

197.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,702,984**
FRVS Base Asset:	**4,188,480**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**408,191**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,562,387**	**10.3549**
20% ROE(2):	**1,140,597**	**0.4219**
Insurance Cost(3):	**51,368**	**1.2646**
Taxes Cost(3):	**73,689**	**1.8142**
Home Office(3):	**28,686**	**0.7062**
Replacement(3&4):	**82,134**	**0.0000**
Total FRVS PD:		**14.5618**

(1) 80% Capital ($4,562,387) amortized at 6.5000% for 20 years Principal & Interest of $408,191 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3549
(2) 20% ROE ($1,140,597) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4219
(3) 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:	**51,248**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2851**	**46.2851**	**1.9915**	**44.2936**	
Patient Care					
Direct Care	**69.7684**	**69.7684**	**3.0019**	**66.7665**	
Indirect Care	**47.9543**	**47.9543**	**2.0633**	**45.8910**	
Property	**13.6500**	**14.5618**	**0.6265**	**13.9353**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3153**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.6578**	**178.5696**	**7.6832**	**197.8951**	

***Medicaid Trend Adjustment :**

0 080413-00 - 2014/01

217.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **81**	Superior: **0**
Sarasota FL 34232	Days In CR **366**	Maximum: **29,646**	Standard: **181**
County: **Sarasota[58]**	First Used: **2014/01**	Max Annualized: **29,565**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2014/01**	Total Patient: **27,187**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,902**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **18,592**	
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: **10/1/2012**			
Previous Med # **320137**			

Medicaid Utilization	**68.38563%**
Occupancy:	**91.70546%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.01544%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	928,931	1,411,914	876,827	744,981	0	3,962,653
1a	Audit Adjustments						
2	Cost Per Diem	49.9640	75.9420	47.1615	**40.0700**		213.1375
3	Cost Per Diem Inflated	52.3425	78.0261	49.4066			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.3425**	**78.0261**	**49.4066**	**40.0700**		219.8452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0553		65.8973			
7	Provider Target Rate	**63.7984**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.3425**	**78.0261**	**49.4066**	**13.6500**		193.4252
12/13	Medicaid Adjustment Rate		1.6139	1.0219			
14	Prospective Per Diem 11	**52.3425**	**79.6400**	**50.4285**	**13.6500**		**196.0610**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080413-00 - 2014/01

217.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,904,491**
FRVS Base Asset:	**3,033,045**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**279,464**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,123,593**	**10.5028**
20% ROE(2):	**780,898**	**0.4279**
Insurance Cost(3):	**50,350**	**1.8520**
Taxes Cost(3):	**52,004**	**1.9128**
Home Office(3):	**19,500**	**0.7173**
Replacement(3&4):	**56,467**	**0.0000**
Total FRVS PD:		**15.4128**

(1) 80% Capital ($3,123,593) amortized at 6.5000% for 20 years Principal & Interest of $279,464 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $10.5028
(2) 20% ROE ($780,898) times the ROE factor (0.014580) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.4279
(3) 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:	**51,248**
		Effective PBS Limitation	**3,033,045**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.3425**	**52.3425**	**2.2521**	**50.0904**	
Patient Care					
Direct Care	**79.6400**	**79.6400**	**3.4266**	**76.2134**	
Indirect Care	**50.4285**	**50.4285**	**2.1697**	**48.2588**	
Property	**13.6500**	**15.4128**	**0.6632**	**14.7496**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5466**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.0610**	**197.8238**	**8.5116**	**217.5522**	

***Medicaid Trend Adjustment :**

0 080416-00 - 2014/01

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 01/01/2014 through 06/30/2014

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 Cochran Boulevard		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33948		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,684**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,938**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,665**		
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:	**10/1/2012**						
Previous Med #	**320129**						

Medicaid Utilization	**60.62580%**
Occupancy:	**92.63206%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.16745%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,124,170	1,691,533	1,036,432	940,476	0	4,792,611
1a	Audit Adjustments						
2	Cost Per Diem	45.5775	68.5803	42.0204	**38.1300**		194.3082
3	Cost Per Diem Inflated	47.7472	70.4623	44.0207			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.7472**	**70.4623**	**44.0207**	**38.1300**		200.3602
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2919		53.9513			
7	Provider Target Rate	**54.7889**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7472**	**70.4623**	**44.0207**	**13.6500**		175.8802
12/13	Medicaid Adjustment Rate		0.8423	0.5262			
14	Prospective Per Diem 11	**47.7472**	**71.3046**	**44.5469**	**13.6500**		**177.2487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080416-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,387,520**
FRVS Base Asset:	**4,306,175**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**385,612**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,310,016**	**9.7821**
20% ROE(2):	**1,077,504**	**0.3985**
Insurance Cost(3):	**48,686**	**1.1967**
Taxes Cost(3):	**94,065**	**2.3121**
Home Office(3):	**26,821**	**0.6593**
Replacement(3&4):	**76,881**	**0.0000**
Total FRVS PD:		**14.3487**

(1) 80% Capital ($4,310,016) amortized at 6.5000% for 20 years Principal & Interest of $385,612 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7821
(2) 20% ROE ($1,077,504) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3985
(3) 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:	**51,248**
		Effective PBS Limitation	**4,306,175**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7472**	**47.7472**	**2.0544**	**45.6928**	
Patient Care					
Direct Care	**71.3046**	**71.3046**	**3.0680**	**68.2366**	
Indirect Care	**44.5469**	**44.5469**	**1.9167**	**42.6302**	
Property	**13.6500**	**14.3487**	**0.6174**	**13.7313**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5782**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.2487**	**177.9474**	**7.6565**	**197.5625**	

***Medicaid Trend Adjustment :**

0 080428-00 - 2014/01

183.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Leon[37]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**42,175**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**12,976**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**18,614**		
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: **10/1/2012**							
Previous Med # **319716**							

Medicaid Utilization	**44.13515%**
Occupancy:	**96.02687%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.38814%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,364	1,142,470	829,303	642,741	0	3,364,878
1a	Audit Adjustments						
2	Cost Per Diem	40.3118	61.3769	44.5526	**34.5300**		180.7713
3	Cost Per Diem Inflated	42.2308	63.0613	46.6735			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2308**	**63.0613**	**46.6735**	**34.5300**		186.4956
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2287		58.4085			
7	Provider Target Rate	**52.6677**		**60.0492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2308**	**63.0613**	**46.6735**	**13.6500**		165.6156
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.2308**	**63.0613**	**46.6735**	**13.6500**		**165.6156**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080428-00 - 2014/01

183.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,443,758**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**518,248**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,355,006**	**13.1468**
20% ROE(2):	**1,088,752**	**0.4027**
Insurance Cost(3):	**48,800**	**1.1571**
Taxes Cost(3):	**58,540**	**1.3880**
Home Office(3):	**29,040**	**0.6886**
Replacement(3&4):	**354,327**	**0.0000**
Total FRVS PD:		**16.7832**

(1) 80% Capital ($4,355,006) amortized at 10.4000% for 20 years Principal & Interest of $518,248 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1468
(2) 20% ROE ($1,088,752) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4027
(3) 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:	**51,248**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2308**	**42.2308**	**1.8170**	**40.4138**	
Patient Care					
Direct Care	**63.0613**	**63.0613**	**2.7133**	**60.3480**	
Indirect Care	**46.6735**	**46.6735**	**2.0082**	**44.6653**	
Property	**13.6500**	**16.7832**	**0.7221**	**16.0611**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3992**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**165.6156**	**168.7488**	**7.2606**	**183.5808**	

***Medicaid Trend Adjustment :**

0 080430-00 - 2014/01

192.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**159**	Superior:	**0**
Vero Beach FL 32960		Days In CR	**366**	Maximum:	**58,194**	Standard:	**181**
County:	**Indian River[31]**	First Used:	**2014/01**	Max Annualized:	**58,035**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**54,036**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,326**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**35,803**		
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:	**10/1/2012**						
Previous Med #	**320145**						

Medicaid Utilization	**66.25768%**
Occupancy:	**92.85493%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.44455%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,543,543	2,450,823	1,421,297	1,897,917	0	7,313,580
1a	Audit Adjustments						
2	Cost Per Diem	43.1121	68.4530	39.6977	**53.0100**		204.2728
3	Cost Per Diem Inflated	45.1644	70.3315	41.5875			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1644**	**70.3315**	**41.5875**	**53.0100**		210.0934
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7259		53.9513			
7	Provider Target Rate	**53.1789**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1644**	**70.3315**	**41.5875**	**13.6500**		170.7334
12/13	Medicaid Adjustment Rate		1.2864	0.7606			
14	Prospective Per Diem 11	**45.1644**	**71.6179**	**42.3481**	**13.6500**		**172.7804**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080430-00 - 2014/01

192.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,309,050**
FRVS Base Asset:	**2,240,349**
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:	**492,551**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,847,240**	**9.4302**
20% ROE(2):	**1,461,810**	**0.4081**
Insurance Cost(3):	**55,309**	**1.0236**
Taxes Cost(3):	**82,881**	**1.5338**
Home Office(3):	**34,703**	**0.6422**
Replacement(3&4):	**152,764**	**0.0000**
Total FRVS PD:		**13.0379**

(1) 80% Capital ($5,847,240) amortized at 8.5000% for 20 years Interest of $492,551 divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $9.4302
(2) 20% ROE ($1,461,810) times the ROE factor (0.014580) divided by annual available days (58,035) divided by Occup. Adj. (0.9000) = $0.4081
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1644**	**45.1644**	**1.9433**	**43.2211**	
Patient Care					
Direct Care	**71.6179**	**71.6179**	**3.0814**	**68.5365**	
Indirect Care	**42.3481**	**42.3481**	**1.8221**	**40.5260**	
Property	**13.6500**	**13.0379**	**0.5610**	**12.4769**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3530**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.7804**	**172.1683**	**7.4078**	**192.8069**	

***Medicaid Trend Adjustment :**

0 080431-00 - 2014/01

195.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care at 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 West Town Pkwy	**01/01/2012-12/31/2012**	Number of Beds: **116**	Superior: **0**
Altamonte Springs FL 32714	Days In CR **366**	Maximum: **42,456**	Standard: **181**
County: **Seminole[59]**	First Used: **2014/01**	Max Annualized: **42,340**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2014/01**	Total Patient: **40,578**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **8,892**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **19,120**	
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: **10/1/2012**			
Previous Med # **319546**			

Medicaid Utilization	**47.11913%**
Occupancy:	**95.57660%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.82833%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	819,866	1,277,254	850,479	694,821	0	3,642,420
1a	Audit Adjustments						
2	Cost Per Diem	42.8800	66.8020	44.4811	**36.3400**		190.5031
3	Cost Per Diem Inflated	44.9213	68.6352	46.5986			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9213**	**68.6352**	**46.5986**	**36.3400**		196.4951
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2842		53.9084			
7	Provider Target Rate	**57.8652**		**55.4227**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9213**	**68.6352**	**46.5986**	**13.6500**		173.8051
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.9213**	**68.6352**	**46.5986**	**13.6500**		**173.8051**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080431-00 - 2014/01

195.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Consulate Health Care at 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	**5,222,167**
FRVS Base Asset:	**3,757,815**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**497,153**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,177,734**	**13.0466**
20% ROE(2):	**1,044,433**	**0.3996**
Insurance Cost(3):	**48,221**	**1.1884**
Taxes Cost(3):	**68,537**	**1.6890**
Home Office(3):	**29,478**	**0.7265**
Replacement(3&4):	**51,415**	**0.0000**
Total FRVS PD:		**17.0501**

(1) 80% Capital ($4,177,734) amortized at 10.4000% for 20 years Principal & Interest of $497,153 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $13.0466
(2) 20% ROE ($1,044,433) times the ROE factor (0.014580) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.3996
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1993**	Used Per Bed Standard:	**33,255**
Comparison Bed	**113**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,757,815**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9213**	**44.9213**	**1.9328**	**42.9885**	
Patient Care					
Direct Care	**68.6352**	**68.6352**	**2.9531**	**65.6821**	
Indirect Care	**46.5986**	**46.5986**	**2.0050**	**44.5936**	
Property	**13.6500**	**17.0501**	**0.7336**	**16.3165**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2504**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.8051**	**177.2052**	**7.6245**	**195.5245**	

***Medicaid Trend Adjustment :**

0 080432-00 - 2014/01

205.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Davis Road		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
West Palm Beach FL 33406		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Palm Beach[50]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2014/01**	Total Patient:	**42,340**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,254**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**26,551**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **3/18/1985**							
Acquired Date: **3/18/1985**							
Entered Medicaid **3/18/1985**							
Med # Active Date: **10/1/2012**							
Previous Med # **320153**							

Medicaid Utilization	**62.70902%**
Occupancy:	**96.40255%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.85523%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,186,644	1,995,841	1,221,562	1,294,096	0	5,698,143
1a	Audit Adjustments						
2	Cost Per Diem	44.6930	75.1701	46.0081	**48.7400**		214.6112
3	Cost Per Diem Inflated	46.8206	77.2330	48.1983			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8206**	**77.2330**	**48.1983**	**48.7400**		220.9919
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.9936		56.1807			
7	Provider Target Rate	**64.7631**		**57.7588**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8206**	**77.2330**	**48.1983**	**13.6500**		185.9019
12/13	Medicaid Adjustment Rate		1.1043	0.6891			
14	Prospective Per Diem 11	**46.8206**	**78.3373**	**48.8874**	**13.6500**		**187.6953**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080432-00 - 2014/01

205.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,475,770**
FRVS Base Asset:	**2,282,012**
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:	**301,619**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,580,616**	**7.6514**
20% ROE(2):	**895,154**	**0.3311**
Insurance Cost(3):	**61,363**	**1.4493**
Taxes Cost(3):	**84,886**	**2.0049**
Home Office(3):	**29,991**	**0.7083**
Replacement(3&4):	**320,433**	**0.0000**
Total FRVS PD:		**12.1450**

(1) 80% Capital ($3,580,616) amortized at 8.5000% for 20 years Interest of $301,619 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6514
(2) 20% ROE ($895,154) times the ROE factor (0.014580) divided by annual available days (43,800) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8206**	**46.8206**	**2.0145**	**44.8061**	
Patient Care					
Direct Care	**78.3373**	**78.3373**	**3.3706**	**74.9667**	
Indirect Care	**48.8874**	**48.8874**	**2.1034**	**46.7840**	
Property	**13.6500**	**12.1450**	**0.5226**	**11.6224**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1591**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.6953**	**186.1903**	**8.0111**	**205.0317**	

***Medicaid Trend Adjustment :**

0 080434-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33881		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Polk[53]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,894**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**10,525**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**15,627**		
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:	**10/1/2012**						
Previous Med #	**319724**						

Medicaid Utilization	**39.17130%**
Occupancy:	**90.83334%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.93114%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,618	1,077,822	748,082	593,045	0	3,089,567
1a	Audit Adjustments						
2	Cost Per Diem	42.9141	68.9718	47.8711	**37.9500**		197.7070
3	Cost Per Diem Inflated	44.9570	70.8646	50.1500			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9570**	**70.8646**	**50.1500**	**37.9500**		203.9216
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7026		51.8788			
7	Provider Target Rate	**49.0426**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9570**	**70.8646**	**50.1500**	**13.6500**		179.6216
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.9570**	**70.8646**	**50.1500**	**13.6500**		**179.6216**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080434-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,458,968**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**381,525**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,367,174**	**9.6785**
20% ROE(2):	**1,091,794**	**0.4038**
Insurance Cost(3):	**48,934**	**1.2266**
Taxes Cost(3):	**77,173**	**1.9345**
Home Office(3):	**31,388**	**0.7868**
Replacement(3&4):	**54,477**	**0.0000**
Total FRVS PD:		**14.0302**

(1) 80% Capital ($4,367,174) amortized at 6.2000% for 20 years Principal & Interest of $381,525 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6785
(2) 20% ROE ($1,091,794) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4038
(3) 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:	**51,248**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9570**	**44.9570**	**1.9343**	**43.0227**	
Patient Care					
Direct Care	**70.8646**	**70.8646**	**3.0490**	**67.8156**	
Indirect Care	**50.1500**	**50.1500**	**2.1578**	**47.9922**	
Property	**13.6500**	**14.0302**	**0.6037**	**13.4265**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.7817**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.6216**	**180.0018**	**7.7448**	**195.7321**	

***Medicaid Trend Adjustment :**

0 080436-00 - 2014/01

205.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Franco Nursing and Rehabilitation Center

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 :01/01/2014

Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33150		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**39,806**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,278**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**23,665**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/4/1996**						
Acquired Date:	**1/4/1996**						
Entered Medicaid	**1/4/1996**						
Med # Active Date:	**10/1/2012**						
Previous Med #	**319554**						

Medicaid Utilization	**59.45084%**
Occupancy:	**90.63297%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.68202%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,012,550	1,618,898	1,252,210	878,681	0	4,762,339
1a	Audit Adjustments						
2	Cost Per Diem	42.7868	68.4090	52.9140	**37.1300**		201.2398
3	Cost Per Diem Inflated	44.8236	70.2863	55.4329			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8236**	**70.2863**	**55.4329**	**37.1300**		207.6728
5a	Interim Adjustment	0.2000	0.3221	0.2493			
5b	Interim Adjusted Per Diem	**45.0236**	**70.6084**	**55.6822**			
6	Prior Semester: Provider Target Base	53.9511		53.9513			
7	Provider Target Rate	**55.4666**		**55.4668**			
7a	Interim Adjustment	0.2000		0.2493			
7b	Interim Adjusted Provider Target Rate	**55.6666**		**55.7161**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0236**	**70.6084**	**55.6822**	**13.6500**		184.9642
12/13	Medicaid Adjustment Rate		0.7507	0.5920			
14	Prospective Per Diem 11	**45.0236**	**71.3591**	**56.2742**	**13.6500**		**186.3069**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 080436-00 - 2014/01

205.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Franco Nursing and Rehabilitation Center

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	**5,628,381**
FRVS Base Asset:	**4,252,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**393,366**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,502,705**	**9.9788**
20% ROE(2):	**1,125,676**	**0.4163**
Insurance Cost(3):	**49,706**	**1.2487**
Taxes Cost(3):	**60,680**	**1.5244**
Home Office(3):	**31,088**	**0.7810**
Replacement(3&4):	**156,648**	**0.0000**
Total FRVS PD:		**13.9492**

(1) 80% Capital ($4,502,705) amortized at 6.2000% for 20 years Principal & Interest of $393,366 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9788
(2) 20% ROE ($1,125,676) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4163
(3) 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:	**51,248**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0236**	**45.0236**	**1.9372**	**43.0864**	
Patient Care					
Direct Care	**71.3591**	**71.3591**	**3.0703**	**68.2888**	
Indirect Care	**56.2742**	**56.2742**	**2.4213**	**53.8529**	
Property	**13.6500**	**13.9492**	**0.6002**	**13.3490**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4681**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.3069**	**186.6061**	**8.0290**	**205.7386**	

***Medicaid Trend Adjustment :**

0 081046-00 - 2014/01

229.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

The Villages Rehabilitation and Nursing 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	
900 Hwy 466		**02/01/2013-01/31/2014**		Number of Beds:	**120**	Superior:	**0**
Lady Lake Fl 32159		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**25,890**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,588**		
Current Class	**North Large [2]**	Initial CR?	**True**	Medicaid:	**13,026**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**<=18 months [2]**						
Open Date:	**3/11/2013**						
Acquired Date:	**10/11/2011**						
Entered Medicaid	**3/11/2013**						
Med # Active Date:	**3/11/2013**						
Previous Med #							

Medicaid Utilization	**50.31286%**
Occupancy:	**59.10959%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**73.48968%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.32041890**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21716439**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,839	1,289,971	839,420	1,189,013	0	3,924,243
1a	Audit Adjustments						
2	Cost Per Diem	46.5100	99.0305	64.4419	**91.2800**		301.2624
3	Cost Per Diem Inflated	46.5100	99.0305	64.4419			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5100**	**99.0305**	**64.4419**	**91.2800**		301.2624
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	**49.8042**	**94.1508**	**62.5671**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.2701**		**55.7050**			
10b	Base for line 10a	45.9786		54.1830			
11	Lesser of 5,7,8,10, 10a	**46.5100**	**94.1508**	**55.7050**	**18.6230**		214.9888
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.5100**	**94.1508**	**55.7050**	**18.6230**		**214.9888**
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 081046-00 - 2014/01

229.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The Villages Rehabilitation and Nursing Center

FRVS

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

Began FRVS:	**3/11/2013**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2011/07**
Indexed Asset Value	**6,038,625**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.7500**
ROE Factor	**0.015729**

Mortgage Information		
Amount:	**12,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**5.5000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**390,633**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,830,900**	**11.8914**
20% ROE(2):	**1,207,725**	**0.5783**
Insurance Cost(3):	**246,300**	**9.5133**
Taxes Cost(3):	**197,000**	**7.6091**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**29.5921**

(1) 80% Capital ($4,830,900) amortized at 5.2500% for 20 years Principal & Interest of $390,633 divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = $11.8914
(2) 20% ROE ($1,207,725) times the ROE factor (0.015729) divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = $0.5783
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2012**	Used Per Bed Standard:	**50,254**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,030,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5100**	**46.5100**	**2.0011**	**44.5089**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**55.7050**	**55.7050**	**2.3968**	**53.3082**	
Property	**18.6230**	**29.5921**	**1.2732**	**28.3189**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$4.9493**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.9888**	**225.9579**	**9.7221**	**229.8785**	

***Medicaid Trend Adjustment :**

0 082204-00 - 2014/01

239.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

University Plaza Rehabilitation & Nursing 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	
724 NW 19th Street		**01/01/2013-12/31/2013**		Number of Beds:	**148**	Superior:	**0**
Miami Fl 33136		Days In CR	**365**	Maximum:	**54,020**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**54,020**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**30,565**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,168**		
Current Class	**South Large [4]**	Initial CR?	**True**	Medicaid:	**19,868**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**<=18 months [2]**						
Open Date:	**5/2/2013**						
Acquired Date:	**8/23/2011**						
Entered Medicaid	**8/22/2013**						
Med # Active Date:	**8/22/2013**						
Previous Med #							

Medicaid Utilization	**65.00245%**
Occupancy:	**56.58090%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**70.34581%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,024,233	2,056,417	1,185,490	1,111,615	0	5,377,755
1a	Audit Adjustments						
2	Cost Per Diem	51.5519	103.5040	59.6683	**55.9500**		270.6742
3	Cost Per Diem Inflated	51.5519	103.5040	59.6683			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5519**	**103.5040**	**59.6683**	**55.9500**		270.6742
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	**54.0223**	**97.3934**	**66.4948**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**52.1720**		**60.5334**			
10b	Base for line 10a	50.7465		58.8795			
11	Lesser of 5,7,8,10, 10a	**51.5519**	**97.3934**	**59.6683**	**18.6230**		227.2366
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.5519**	**97.3934**	**59.6683**	**18.6230**		**227.2366**
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 082204-00 - 2014/01

239.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

University Plaza Rehabilitation & Nursing Center

FRVS

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

Began FRVS:	**8/22/2013**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2011/07**
Indexed Asset Value	**7,443,959**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.7500**
ROE Factor	**0.016670**

Mortgage Information		
Amount:	**19,000,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.6767**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.6767**	**%**
Interest Only:	**False**	
Yearly Payment:	**420,969**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,955,167**	**10.3904**
20% ROE(2):	**1,488,792**	**0.6126**
Insurance Cost(3):	**98,200**	**3.2128**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.2158**

(1) 80% Capital ($5,955,167) amortized at 3.6767% for 20 years Principal & Interest of $420,969 divided by annual available days (54,020) divided by Occup. Adj. (0.7500) = $10.3904
(2) 20% ROE ($1,488,792) times the ROE factor (0.016670) divided by annual available days (54,020) divided by Occup. Adj. (0.7500) = $0.6126
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2012**	Used Per Bed Standard:	**50,254**
Comparison Bed	**148**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**7,437,592**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5519**	**51.5519**	**2.2181**	**49.3338**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**59.6683**	**59.6683**	**2.5673**	**57.1010**	
Property	**18.6230**	**14.2158**	**0.6117**	**13.6041**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4447**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.2366**	**222.8294**	**9.5876**	**239.3799**	

***Medicaid Trend Adjustment :**

0 086990-00 - 2014/01

242.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Bartram Crossing

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	
6209 Brooks Bartram Drive, B		**07/01/2013-06/30/2014**		Number of Beds:	**100**	Superior:	**0**
Jacksonville FL 32258		Days In CR	**365**	Maximum:	**36,500**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**24,269**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,735**		
Current Class	**North Small [1]**	Initial CR?	**True**	Medicaid:	**12,750**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**<=18 months [2]**						
Open Date:	**7/9/2013**						
Acquired Date:	**6/1/2013**						
Entered Medicaid	**7/9/2013**						
Med # Active Date:	**7/9/2013**						
Previous Med #							

Medicaid Utilization	**52.53616%**
Occupancy:	**66.49041%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**82.66611%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.33469507**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.22800000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	689,996	1,234,180	801,066	594,788	0	3,320,030
1a	Audit Adjustments						
2	Cost Per Diem	54.1173	96.7984	62.8287	**46.6500**		260.3944
3	Cost Per Diem Inflated	54.1173	96.7984	62.8287			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.1173**	**96.7984**	**62.8287**	**46.6500**		260.3944
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	**56.6992**	**92.5525**	**69.0854**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**54.0794**		**61.2730**			
10b	Base for line 10a	52.6018		59.5989			
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**61.2730**	**18.6230**		226.0846
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**92.5525**	**61.2730**	**18.6230**		**226.0846**
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 086990-00 - 2014/01

242.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Bartram Crossing

FRVS

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

Began FRVS:	**7/9/2013**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2013/01**
Indexed Asset Value	**5,054,129**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.7500**
ROE Factor	**0.015000**

Mortgage Information		
Amount:	**17,276,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**3.8638**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.8638**	**%**
Interest Only:	**False**	
Yearly Payment:	**290,549**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,043,303**	**10.6137**
20% ROE(2):	**1,010,826**	**0.5539**
Insurance Cost(3):	**66,200**	**2.7278**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.8954**

(1) 80% Capital ($4,043,303) amortized at 3.8638% for 20 years Principal & Interest of $290,549 divided by annual available days (36,500) divided by Occup. Adj. (0.7500) = $10.6137
(2) 20% ROE ($1,010,826) times the ROE factor (0.015000) divided by annual available days (36,500) divided by Occup. Adj. (0.7500) = $0.5539
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2013**	Used Per Bed Standard:	**50,500**
Comparison Bed	**100**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,050,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**92.5525**	**92.5525**	**3.9822**	**88.5703**	
Indirect Care	**61.2730**	**61.2730**	**2.6363**	**58.6367**	
Property	**18.6230**	**13.8954**	**0.5979**	**13.2975**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3499**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.0846**	**221.3570**	**9.5242**	**242.8761**	

***Medicaid Trend Adjustment :**

0 088049-00 - 2014/01

252.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Cross Gardens 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	
190 NE 191st Street		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33179		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**35,958**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,135**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,216**	FY Index:	**1.30557092**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**78.46933%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**82.09589%**	Cost:	**1.00000000**
Open Date:	**2/4/1992**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**2/4/1992**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.21049917**
Entered Medicaid	**3/11/1992**	Low Occupancy Adjustment Factor:			**102.06805%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/11/2012**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.00000000**
Previous Med #	**210617**					**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,540,870	2,909,956	1,762,511	592,818	0	6,806,155
1a	Audit Adjustments						
2	Cost Per Diem	54.6098	103.1314	62.4649	**21.0100**		241.2161
3	Cost Per Diem Inflated	54.6098	103.1314	62.4649			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.6098**	**103.1314**	**62.4649**	**21.0100**		241.2161
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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**56.3907**		**64.4804**			
10b	Base for line 10a	54.8500		62.7186			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**62.4649**	**13.6500**		227.5306
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**62.4649**	**13.6500**		**227.5306**
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 088049-00 - 2014/01

252.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Cross Gardens Care Center

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	**5,248,883**
FRVS Base Asset:	**3,718,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**520,112**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,199,106**	**13.1941**
20% ROE(2):	**1,049,777**	**0.4189**
Insurance Cost(3):	**77,000**	**2.1414**
Taxes Cost(3):	**78,300**	**2.1775**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.9319**

(1) 80% Capital ($4,199,106) amortized at 11.0000% for 20 years Principal & Interest of $520,112 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.1941
(2) 20% ROE ($1,049,777) times the ROE factor (0.015730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4189
(3) 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:	**51,248**
		Effective PBS Limitation	**3,718,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**62.4649**	**62.4649**	**2.6876**	**59.7773**	
Property	**13.6500**	**17.9319**	**0.7715**	**17.1604**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2386**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.5306**	**231.8125**	**9.9740**	**252.7705**	

***Medicaid Trend Adjustment :**

4

0 089220-00 - 2014/01

229.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Watercrest 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	
16650 West Dixie Hwy		**04/01/2013-03/31/2014**		Number of Beds:	**150**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**365**	Maximum:	**54,750**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**48,365**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,738**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**38,549**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1984**						
Acquired Date:	**9/1/1984**						
Entered Medicaid	**11/1/1984**						
Med # Active Date:	**5/1/2013**						
Previous Med #	**310409**						

Medicaid Utilization	**79.70433%**
Occupancy:	**88.33790%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.82862%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.32582694**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.22050000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,720,213	3,913,132	1,868,505	653,020	0	8,154,870
1a	Audit Adjustments						
2	Cost Per Diem	44.6241	101.5106	48.4709	**16.9400**		211.5456
3	Cost Per Diem Inflated	44.6241	101.5106	48.4709			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6241**	**101.5106**	**48.4709**	**16.9400**		211.5456
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	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.0560**		**59.7045**			
10b	Base for line 10a	49.6610		58.0732			
11	Lesser of 5,7,8,10, 10a	**44.6241**	**97.3934**	**48.4709**	**13.6500**		204.1384
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.6241**	**97.3934**	**48.4709**	**13.6500**		**204.1384**
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 089220-00 - 2014/01

229.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,392,463**
FRVS Base Asset:	**4,275,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.018020**

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:	**638,514**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,913,970**	**12.9582**
20% ROE(2):	**1,478,493**	**0.5407**
Insurance Cost(3):	**70,654**	**1.4608**
Taxes Cost(3):	**48,450**	**1.0018**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.9615**

(1) 80% Capital ($5,913,970) amortized at 9.0000% for 20 years Principal & Interest of $638,514 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $12.9582
(2) 20% ROE ($1,478,493) times the ROE factor (0.018020) divided by annual available days (54,750) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**150**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6241**	**44.6241**	**1.9200**	**42.7041**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**48.4709**	**48.4709**	**2.0855**	**46.3854**	
Property	**13.6500**	**15.9615**	**0.6868**	**15.2747**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.3423**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.1384**	**206.4499**	**8.8828**	**229.6028**	

***Medicaid Trend Adjustment :**

0 094353-00 - 2014/01

235.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hawthorne Health and Rehab of Sarasota

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5381 Desoto Road		**01/01/2013-12/31/2013**		Number of Beds:	**120**	Superior:	**0**
Sarasota Fl 34235		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**16,123**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**6,080**		
Current Class **South Large [4]**		Initial CR?	**True**	Medicaid:	**6,491**		
Class at 1/94: **South Large [4]**							
Operating Ex **<=18 months [2]**							
Open Date:	**1/15/2013**						
Acquired Date:	**5/22/2012**						
Entered Medicaid	**1/15/2013**						
Med # Active Date:	**1/15/2013**						
Previous Med #							

Medicaid Utilization	**40.25926%**
Occupancy:	**36.81050%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**45.76571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.31772316**
Semester Index:	**1.34444818**
Cost:	**1.00000000**
Target:	**1.01966300**
DC FY Index:	**1.21550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.00000000**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	537,974	648,762	432,857	709,531	0	2,329,124
1a	Audit Adjustments						
2	Cost Per Diem	82.8800	99.9479	66.6857	**109.3100**		358.8236
3	Cost Per Diem Inflated	82.8800	99.9479	66.6857			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**82.8800**	**99.9479**	**66.6857**	**109.3100**		358.8236
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	**54.0223**	**97.3934**	**66.4948**	**18.6230**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**51.9270**		**59.8731**			
10b	Base for line 10a	50.5082		58.2372			
11	Lesser of 5,7,8,10, 10a	**51.9270**	**97.3934**	**59.8731**	**18.6230**		227.8165
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9270**	**97.3934**	**59.8731**	**18.6230**		**227.8165**
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 094353-00 - 2014/01

235.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hawthorne Health and Rehab of Sarasota

FRVS

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

Began FRVS:	**1/15/2013**
Year of Phase-In/ Full:	
RS to Start Calcs:	**2012/01**
Indexed Asset Value	**6,036,997**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.7500**
ROE Factor	**0.016670**

Mortgage Information		
Amount:	**12,321,195.00**	
Type:	**Fixed [2]**	
< 60% of Base:	**False**	
Interest Rate:	**4.7500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**4.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**374,520**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,829,598**	**11.4009**
20% ROE(2):	**1,207,399**	**0.6127**
Insurance Cost(3):	**51,840**	**3.2153**
Taxes Cost(3):	**15,000**	**0.9303**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**16.1592**

(1) 80% Capital ($4,829,598) amortized at 4.7500% for 20 years Principal & Interest of $374,520 divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = $11.4009
(2) 20% ROE ($1,207,399) times the ROE factor (0.016670) divided by annual available days (43,800) divided by Occup. Adj. (0.7500) = $0.6127
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2012**	Used Per Bed Standard:	**50,254**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,030,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9270**	**51.9270**	**2.2342**	**49.6928**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**59.8731**	**59.8731**	**2.5761**	**57.2970**	
Property	**18.6230**	**16.1592**	**0.6953**	**15.4639**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.9538**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.8165**	**225.3527**	**9.6961**	**235.3038**	

***Medicaid Trend Adjustment :**

0 200107-00 - 2014/01

227.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**100,010**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**89,774**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.29800%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	59.9295	93.8646	59.2618			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.9295**	**93.8646**	**59.2618**	**17.5100**		230.5659
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5807		57.3842			
7	Provider Target Rate	**58.1701**		**58.9961**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**93.8646**	**58.9961**	**13.6500**		218.4239
12/13	Medicaid Adjustment Rate		2.3229	1.4600			
14	Prospective Per Diem 11	**51.9132**	**96.1875**	**60.4561**	**13.6500**		**222.2068**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200107-00 - 2014/01

227.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**12,368,129**
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:	**1,230,158**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,894,503**	**13.6671**
20% ROE(2):	**2,473,626**	**0.4381**
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:		**17.1322**

(1) 80% Capital ($9,894,503) amortized at 12.5000% for 20 years Interest of $1,230,158 divided by annual available days (100,010) divided by Occup. Adj. (0.9000) = $13.6671
(2) 20% ROE ($2,473,626) times the ROE factor (0.015940) divided by annual available days (100,010) 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	**274**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**7,809,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**96.1875**	**96.1875**	**4.1386**	**92.0489**	
Indirect Care	**60.4561**	**60.4561**	**2.6012**	**57.8549**	
Property	**13.6500**	**17.1322**	**0.7371**	**16.3951**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.3800**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.2068**	**225.6890**	**9.7105**	**227.0519**	

***Medicaid Trend Adjustment :**

0 200409-00 - 2014/01

198.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Leon[37]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**42,813**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,315**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**13,614**		
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	**31.79875%**
Occupancy:	**97.74657%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.52622%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	647,167	1,003,700	891,962	331,909	0	2,874,738
1a	Audit Adjustments						
2	Cost Per Diem	47.5369	73.7256	65.5180	**24.3800**		211.1605
3	Cost Per Diem Inflated	49.5548	75.5603	68.2992			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.5548**	**75.5603**	**68.2992**	**24.3800**		217.7943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.9470		75.7324			
7	Provider Target Rate	**54.4343**		**77.8597**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.5548**	**75.5603**	**59.2527**	**13.6500**		198.0178
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.5548**	**75.5603**	**59.2527**	**13.6500**		**198.0178**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200409-00 - 2014/01

198.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,854,257**
FRVS Base Asset:	**1,521,900**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**419,280**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,883,406**	**10.6362**
20% ROE(2):	**970,851**	**0.3591**
Insurance Cost(3):	**104,357**	**2.4375**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,961**	**0.3027**
Replacement(3&4):	**158,293**	**0.0000**
Total FRVS PD:		**13.7355**

(1) 80% Capital ($3,883,406) amortized at 9.0000% for 20 years Principal & Interest of $419,280 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6362
(2) 20% ROE ($970,851) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3591
(3) 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:	**51,248**
		Effective PBS Limitation	**1,521,900**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.5548**	**49.5548**	**2.1322**	**47.4226**	
Patient Care					
Direct Care	**75.5603**	**75.5603**	**3.2511**	**72.3092**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**13.7355**	**0.5910**	**13.1445**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.0178**	**198.1033**	**8.5237**	**198.2730**	

***Medicaid Trend Adjustment :**

0 200425-00 - 2014/01

242.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Floridean Nursing Home, 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	
47 NW 32nd Place		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Miami FL 33125		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**31,914**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,111**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,707**		
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	**30.41612%**
Occupancy:	**96.88525%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.45535%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	657,365	820,082	753,277	255,585	0	2,486,309
1a	Audit Adjustments						
2	Cost Per Diem	67.7207	84.4836	77.6014	**26.3300**		256.1357
3	Cost Per Diem Inflated	70.9445	86.8021	81.2955			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**70.9445**	**86.8021**	**81.2955**	**26.3300**		265.3721
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.9847		68.5021			
7	Provider Target Rate	**59.6135**		**70.4263**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.6135**	**86.8021**	**70.4263**	**13.6500**		230.4919
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.6135**	**86.8021**	**70.4263**	**13.6500**		**230.4919**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200425-00 - 2014/01

242.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Floridean Nursing Home, Inc.

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	**0.014580**

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**	**0.3694**
Insurance Cost(3):	**127,577**	**3.9975**
Taxes Cost(3):	**78,127**	**2.4480**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.6284**

(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 (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.3694
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**47**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,339,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.6135**	**59.6135**	**2.5649**	**57.0486**	
Patient Care					
Direct Care	**86.8021**	**86.8021**	**3.7348**	**83.0673**	
Indirect Care	**70.4263**	**70.4263**	**3.0302**	**67.3961**	
Property	**13.6500**	**15.6284**	**0.6724**	**14.9560**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.5527**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.4919**	**232.4703**	**10.0023**	**242.7141**	

***Medicaid Trend Adjustment :**

2

0 200506-00 - 2014/01

231.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**462**	Superior:	**0**
Miami FL 33137		Days In CR	**365**	Maximum:	**168,630**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**168,630**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**146,524**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**15,008**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**92,355**		
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	**63.03063%**
Occupancy:	**86.89083%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.02951%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	5,814,703	10,256,466	6,495,105	1,323,447	27,804	23,917,524
1a	Audit Adjustments						
2	Cost Per Diem	62.9603	111.0548	70.3276	**14.3300**	**0.3011**	258.9738
3	Cost Per Diem Inflated	65.1739	113.5360	72.8002			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.1739**	**113.5360**	**72.8002**	**14.3300**	**0.3011**	266.1412
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	102.7026		76.1360			
7	Provider Target Rate	**105.5875**		**78.2747**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**	**0.3011**	228.3892
12/13	Medicaid Adjustment Rate		1.4277	0.9239			
14	Prospective Per Diem 11	**54.0223**	**98.8211**	**63.9463**	**13.6500**	**0.3011**	**230.7408**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200506-00 - 2014/01

231.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014380**

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**	**0.4994**
Insurance Cost(3):	**48,343**	**0.3299**
Taxes Cost(3):	**8,626**	**0.0589**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**1,524,817**	**0.0000**
Total FRVS PD:		**13.2579**

(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 (0.014380) divided by annual available days (168,630) divided by Occup. Adj. (0.9000) = $0.4994
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**9,462,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.8211**	**98.8211**	**4.2519**	**94.5692**	
Indirect Care	**63.9463**	**63.9463**	**2.7514**	**61.1949**	
Property	**13.6500**	**13.2579**	**0.5873**	**13.0627**	
ROE	**0.3011**	**0.0000**	**0.0130**	**0.2881**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.2706**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.7408**	**230.0476**	**9.9280**	**231.7768**	

***Medicaid Trend Adjustment :**

0 200620-00 - 2014/01

228.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**46**	Superior:	**0**
North Miami Beach FL 33161		Days In CR	**366**	Maximum:	**16,836**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**16,790**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**15,825**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**280**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**13,992**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1978**						
Acquired Date:	**1/1/1978**						
Entered Medicaid	**1/1/1978**						
Med # Active Date:	**1/1/1978**						
Previous Med #							

Medicaid Utilization	**88.41706%**
Occupancy:	**93.99501%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.86198%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,009	1,004,400	774,414	175,460	0	2,743,283
1a	Audit Adjustments						
2	Cost Per Diem	56.3900	71.7839	55.3469	**12.5400**		196.0608
3	Cost Per Diem Inflated	59.0744	73.7539	57.9816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.0744**	**73.7539**	**57.9816**	**12.5400**		203.3499
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.0198		92.5652			
7	Provider Target Rate	**69.9305**		**95.1654**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.0744**	**73.7539**	**57.9816**	**12.5400**		203.3499
12/13	Medicaid Adjustment Rate		3.1876	2.5059			
14	Prospective Per Diem 11	**59.0744**	**76.9415**	**60.4875**	**12.5400**		**209.0434**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200620-00 - 2014/01

228.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**937,142**
FRVS Base Asset:	**533,635**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**93,210**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**749,714**	**6.1684**
20% ROE(2):	**187,428**	**0.1808**
Insurance Cost(3):	**18,381**	**1.1615**
Taxes Cost(3):	**8,458**	**0.5345**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,729**	**0.0000**
Total FRVS PD:		**8.0452**

(1) 80% Capital ($749,714) amortized at 12.5000% for 20 years Interest of $93,210 divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $6.1684
(2) 20% ROE ($187,428) times the ROE factor (0.014580) divided by annual available days (16,790) divided by Occup. Adj. (0.9000) = $0.1808
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,311,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.0744**	**59.0744**	**2.5417**	**56.5327**	
Patient Care					
Direct Care	**76.9415**	**76.9415**	**3.3105**	**73.6310**	
Indirect Care	**60.4875**	**60.4875**	**2.6025**	**57.8850**	
Property	**12.5400**	**8.0452**	**0.3462**	**7.6990**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$24.4790**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.0434**	**204.5486**	**8.8009**	**228.9201**	

***Medicaid Trend Adjustment :**

0 200735-00 - 2014/01

220.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**42,715**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.91676%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	37.9811	102.0639	50.0166			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9811**	**102.0639**	**50.0166**	**8.1300**		198.1916
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9811**	**94.1508**	**50.0166**	**8.1300**		190.2785
12/13	Medicaid Adjustment Rate		1.4443	0.7673			
14	Prospective Per Diem 11	**37.9811**	**95.5951**	**50.7839**	**8.1300**		**192.4901**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200735-00 - 2014/01

220.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9811**	**37.9811**	**1.6342**	**36.3469**	
Patient Care					
Direct Care	**95.5951**	**95.5951**	**4.1131**	**91.4820**	
Indirect Care	**50.7839**	**50.7839**	**2.1850**	**48.5989**	
Property	**8.1300**	**12.8360**	**0.5523**	**12.2837**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.3384**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.4901**	**197.1961**	**8.4846**	**220.7433**	

***Medicaid Trend Adjustment :**

0 200859-00 - 2014/01

241.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**181**
Jacksonville FL 32258		Days In CR	**366**	Maximum:	**65,880**	Standard:	**0**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**63,746**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,309**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**36,098**		
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	**56.62787%**
Occupancy:	**96.76078%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.30060%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,790,030	3,620,586	2,152,894	460,610	0	8,024,120
1a	Audit Adjustments						
2	Cost Per Diem	49.5881	100.2988	59.6403	**12.7600**		222.2872
3	Cost Per Diem Inflated	51.9487	103.0513	62.4794			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9487**	**103.0513**	**62.4794**	**12.7600**		230.2394
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.0737		67.9779			
7	Provider Target Rate	**71.0140**		**69.8874**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**59.2527**	**12.7600**		215.9677
12/13	Medicaid Adjustment Rate		0.7020	0.4418			
14	Prospective Per Diem 11	**49.8042**	**94.8528**	**59.6945**	**12.7600**		**217.1115**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200859-00 - 2014/01

241.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,146,340**
FRVS Base Asset:	**5,372,016**
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:	**909,713**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,317,072**	**15.3850**
20% ROE(2):	**1,829,268**	**0.4511**
Insurance Cost(3):	**131,863**	**2.0686**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**4,707**	**0.0738**
Replacement(3&4):	**564,770**	**0.0000**
Total FRVS PD:		**17.9785**

(1) 80% Capital ($7,317,072) amortized at 12.5000% for 20 years Interest of $909,713 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $15.3850
(2) 20% ROE ($1,829,268) times the ROE factor (0.014580) divided by annual available days (65,700) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**192**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,472,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.8528**	**94.8528**	**4.0812**	**90.7716**	
Indirect Care	**59.6945**	**59.6945**	**2.5684**	**57.1261**	
Property	**12.7600**	**17.9785**	**0.7735**	**17.2050**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5107**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.1115**	**222.3300**	**9.5660**	**241.9681**	

***Medicaid Trend Adjustment :**

0 200913-00 - 2014/01

218.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**165**	Superior:	**0**
Jacksonville Beach FL 32250-		Days In CR	**365**	Maximum:	**60,225**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**60,225**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**50,832**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,200**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**34,470**		
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	**67.81161%**
Occupancy:	**84.40349%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.93704%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,356,723	2,897,010	1,882,878	265,074	0	6,401,685
1a	Audit Adjustments						
2	Cost Per Diem	39.3595	84.0444	54.6237	**7.6900**		185.7176
3	Cost Per Diem Inflated	40.8387	85.9933	56.6766			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8387**	**85.9933**	**56.6766**	**7.6900**		191.1986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1301		66.2236			
7	Provider Target Rate	**50.5102**		**68.0838**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8387**	**85.9933**	**56.6766**	**7.6900**		191.1986
12/13	Medicaid Adjustment Rate		1.7231	1.1357			
14	Prospective Per Diem 11	**40.8387**	**87.7164**	**57.8123**	**7.6900**		**194.0574**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200913-00 - 2014/01

218.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2652**
Insurance Cost(3):	**54,333**	**1.0689**
Taxes Cost(3):	**72,134**	**1.4191**
Home Office(3):	**41,210**	**0.8107**
Replacement(3&4):	**31,576**	**0.0000**
Total FRVS PD:		**12.9451**

(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 (0.014060) divided by annual available days (60,225) divided by Occup. Adj. (0.9000) = $0.2652
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8387**	**40.8387**	**1.7571**	**39.0816**	
Patient Care					
Direct Care	**87.7164**	**87.7164**	**3.7741**	**83.9423**	
Indirect Care	**57.8123**	**57.8123**	**2.4874**	**55.3249**	
Property	**7.6900**	**12.9451**	**0.5570**	**12.3881**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2095**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.0574**	**199.3125**	**8.5756**	**218.6398**	

***Medicaid Trend Adjustment :**

0 200956-00 - 2014/01

238.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**45,817**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,604**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,774**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1983**						
Acquired Date:	**4/1/1983**						
Entered Medicaid	**12/1/1983**						
Med # Active Date:	**12/1/1988**						
Previous Med #							

Medicaid Utilization	**71.53240%**
Occupancy:	**83.45537%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.75828%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	44.0014	90.0755	68.3523			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.0014**	**90.0755**	**68.3523**	**16.7000**		219.1292
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5723		60.3742			
7	Provider Target Rate	**47.8805**		**62.0701**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0014**	**90.0755**	**61.0784**	**13.6500**		208.8053
12/13	Medicaid Adjustment Rate		2.1820	1.4796			
14	Prospective Per Diem 11	**44.0014**	**92.2575**	**62.5580**	**13.6500**		**212.4669**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 200956-00 - 2014/01

238.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,651,325**
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:	**878,934**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,121,060**	**17.8373**
20% ROE(2):	**1,530,265**	**0.4950**
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:		**21.2201**

(1) 80% Capital ($6,121,060) amortized at 13.3500% for 20 years Principal & Interest of $878,934 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $17.8373
(2) 20% ROE ($1,530,265) times the ROE factor (0.015940) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.4950
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0014**	**44.0014**	**1.8932**	**42.1082**	
Patient Care					
Direct Care	**92.2575**	**92.2575**	**3.9695**	**88.2880**	
Indirect Care	**62.5580**	**62.5580**	**2.6916**	**59.8664**	
Property	**13.6500**	**21.2201**	**0.9130**	**20.3071**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6968**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.4669**	**220.0370**	**9.4673**	**238.9599**	

***Medicaid Trend Adjustment :**

4

0 201006-00 - 2014/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**05/01/2012-04/30/2013**		Number of Beds:	**120**	Superior:	**181**
Pembroke Pines FL 33025		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County: **Broward[6]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**41,821**	Total:	**181**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**8,205**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**17,085**		
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	**40.85268%**
Occupancy:	**95.48174%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.71040%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29272253**
Semester Index:	**1.34444818**
Cost:	**1.04001296**
Target:	**1.01966300**
DC FY Index:	**1.20649917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02403717**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,205,727	1,893,177	1,536,794	220,055	0	4,855,753
1a	Audit Adjustments						
2	Cost Per Diem	70.5723	110.8093	89.9499	**12.8800**		284.2115
3	Cost Per Diem Inflated	73.3961	113.4728	93.5491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.3961**	**113.4728**	**93.5491**	**12.8800**		293.2980
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	80.8976		75.0578			
7	Provider Target Rate	**83.1700**		**77.1662**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**12.8800**		227.3181
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**63.0224**	**12.8800**		**227.3181**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201006-00 - 2014/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,563,987**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

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:	**464,109**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,451,190**	**11.7734**
20% ROE(2):	**1,112,797**	**0.4028**
Insurance Cost(3):	**13,247**	**0.3168**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**45,706**	**0.0000**
Total FRVS PD:		**12.4930**

(1) 80% Capital ($4,451,190) amortized at 10.5000% for 20 years Interest of $464,109 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7734
(2) 20% ROE ($1,112,797) times the ROE factor (0.014270) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4028
(3) 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:	**51,248**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**12.8800**	**12.4930**	**0.5375**	**11.9555**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.3181**	**226.9311**	**9.7640**	**225.8605**	

***Medicaid Trend Adjustment :**

0 201120-00 - 2014/01

223.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**85**	Superior:	**0**
Cape Coral FL 33991		Days In CR	**366**	Maximum:	**31,110**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**31,025**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**29,842**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**16,199**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,939**		
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	**23.25246%**
Occupancy:	**95.92414%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.26043%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	249,804	680,941	484,054	99,783	0	1,514,582
1a	Audit Adjustments						
2	Cost Per Diem	36.0000	98.1324	69.7585	**14.3800**		218.2709
3	Cost Per Diem Inflated	37.7137	100.8254	73.0793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7137**	**100.8254**	**73.0793**	**14.3800**		225.9984
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		69.4966			
7	Provider Target Rate	**57.8568**		**71.4488**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7137**	**100.8254**	**71.4488**	**13.6500**		223.6379
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.7137**	**100.8254**	**71.4488**	**13.6500**		**223.6379**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201120-00 - 2014/01

223.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,035,284**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**318,991**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,228,227**	**11.4242**
20% ROE(2):	**807,057**	**0.4214**
Insurance Cost(3):	**57,364**	**1.9223**
Taxes Cost(3):	**33,845**	**1.1341**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**79,038**	**0.0000**
Total FRVS PD:		**14.9020**

(1) 80% Capital ($3,228,227) amortized at 7.7904% for 20 years Principal & Interest of $318,991 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $11.4242
(2) 20% ROE ($807,057) times the ROE factor (0.014580) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.4214
(3) 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:	**51,248**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7137**	**37.7137**	**1.6227**	**36.0910**	
Patient Care					
Direct Care	**100.8254**	**100.8254**	**4.3381**	**96.4873**	
Indirect Care	**71.4488**	**71.4488**	**3.0742**	**68.3746**	
Property	**13.6500**	**14.9020**	**0.6412**	**14.2608**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**223.6379**	**224.8899**	**9.6762**	**223.9071**	

***Medicaid Trend Adjustment :**

0 201545-00 - 2014/01

223.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**41,124**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.41300%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	36.1576	98.2668	49.6380			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.1576**	**98.2668**	**49.6380**	**5.6800**	**1.0367**	190.7791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.3286		53.9513			
7	Provider Target Rate	**47.6300**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1576**	**97.3934**	**49.6380**	**5.6800**	**1.0367**	189.9057
12/13	Medicaid Adjustment Rate		1.8197	0.9275			
14	Prospective Per Diem 11	**36.1576**	**99.2131**	**50.5655**	**5.6800**	**1.0367**	**192.6529**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201545-00 - 2014/01

223.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1576**	**36.1576**	**1.5557**	**34.6019**	
Patient Care					
Direct Care	**99.2131**	**99.2131**	**4.2688**	**94.9443**	
Indirect Care	**50.5655**	**50.5655**	**2.1756**	**48.3899**	
Property	**5.6800**	**15.0758**	**0.6487**	**14.4271**	
ROE	**1.0367**	**0.5795**	**0.0249**	**0.5546**	
ROE Adjustment	**-0.5795**	**-0.5795**	**-0.0249**	**-0.5546**	
Quality Assess-Medicaid Share				**$22.7263**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.0734**	**201.0120**	**8.6488**	**223.7829**	

***Medicaid Trend Adjustment :**

0 201588-00 - 2014/01

215.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**160**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**14,600**	Conditional:	**21**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**13,702**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.36204%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	58.3157	78.5706	70.4826			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.3157**	**78.5706**	**70.4826**	**22.3700**		229.7389
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6481**	**78.5706**	**62.0530**	**13.6500**		206.9217
12/13	Medicaid Adjustment Rate		1.9469	1.5376			
14	Prospective Per Diem 11	**52.6481**	**80.5175**	**63.5906**	**13.6500**		**210.4062**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201588-00 - 2014/01

215.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,140,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6481**	**52.6481**	**2.2652**	**50.3829**	
Patient Care					
Direct Care	**80.5175**	**80.5175**	**3.4644**	**77.0531**	
Indirect Care	**63.5906**	**63.5906**	**2.7361**	**60.8545**	
Property	**13.6500**	**19.2542**	**0.8284**	**18.4258**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.4062**	**216.0104**	**9.2941**	**215.4097**	

***Medicaid Trend Adjustment :**

9

0 201651-00 - 2014/01

237.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32805		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,607**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,412**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,655**		
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	**79.92274%**
Occupancy:	**90.42694%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.42588%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,900,737	2,627,026	1,892,977	314,334	0	6,735,074
1a	Audit Adjustments						
2	Cost Per Diem	60.0454	82.9893	59.8003	**9.9300**		212.7650
3	Cost Per Diem Inflated	62.1565	84.8434	61.9028			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.1565**	**84.8434**	**61.9028**	**9.9300**		218.8327
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.1252		56.6918			
7	Provider Target Rate	**62.8422**		**58.2843**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**84.8434**	**58.2843**	**9.9300**		204.9709
12/13	Medicaid Adjustment Rate		2.8561	1.9620			
14	Prospective Per Diem 11	**51.9132**	**87.6995**	**60.2463**	**9.9300**		**209.7890**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 201651-00 - 2014/01

237.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,526,889**
FRVS Base Asset:	**1,168,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**549,715**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,421,511**	**13.9451**
20% ROE(2):	**1,105,378**	**0.4032**
Insurance Cost(3):	**73,774**	**1.8627**
Taxes Cost(3):	**2,133**	**0.0539**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**471,196**	**0.0000**
Total FRVS PD:		**16.2649**

(1) 80% Capital ($4,421,511) amortized at 12.5000% for 20 years Interest of $549,715 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9451
(2) 20% ROE ($1,105,378) times the ROE factor (0.014380) divided by annual available days (43,800) 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	**76**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,166,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**87.6995**	**87.6995**	**3.7734**	**83.9261**	
Indirect Care	**60.2463**	**60.2463**	**2.5922**	**57.6541**	
Property	**9.9300**	**16.2649**	**0.6998**	**15.5651**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9836**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.7890**	**216.1239**	**9.2990**	**237.5019**	

***Medicaid Trend Adjustment :**

0 202011-00 - 2014/01

231.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33761		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,110**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,118**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,563**		
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	**56.58095%**
Occupancy:	**87.00913%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.17659%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	985,333	1,981,547	1,314,201	293,688	0	4,574,769
1a	Audit Adjustments						
2	Cost Per Diem	45.6955	91.8957	60.9470	**13.6200**		212.1582
3	Cost Per Diem Inflated	47.3021	93.9488	63.0898			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3021**	**93.9488**	**63.0898**	**13.6200**		217.9607
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5648		51.8788			
7	Provider Target Rate	**56.0975**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3021**	**93.9488**	**53.3361**	**13.6200**		208.2070
12/13	Medicaid Adjustment Rate		0.6956	0.3949			
14	Prospective Per Diem 11	**47.3021**	**94.6444**	**53.7310**	**13.6200**		**209.2975**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

7

0 202011-00 - 2014/01

231.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,149,760**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**629,596**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,919,808**	**15.9715**
20% ROE(2):	**1,229,952**	**0.4487**
Insurance Cost(3):	**49,964**	**1.3110**
Taxes Cost(3):	**65,154**	**1.7096**
Home Office(3):	**28,111**	**0.7376**
Replacement(3&4):	**25,612**	**0.0000**
Total FRVS PD:		**20.1784**

(1) 80% Capital ($4,919,808) amortized at 11.5000% for 20 years Principal & Interest of $629,596 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.9715
(2) 20% ROE ($1,229,952) times the ROE factor (0.014380) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4487
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3021**	**47.3021**	**2.0352**	**45.2669**	
Patient Care					
Direct Care	**94.6444**	**94.6444**	**4.0722**	**90.5722**	
Indirect Care	**53.7310**	**53.7310**	**2.3118**	**51.4192**	
Property	**13.6200**	**20.1784**	**0.8682**	**19.3102**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9858**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.2975**	**215.8559**	**9.2874**	**231.2477**	

***Medicaid Trend Adjustment :**

7

0 202533-00 - 2014/01

247.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2011-09/30/2012**		Number of Beds:	**60**	Superior:	**181**
Bartow FL 33830		Days In CR	**366**	Maximum:	**21,960**	Standard:	**0**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,408**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,675**	**Inflation**	
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**14,452**	FY Index:	**1.27684492**
Class at 1/94:	**South Small [3]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05294555**
Open Date:	**1/1/1970**					Target:	**1.01966300**
Acquired Date:	**1/1/1970**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**1/1/1970**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/10/1970**					**DC Inflation:**	**1.02958333**
Previous Med #						**PS Target:**	**1.02809000**

Medicaid Utilization	**70.81537%**
Occupancy:	**92.93261%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.54111%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	830,412	1,383,301	779,301	55,496	0	3,048,510
1a	Audit Adjustments						
2	Cost Per Diem	57.4600	95.7169	53.9234	**3.8400**		210.9403
3	Cost Per Diem Inflated	60.5023	98.5485	56.7784			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.5023**	**98.5485**	**56.7784**	**3.8400**		219.6692
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6670		63.8433			
7	Provider Target Rate	**54.1464**		**65.6367**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.1464**	**98.5485**	**56.7784**	**3.8400**		213.3133
12/13	Medicaid Adjustment Rate		2.3077	1.3296			
14	Prospective Per Diem 11	**54.1464**	**100.8562**	**58.1080**	**3.8400**		**216.9506**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202533-00 - 2014/01

247.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.015420**

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:	**259,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,088,317**	**13.1728**
20% ROE(2):	**522,079**	**0.4084**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**459,308**	**0.0000**
Total FRVS PD:		**13.5812**

(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 (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4084
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.1464**	**54.1464**	**2.3297**	**51.8167**	
Patient Care					
Direct Care	**100.8562**	**100.8562**	**4.3395**	**96.5167**	
Indirect Care	**58.1080**	**58.1080**	**2.5002**	**55.6078**	
Property	**3.8400**	**13.5812**	**0.5843**	**12.9969**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5657**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.9506**	**226.6918**	**9.7537**	**247.1972**	

***Medicaid Trend Adjustment :**

0 202606-00 - 2014/01

228.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Samantha R. Wilson at Bay View

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
St. Augustine FL 32084		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**St Johns[55]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,074**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,341**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,895**	FY Index:	**1.27684492**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**50.87160%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**93.52004%**	Cost:	**1.05294555**
Open Date:	**1/1/1970**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**1/1/1970**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**1/1/1970**	Low Occupancy Adjustment Factor:			**116.27146%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**1/1/1970**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02958333**
Previous Med #						**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,041,578	1,947,328	1,089,901	377,364	0	4,456,171
1a	Audit Adjustments						
2	Cost Per Diem	49.8482	93.1959	52.1609	**18.0600**		213.2650
3	Cost Per Diem Inflated	52.4874	95.9529	54.9226			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4874**	**95.9529**	**54.9226**	**18.0600**		221.4229
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.4709		55.6143			
7	Provider Target Rate	**56.0010**		**57.1765**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**54.9226**	**13.6500**		212.5276
12/13	Medicaid Adjustment Rate		0.0923	0.0539			
14	Prospective Per Diem 11	**49.8042**	**94.2431**	**54.9765**	**13.6500**		**212.6738**
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 01/01/2014 through 06/30/2014

Samantha R. Wilson at Bay View

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	**0.015420**

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**	**0.4183**
Insurance Cost(3):	**76,225**	**1.8558**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**88,996**	**0.0000**
Total FRVS PD:		**12.4483**

(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 (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4183
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.2431**	**94.2431**	**4.0549**	**90.1882**	
Indirect Care	**54.9765**	**54.9765**	**2.3654**	**52.6111**	
Property	**13.6500**	**12.4483**	**0.5356**	**11.9127**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4362**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.6738**	**211.4721**	**9.0988**	**228.5029**	

***Medicaid Trend Adjustment :**

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255.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**204**	Superior:	**0**
Sarasota FL 34236		Days In CR	**366**	Maximum:	**74,664**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**74,460**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**71,430**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,744**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**49,964**		
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	**69.94820%**
Occupancy:	**95.66860%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.94271%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,524,798	5,127,775	3,098,743	1,188,144	0	11,939,460
1a	Audit Adjustments						
2	Cost Per Diem	50.5323	102.6294	62.0195	**23.7800**		238.9612
3	Cost Per Diem Inflated	53.4928	105.9601	65.6530			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4928**	**105.9601**	**65.6530**	**23.7800**		248.8859
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.2643		72.0009			
7	Provider Target Rate	**61.9571**		**74.0234**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.4928**	**97.3934**	**63.0224**	**13.6500**		227.5586
12/13	Medicaid Adjustment Rate		2.1857	1.4143			
14	Prospective Per Diem 11	**53.4928**	**99.5791**	**64.4367**	**13.6500**		**231.1586**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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255.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**10,135,150**
FRVS Base Asset:	**3,497,793**
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:	**1,008,062**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,108,120**	**15.0426**
20% ROE(2):	**2,027,030**	**0.5073**
Insurance Cost(3):	**103,617**	**1.4506**
Taxes Cost(3):	**35,875**	**0.5022**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**105,345**	**0.0000**
Total FRVS PD:		**17.5027**

(1) 80% Capital ($8,108,120) amortized at 12.5000% for 20 years Interest of $1,008,062 divided by annual available days (74,460) divided by Occup. Adj. (0.9000) = $15.0426
(2) 20% ROE ($2,027,030) times the ROE factor (0.016770) divided by annual available days (74,460) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**204**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,814,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.4928**	**53.4928**	**2.3016**	**51.1912**	
Patient Care					
Direct Care	**99.5791**	**99.5791**	**4.2845**	**95.2946**	
Indirect Care	**64.4367**	**64.4367**	**2.7725**	**61.6642**	
Property	**13.6500**	**17.5027**	**0.7531**	**16.7496**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5690**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**231.1586**	**235.0113**	**10.1117**	**255.1620**	

***Medicaid Trend Adjustment :**

0 202711-00 - 2014/01

263.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Street		**07/01/2011-06/30/2012**		Number of Beds:	**60**	Superior:	**181**
Sarasota FL 34232		Days In CR	**366**	Maximum:	**21,960**	Standard:	**0**
County: **Sarasota[58]**		First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,599**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,001**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**8,720**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date:	**8/1/1977**						
Acquired Date:	**8/1/1977**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**42.33215%**
Occupancy:	**93.80237%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.62247%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	722,034	966,852	496,293	95,833	0	2,281,012
1a	Audit Adjustments						
2	Cost Per Diem	82.8021	110.8775	56.9143	**10.9900**		261.5839
3	Cost Per Diem Inflated	87.8876	114.6353	60.4098			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**87.8876**	**114.6353**	**60.4098**	**10.9900**		273.9227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.2028		66.2635			
7	Provider Target Rate	**80.3995**		**68.1248**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**105.0880**	**60.4098**	**10.9900**		239.8191
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**105.0880**	**60.4098**	**10.9900**		**239.8191**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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263.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,827,368**
FRVS Base Asset:	**706,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.017810**

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:	**227,033**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,261,894**	**11.5187**
20% ROE(2):	**565,474**	**0.5110**
Insurance Cost(3):	**53,066**	**2.5761**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,165**	**0.2993**
Replacement(3&4):	**55,046**	**0.0000**
Total FRVS PD:		**14.9051**

(1) 80% Capital ($2,261,894) amortized at 8.0000% for 20 years Principal & Interest of $227,033 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.5187
(2) 20% ROE ($565,474) times the ROE factor (0.017810) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5110
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**60.4098**	**60.4098**	**2.5992**	**57.8106**	
Property	**10.9900**	**14.9051**	**0.6413**	**14.2638**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2625**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**239.8191**	**243.7342**	**10.4869**	**263.2032**	

***Medicaid Trend Adjustment :**

0 202789-00 - 2014/01

189.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**130**	Superior:	**0**
Deland FL 32720		Days In CR	**365**	Maximum:	**47,450**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2014/01**	Max Annualized:	**47,450**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,026**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**3,567**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**26,275**	FY Index:	**1.29878490**
Class at 1/94: **North Large [2]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.03515846**
Open Date:	**8/1/1971**					Target:	**1.01966300**
Acquired Date:	**8/1/1971**					**DC FY Index:**	**1.20850000**
Entered Medicaid	**8/1/1971**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**8/1/1971**					**DC Inflation:**	**1.02234175**
Previous Med #						**PS Target:**	**1.02809000**

Medicaid Utilization	**64.04475%**						
Occupancy:	**86.46154%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**107.49577%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,121,073	2,107,865	1,257,447	275,888	0	4,762,273
1a	Audit Adjustments						
2	Cost Per Diem	42.6669	80.2232	47.8572	**10.5000**		181.2473
3	Cost Per Diem Inflated	44.1670	82.0155	49.5398			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1670**	**82.0155**	**49.5398**	**10.5000**		186.2223
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2642		52.2293			
7	Provider Target Rate	**45.5076**		**53.6964**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1670**	**82.0155**	**49.5398**	**10.5000**		186.2223
12/13	Medicaid Adjustment Rate		1.2959	0.7827			
14	Prospective Per Diem 11	**44.1670**	**83.3114**	**50.3225**	**10.5000**		**188.3009**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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189.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014380**

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**	**0.3693**
Insurance Cost(3):	**67,896**	**1.6550**
Taxes Cost(3):	**7,847**	**0.1913**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**70,249**	**0.0000**
Total FRVS PD:		**10.6463**

(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 (0.014380) divided by annual available days (47,450) divided by Occup. Adj. (0.9000) = $0.3693
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1670**	**44.1670**	**1.9003**	**42.2667**	
Patient Care					
Direct Care	**83.3114**	**83.3114**	**3.5846**	**79.7268**	
Indirect Care	**50.3225**	**50.3225**	**2.1652**	**48.1573**	
Property	**10.5000**	**10.6463**	**0.4581**	**10.1882**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.3009**	**188.4472**	**8.1082**	**189.0324**	

***Medicaid Trend Adjustment :**

0 202941-00 - 2014/01

214.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Miracle Hill Nursing and Convalescent Center, In

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1329 ABRAHAM 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:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**42,709**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.89978%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	44.8021	84.5326	42.0519			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8021**	**84.5326**	**42.0519**	**15.2100**		186.5966
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5024		49.8062			
7	Provider Target Rate	**45.7525**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8021**	**84.5326**	**42.0519**	**13.6500**		185.0366
12/13	Medicaid Adjustment Rate		2.7710	1.3785			
14	Prospective Per Diem 11	**44.8021**	**87.3036**	**43.4304**	**13.6500**		**189.1861**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 202941-00 - 2014/01

214.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Miracle Hill Nursing and Convalescent Center, In

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8021**	**44.8021**	**1.9277**	**42.8744**	
Patient Care					
Direct Care	**87.3036**	**87.3036**	**3.7563**	**83.5473**	
Indirect Care	**43.4304**	**43.4304**	**1.8686**	**41.5618**	
Property	**13.6500**	**15.5366**	**0.6685**	**14.8681**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5988**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.1861**	**191.0727**	**8.2211**	**214.1438**	

***Medicaid Trend Adjustment :**

0 203122-00 - 2014/01

225.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**116**	Superior:	**0**
Leesburg FL 34748		Days In CR	**365**	Maximum:	**42,340**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**35,731**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,006**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,762**		
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	**69.30117%**
Occupancy:	**84.39065%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.92108%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,040,499	2,108,046	1,485,539	142,382	0	4,776,466
1a	Audit Adjustments						
2	Cost Per Diem	42.0200	85.1323	59.9927	**5.7500**		192.8950
3	Cost Per Diem Inflated	43.5992	87.1064	62.2474			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5992**	**87.1064**	**62.2474**	**5.7500**		198.7030
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8300		67.8086			
7	Provider Target Rate	**52.2578**		**69.7133**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5992**	**87.1064**	**59.2527**	**5.7500**		195.7083
12/13	Medicaid Adjustment Rate		1.8914	1.2866			
14	Prospective Per Diem 11	**43.5992**	**88.9978**	**60.5393**	**5.7500**		**198.8863**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203122-00 - 2014/01

225.20

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2950**
Insurance Cost(3):	**35,743**	**1.0003**
Taxes Cost(3):	**27,300**	**0.7640**
Home Office(3):	**30,298**	**0.8479**
Replacement(3&4):	**37,437**	**0.0000**
Total FRVS PD:		**13.3400**

(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 (0.014060) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.2950
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5992**	**43.5992**	**1.8759**	**41.7233**	
Patient Care					
Direct Care	**88.9978**	**88.9978**	**3.8292**	**85.1686**	
Indirect Care	**60.5393**	**60.5393**	**2.6048**	**57.9345**	
Property	**5.7500**	**13.3400**	**0.5740**	**12.7660**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9114**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.8863**	**206.4763**	**8.8839**	**225.1972**	

***Medicaid Trend Adjustment :**

0 203165-00 - 2014/01

253.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**77,380**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**73,116**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**6,185**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**52,830**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1970**						
Acquired Date:	**12/1/1970**						
Entered Medicaid	**12/1/1970**						
Med # Active Date:	**1/1/1970**						
Previous Med #							

Medicaid Utilization	**72.25505%**
Occupancy:	**94.23136%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.15583%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	52.9314	98.0174	65.5743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.9314**	**98.0174**	**65.5743**	**20.2500**	**0.2211**	236.9942
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.9277		79.3649			
7	Provider Target Rate	**60.5830**		**81.5943**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.9314**	**97.3934**	**63.0224**	**13.6500**	**0.2211**	227.2183
12/13	Medicaid Adjustment Rate		2.4384	1.5779			
14	Prospective Per Diem 11	**52.9314**	**99.8318**	**64.6003**	**13.6500**	**0.2211**	**231.2346**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203165-00 - 2014/01

253.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**6,042,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9314**	**52.9314**	**2.2774**	**50.6540**	
Patient Care					
Direct Care	**99.8318**	**99.8318**	**4.2954**	**95.5364**	
Indirect Care	**64.6003**	**64.6003**	**2.7795**	**61.8208**	
Property	**13.6500**	**16.6915**	**0.7182**	**15.9733**	
ROE	**0.2211**	**0.3970**	**0.0171**	**0.3799**	
ROE Adjustment	**-0.2211**	**-0.3970**	**-0.0171**	**-0.3799**	
Quality Assess-Medicaid Share				**$20.3396**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**231.0135**	**234.0550**	**10.0705**	**253.0175**	

***Medicaid Trend Adjustment :**

0 203203-00 - 2014/01

242.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Glades Health Care Center

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 :01/01/2014
Type of 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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Pahokee FL 33476		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**36,070**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,313**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**30,767**		
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	**85.29803%**
Occupancy:	**82.35160%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.38597%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,562,671	2,677,458	1,556,107	427,046	0	6,223,282
1a	Audit Adjustments						
2	Cost Per Diem	50.7905	87.0237	50.5771	**13.8800**		202.2713
3	Cost Per Diem Inflated	53.0336	89.2635	52.8108			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.0336**	**89.2635**	**52.8108**	**13.8800**		208.9879
5a	Interim Adjustment	1.8400	3.2007	1.8637			
5b	Interim Adjusted Per Diem	**54.8736**	**92.4642**	**54.6745**			
6	Prior Semester: Provider Target Base	50.7046		58.0935			
7	Provider Target Rate	**52.1289**		**59.7253**			
7a	Interim Adjustment	1.8400		1.8637			
7b	Interim Adjusted Provider Target Rate	**53.9689**		**61.5890**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.9689**	**92.4642**	**54.6745**	**13.6500**		214.7576
12/13	Medicaid Adjustment Rate		3.6718	2.1711			
14	Prospective Per Diem 11	**53.9689**	**96.1360**	**56.8456**	**13.6500**		**220.6005**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203203-00 - 2014/01

242.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,299,502**
FRVS Base Asset:	**1,991,976**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**261,994**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,639,602**	**6.6462**
20% ROE(2):	**659,900**	**0.2459**
Insurance Cost(3):	**92,856**	**2.5743**
Taxes Cost(3):	**731**	**0.0203**
Home Office(3):	**763**	**0.0212**
Replacement(3&4):	**4,795**	**0.0000**
Total FRVS PD:		**9.5079**

(1) 80% Capital ($2,639,602) amortized at 10.0000% for 20 years Interest of $261,994 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.6462
(2) 20% ROE ($659,900) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2459
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.9689**	**53.9689**	**2.3221**	**51.6468**	
Patient Care					
Direct Care	**96.1360**	**96.1360**	**4.1364**	**91.9996**	
Indirect Care	**56.8456**	**56.8456**	**2.4459**	**54.3997**	
Property	**13.6500**	**9.5079**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5167**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.6005**	**216.4584**	**9.4917**	**242.3189**	

***Medicaid Trend Adjustment :**

0 203220-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**104**	Superior:	**0**
Inverness FL 34452-4753		Days In CR	**365**	Maximum:	**37,960**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2014/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**31,976**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,099**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,876**		
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	**74.66850%**
Occupancy:	**84.23604%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.72885%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,121,144	2,070,763	1,338,929	147,315	0	4,678,151
1a	Audit Adjustments						
2	Cost Per Diem	46.9569	86.7299	56.0784	**6.1700**		195.9352
3	Cost Per Diem Inflated	48.7217	88.7411	58.1860			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7217**	**88.7411**	**58.1860**	**6.1700**		201.8188
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.3650		61.3284			
7	Provider Target Rate	**60.0045**		**63.0511**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7217**	**88.7411**	**58.1860**	**6.1700**		201.8188
12/13	Medicaid Adjustment Rate		2.4627	1.6148			
14	Prospective Per Diem 11	**48.7217**	**91.2038**	**59.8008**	**6.1700**		**205.8963**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203220-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**3,296,346**
FRVS Base Asset:	**1,729,808**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**327,861**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,637,077**	**9.5967**
20% ROE(2):	**659,269**	**0.2713**
Insurance Cost(3):	**33,511**	**1.0480**
Taxes Cost(3):	**47,070**	**1.4720**
Home Office(3):	**27,141**	**0.8488**
Replacement(3&4):	**12,654**	**0.0000**
Total FRVS PD:		**13.2368**

(1) 80% Capital ($2,637,077) amortized at 12.5000% for 20 years Interest of $327,861 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $9.5967
(2) 20% ROE ($659,269) times the ROE factor (0.014060) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.2713
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7217**	**48.7217**	**2.0963**	**46.6254**	
Patient Care					
Direct Care	**91.2038**	**91.2038**	**3.9242**	**87.2796**	
Indirect Care	**59.8008**	**59.8008**	**2.5730**	**57.2278**	
Property	**6.1700**	**13.2368**	**0.5695**	**12.6673**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1729**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.8963**	**212.9631**	**9.1630**	**232.6664**	

***Medicaid Trend Adjustment :**

0 203238-00 - 2014/01

247.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**138**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**365**	Maximum:	**50,370**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**36,616**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,871**		
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:	**6/1/1969**						
Acquired Date:	**6/1/1969**						
Entered Medicaid	**12/1/1980**						
Med # Active Date:	**1/1/1991**						
Previous Med #	**206008**						

Medicaid Utilization	**76.54850%**
Occupancy:	**72.69406%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.37897%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,434,565	2,561,416	1,814,755	258,708	0	6,069,444
1a	Audit Adjustments						
2	Cost Per Diem	51.1815	91.3845	64.7456	**9.2300**		216.5416
3	Cost Per Diem Inflated	53.1050	93.5036	67.1789			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1050**	**93.5036**	**67.1789**	**9.2300**		223.0175
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.0836		71.4420			
7	Provider Target Rate	**80.2770**		**73.4488**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.1050**	**93.5036**	**63.0224**	**9.2300**		218.8610
12/13	Medicaid Adjustment Rate		2.7927	1.8823			
14	Prospective Per Diem 11	**53.1050**	**96.2963**	**64.9047**	**9.2300**		**223.5360**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203238-00 - 2014/01

247.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2585**
Insurance Cost(3):	**46,800**	**1.2781**
Taxes Cost(3):	**107,560**	**2.9375**
Home Office(3):	**33,572**	**0.9169**
Replacement(3&4):	**71,988**	**0.0000**
Total FRVS PD:		**14.5352**

(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 (0.014060) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.2585
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,617,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.1050**	**53.1050**	**2.2849**	**50.8201**	
Patient Care					
Direct Care	**96.2963**	**96.2963**	**4.1433**	**92.1530**	
Indirect Care	**64.9047**	**64.9047**	**2.7926**	**62.1121**	
Property	**9.2300**	**14.5352**	**0.6254**	**13.9098**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4678**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**223.5360**	**228.8412**	**9.8462**	**247.1562**	

***Medicaid Trend Adjustment :**

0 203327-00 - 2014/01

234.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**180**	Superior:	**0**
Miami FL 33173		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**62,165**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,584**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,418**		
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	**50.53969%**
Occupancy:	**94.61948%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.63837%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,513,962	2,661,768	1,843,908	585,632	0	6,605,270
1a	Audit Adjustments						
2	Cost Per Diem	48.1877	84.7211	58.6895	**18.6400**		210.2383
3	Cost Per Diem Inflated	49.7521	86.5424	60.5948			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7521**	**86.5424**	**60.5948**	**18.6400**		215.5293
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.6020		63.4963			
7	Provider Target Rate	**60.2481**		**65.2799**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.7521**	**86.5424**	**60.5948**	**13.6500**		210.5393
12/13	Medicaid Adjustment Rate		0.0525	0.0368			
14	Prospective Per Diem 11	**49.7521**	**86.5949**	**60.6316**	**13.6500**		**210.6286**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203327-00 - 2014/01

234.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,589,315**
FRVS Base Asset:	**5,463,360**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**755,200**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,871,452**	**12.7719**
20% ROE(2):	**1,717,863**	**0.4358**
Insurance Cost(3):	**179,625**	**2.8895**
Taxes Cost(3):	**114,430**	**1.8407**
Home Office(3):	**88,825**	**1.4289**
Replacement(3&4):	**188,323**	**0.0000**
Total FRVS PD:		**19.3668**

(1) 80% Capital ($6,871,452) amortized at 9.2500% for 20 years Principal & Interest of $755,200 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.7719
(2) 20% ROE ($1,717,863) times the ROE factor (0.015000) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4358
(3) 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:	**51,248**
		Effective PBS Limitation	**5,463,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.7521**	**49.7521**	**2.1406**	**47.6115**	
Patient Care					
Direct Care	**86.5949**	**86.5949**	**3.7258**	**82.8691**	
Indirect Care	**60.6316**	**60.6316**	**2.6087**	**58.0229**	
Property	**13.6500**	**19.3668**	**0.8333**	**18.5335**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2696**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.6286**	**216.3454**	**9.3084**	**234.0000**	

***Medicaid Trend Adjustment :**

0 203335-00 - 2014/01

226.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**59,214**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.74787%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	46.9470	103.1136	70.3484			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.9470**	**103.1136**	**70.3484**	**14.7000**		235.1090
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2060		63.3820			
7	Provider Target Rate	**51.6163**		**65.1624**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.9470**	**94.1508**	**59.2527**	**13.6500**		214.0005
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.9470**	**94.1508**	**59.2527**	**13.6500**		**214.0005**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203335-00 - 2014/01

226.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,036,909**
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:	**562,145**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,429,527**	**9.5069**
20% ROE(2):	**1,607,382**	**0.3963**
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:		**12.2229**

(1) 80% Capital ($6,429,527) amortized at 6.2100% for 20 years Principal & Interest of $562,145 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.5069
(2) 20% ROE ($1,607,382) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3963
(3) 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:	**51,248**
		Effective PBS Limitation	**1,699,712**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.9470**	**46.9470**	**2.0200**	**44.9270**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**12.2229**	**0.5259**	**11.6970**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3257**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.0005**	**212.5734**	**9.1463**	**226.4462**	

***Medicaid Trend Adjustment :**

1

0 203475-00 - 2014/01

212.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Jackson[32]**		First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**58,877**	Total:	**181**
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]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.05294555**
Open Date:	**2/1/1971**					Target:	**1.01966300**
Acquired Date:	**2/1/1971**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**2/1/1971**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**2/1/1971**					**DC Inflation:**	**1.02958333**
Previous Med #						**PS Target:**	**1.02809000**

Medicaid Utilization	**79.30941%**
Occupancy:	**89.37007%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.11189%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

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	43.1972	90.7502	36.7350			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1972**	**90.7502**	**36.7350**	**4.7200**		175.4024
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6713		49.8062			
7	Provider Target Rate	**47.9823**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1972**	**90.7502**	**36.7350**	**4.7200**		175.4024
12/13	Medicaid Adjustment Rate		2.9923	1.2113			
14	Prospective Per Diem 11	**43.1972**	**93.7425**	**37.9463**	**4.7200**		**179.6060**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203475-00 - 2014/01

212.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1972**	**43.1972**	**1.8586**	**41.3386**	
Patient Care					
Direct Care	**93.7425**	**93.7425**	**4.0334**	**89.7091**	
Indirect Care	**37.9463**	**37.9463**	**1.6327**	**36.3136**	
Property	**4.7200**	**13.5026**	**0.5810**	**12.9216**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.2702**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.6060**	**188.3886**	**8.1057**	**212.2465**	

***Medicaid Trend Adjustment :**

0 203599-00 - 2014/01

215.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Manor at Carpenter's

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1001 Carpenter's Way		**01/01/2012-12/31/2012**		Number of Beds:	**72**	Superior:	**0**
Lakeland FL 33809		Days In CR	**366**	Maximum:	**26,352**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**26,280**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**25,476**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,570**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**3,403**		
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	**13.35767%**
Occupancy:	**96.67577%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.19491%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	158,307	299,972	201,293	66,665	0	726,237
1a	Audit Adjustments						
2	Cost Per Diem	46.5198	88.1493	59.1516	**19.5901**		213.4108
3	Cost Per Diem Inflated	48.7343	90.5684	61.9675			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7343**	**90.5684**	**61.9675**	**19.5901**		220.8603
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.1469		63.7777			
7	Provider Target Rate	**63.8926**		**65.5692**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7343**	**90.5684**	**61.9675**	**13.6500**		214.9202
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7343**	**90.5684**	**61.9675**	**13.6500**		**214.9202**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203599-00 - 2014/01

215.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,282,464**
FRVS Base Asset:	**1,789,260**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**293,730**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,625,971**	**12.4188**
20% ROE(2):	**656,493**	**0.4047**
Insurance Cost(3):	**47,802**	**1.8764**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**115,562**	**0.0000**
Total FRVS PD:		**14.6999**

(1) 80% Capital ($2,625,971) amortized at 9.5000% for 20 years Principal & Interest of $293,730 divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $12.4188
(2) 20% ROE ($656,493) times the ROE factor (0.014580) divided by annual available days (26,280) divided by Occup. Adj. (0.9000) = $0.4047
(3) 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:	**51,248**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7343**	**48.7343**	**2.0969**	**46.6374**	
Patient Care					
Direct Care	**90.5684**	**90.5684**	**3.8968**	**86.6716**	
Indirect Care	**61.9675**	**61.9675**	**2.6662**	**59.3013**	
Property	**13.6500**	**14.6999**	**0.6325**	**14.0674**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.9202**	**215.9701**	**9.2924**	**215.3711**	

***Medicaid Trend Adjustment :**

0 203670-00 - 2014/01

230.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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: **181**
County: **Dade[13]**	First Used: **2013/07**	Max Annualized: **59,495**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2014/01**	Total Patient: **49,679**	Total: **181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.53152%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	67.8658	113.3530	79.6091			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**67.8658**	**113.3530**	**79.6091**	**7.4800**		268.3079
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.2496		98.6778			
7	Provider Target Rate	**79.4195**		**101.4497**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**7.4800**		221.9181
12/13	Medicaid Adjustment Rate		1.5914	1.0298			
14	Prospective Per Diem 11	**54.0223**	**98.9848**	**64.0522**	**7.4800**		**224.5393**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

5

0 203670-00 - 2014/01

230.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**4,645,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.9848**	**98.9848**	**4.2589**	**94.7259**	
Indirect Care	**64.0522**	**64.0522**	**2.7559**	**61.2963**	
Property	**7.4800**	**14.5196**	**0.6247**	**13.8949**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.5393**	**231.5789**	**9.9639**	**230.3084**	

***Medicaid Trend Adjustment :**

5

0 203769-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**177**	Superior:	**0**
Pompano Beach FL 33060		Days In CR	**366**	Maximum:	**64,782**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**52,893**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,618**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**9,140**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1976**						
Acquired Date:	**10/1/1976**						
Entered Medicaid	**4/1/1972**						
Med # Active Date:	**4/1/1972**						
Previous Med #							

Medicaid Utilization	**17.28017%**
Occupancy:	**81.64768%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**101.51081%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	471,049	778,410	650,138	174,848	0	2,074,445
1a	Audit Adjustments						
2	Cost Per Diem	51.5371	85.1652	71.1311	**19.1300**		226.9634
3	Cost Per Diem Inflated	53.9905	87.5024	74.5172			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9905**	**87.5024**	**74.5172**	**19.1300**		235.1401
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.6521		67.1953			
7	Provider Target Rate	**72.6367**		**69.0828**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.9905**	**87.5024**	**63.0224**	**13.6500**		218.1653
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.9905**	**87.5024**	**63.0224**	**13.6500**		**218.1653**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 203769-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2247**
Insurance Cost(3):	**157,255**	**2.9731**
Taxes Cost(3):	**187,913**	**3.5527**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**337,587**	**0.0000**
Total FRVS PD:		**13.7121**

(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 (0.014580) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.2247
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.9905**	**53.9905**	**2.3230**	**51.6675**	
Patient Care					
Direct Care	**87.5024**	**87.5024**	**3.7649**	**83.7375**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**13.7121**	**0.5900**	**13.1221**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.1653**	**218.2274**	**9.3895**	**217.5313**	

***Medicaid Trend Adjustment :**

3

0 203815-00 - 2014/01

202.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34205		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**42,353**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,470**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,579**		
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	**48.58924%**
Occupancy:	**96.69635%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.22049%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	937,439	1,646,853	1,646,249	384,827	0	4,615,368
1a	Audit Adjustments						
2	Cost Per Diem	45.5532	80.0259	79.9965	**18.7000**		224.2756
3	Cost Per Diem Inflated	47.4869	82.0174	83.3922			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4869**	**82.0174**	**83.3922**	**18.7000**		231.5965
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5989		75.6251			
7	Provider Target Rate	**61.2730**		**77.7494**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4869**	**82.0174**	**61.0784**	**13.6500**		204.2327
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4869**	**82.0174**	**61.0784**	**13.6500**		**204.2327**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203815-00 - 2014/01

202.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,014,137**
FRVS Base Asset:	**348,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**374,680**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,811,310**	**9.5048**
20% ROE(2):	**1,202,827**	**0.4449**
Insurance Cost(3):	**83,511**	**1.9718**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**14,865**	**0.3510**
Replacement(3&4):	**103,104**	**0.0000**
Total FRVS PD:		**12.2725**

(1) 80% Capital ($4,811,310) amortized at 4.8000% for 20 years Principal & Interest of $374,680 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5048
(2) 20% ROE ($1,202,827) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4449
(3) 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:	**51,248**
		Effective PBS Limitation	**348,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4869**	**47.4869**	**2.0432**	**45.4437**	
Patient Care					
Direct Care	**82.0174**	**82.0174**	**3.5289**	**78.4885**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**12.2725**	**0.5280**	**11.7445**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.2327**	**202.8552**	**8.7281**	**202.8205**	

***Medicaid Trend Adjustment :**

0 203823-00 - 2014/01

203.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**19,248**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.97371%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	54.0819	59.5584	56.0118			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.0819**	**59.5584**	**56.0118**	**4.6000**		174.2521
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1537		60.3576			
7	Provider Target Rate	**56.7030**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0819**	**59.5584**	**56.0118**	**4.6000**		174.2521
12/13	Medicaid Adjustment Rate		1.1345	1.0669			
14	Prospective Per Diem 11	**54.0819**	**60.6929**	**57.0787**	**4.6000**		**176.4535**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203823-00 - 2014/01

203.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,666,610**
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:	**165,145**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,333,288**	**8.3787**
20% ROE(2):	**333,322**	**0.2466**
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:		**9.3520**

(1) 80% Capital ($1,333,288) amortized at 11.0000% for 20 years Principal & Interest of $165,145 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $8.3787
(2) 20% ROE ($333,322) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2466
(3) 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:	**51,248**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0819**	**54.0819**	**2.3269**	**51.7550**	
Patient Care					
Direct Care	**60.6929**	**60.6929**	**2.6114**	**58.0815**	
Indirect Care	**57.0787**	**57.0787**	**2.4559**	**54.6228**	
Property	**4.6000**	**9.3520**	**0.4024**	**8.9496**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3415**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.4535**	**181.2055**	**7.7966**	**203.4438**	

***Medicaid Trend Adjustment :**

0 203980-00 - 2014/01

165.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **22**	Superior: **0**
Panama City FL 32401	Days In CR **366**	Maximum: **8,052**	Standard: **181**
County: **Bay[3]**	First Used: **2014/01**	Max Annualized: **8,030**	Conditional: **0**
Region: **North [1]** Area: **2**	Last Used: **2014/01**	Total Patient: **7,780**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **0**	
Current Class **North Small [1]**	Initial CR? **False**	Medicaid: **5,784**	
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	**74.34447%**
Occupancy:	**96.62195%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.12800%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	193,995	434,376	186,787	19,376	0	834,534
1a	Audit Adjustments						
2	Cost Per Diem	33.5399	75.0996	32.2937	**3.3499**		144.2831
3	Cost Per Diem Inflated	35.1365	77.1605	33.8310			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.1365**	**77.1605**	**33.8310**	**3.3499**		149.4779
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.2033		54.8179			
7	Provider Target Rate	**58.8101**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.1365**	**77.1605**	**33.8310**	**3.3499**		149.4779
12/13	Medicaid Adjustment Rate		2.1132	0.9265			
14	Prospective Per Diem 11	**35.1365**	**79.2737**	**34.7575**	**3.3499**		**152.5176**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 203980-00 - 2014/01

165.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,087,261**
FRVS Base Asset:	**290,519**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**97,976**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**869,809**	**13.5569**
20% ROE(2):	**217,452**	**0.4387**
Insurance Cost(3):	**3,769**	**0.4844**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.4800**

(1) 80% Capital ($869,809) amortized at 9.6000% for 20 years Principal & Interest of $97,976 divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $13.5569
(2) 20% ROE ($217,452) times the ROE factor (0.014580) divided by annual available days (8,030) divided by Occup. Adj. (0.9000) = $0.4387
(3) 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:	**51,248**
		Effective PBS Limitation	**614,658**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.1365**	**35.1365**	**1.5118**	**33.6247**	
Patient Care					
Direct Care	**79.2737**	**79.2737**	**3.4108**	**75.8629**	
Indirect Care	**34.7575**	**34.7575**	**1.4955**	**33.2620**	
Property	**3.3499**	**14.4800**	**0.6230**	**13.8570**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**152.5176**	**163.6477**	**7.0411**	**165.3000**	

***Medicaid Trend Adjustment :**

0 204072-00 - 2014/01

217.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**30,951**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.13856%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	60.1152	81.7993	71.4365			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.1152**	**81.7993**	**71.4365**	**10.6700**		224.0210
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6311		70.4683			
7	Provider Target Rate	**55.1376**		**72.4478**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.1376**	**81.7993**	**71.4365**	**10.6700**		219.0434
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.1376**	**81.7993**	**71.4365**	**10.6700**		**219.0434**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204072-00 - 2014/01

217.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,868,743**
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:	**266,082**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,094,994**	**8.0999**
20% ROE(2):	**773,749**	**0.3950**
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:		**9.9510**

(1) 80% Capital ($3,094,994) amortized at 6.0000% for 20 years Principal & Interest of $266,082 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $8.0999
(2) 20% ROE ($773,749) times the ROE factor (0.016770) divided by annual available days (36,500) 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:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**100**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,035,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.1376**	**55.1376**	**2.3724**	**52.7652**	
Patient Care					
Direct Care	**81.7993**	**81.7993**	**3.5195**	**78.2798**	
Indirect Care	**71.4365**	**71.4365**	**3.0736**	**68.3629**	
Property	**10.6700**	**9.9510**	**0.4282**	**9.5228**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**219.0434**	**218.3244**	**9.3937**	**217.6241**	

***Medicaid Trend Adjustment :**

0 204161-00 - 2014/01

227.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Jackson Memorial Long Term Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**64,348**	Total:	**181**
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:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.05294555**
Open Date:	**8/1/1973**					Target:	**1.01966300**
Acquired Date:	**8/1/1973**					**DC FY Index:**	**1.20000000**
Entered Medicaid	**8/1/1973**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**8/1/1973**					**DC Inflation:**	**1.02958333**
Previous Med #						**PS Target:**	**1.02809000**

Medicaid Utilization	**59.63356%**
Occupancy:	**97.67456%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.43669%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

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	55.0357	122.6850	81.4298			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0357**	**122.6850**	**81.4298**	**3.8500**		263.0005
5a	Interim Adjustment	0.0060	3.2873	3.2873			
5b	Interim Adjusted Per Diem	**55.0417**	**125.9723**	**84.7171**			
6	Prior Semester: Provider Target Base	73.0710		89.7722			
7	Provider Target Rate	**75.1236**		**92.2939**			
7a	Interim Adjustment	0.0060		3.2873			
7b	Interim Adjusted Provider Target Rate	**75.1296**		**95.5812**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**3.8500**		218.2881
12/13	Medicaid Adjustment Rate		1.0555	0.6830			
14	Prospective Per Diem 11	**54.0223**	**98.4489**	**63.7054**	**3.8500**		**220.0266**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204161-00 - 2014/01

227.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.4489**	**98.4489**	**4.2359**	**94.2130**	
Indirect Care	**63.7054**	**63.7054**	**2.7410**	**60.9644**	
Property	**3.8500**	**12.6093**	**0.5425**	**12.0668**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.0266**	**228.7859**	**9.8438**	**227.6355**	

***Medicaid Trend Adjustment :**

0 204170-00 - 2014/01

248.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**58,921**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.49957%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

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	53.4051	105.2234	68.6397			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.4051**	**105.2234**	**68.6397**	**17.9000**		245.1682
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.8519		75.5470			
7	Provider Target Rate	**58.4489**		**77.6691**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.4051**	**97.3934**	**63.0224**	**13.6500**		227.4709
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.4051**	**97.3934**	**63.0224**	**13.6500**		**227.4709**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204170-00 - 2014/01

248.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,056,789**
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:	**692,913**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,445,431**	**11.7185**
20% ROE(2):	**1,611,358**	**0.4003**
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:		**19.7175**

(1) 80% Capital ($6,445,431) amortized at 8.9400% for 20 years Principal & Interest of $692,913 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.7185
(2) 20% ROE ($1,611,358) times the ROE factor (0.014690) divided by annual available days (65,700) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.4051**	**53.4051**	**2.2978**	**51.1073**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**19.7175**	**0.8484**	**18.8691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6444**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.4709**	**233.5384**	**10.0483**	**248.8279**	

***Medicaid Trend Adjustment :**

5

0 204391-00 - 2014/01

231.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**35,186**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**1,668**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,125**		
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	**71.40624%**
Occupancy:	**80.11385%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.60383%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,191,708	2,393,247	1,336,996	235,924	0	5,157,875
1a	Audit Adjustments						
2	Cost Per Diem	47.4312	95.2536	53.2138	**9.3900**		205.2886
3	Cost Per Diem Inflated	49.6891	97.8676	55.7470			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6891**	**97.8676**	**55.7470**	**9.3900**		212.6937
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.8667		49.8062			
7	Provider Target Rate	**44.0708**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.0708**	**94.1508**	**51.2053**	**9.3900**		198.8169
12/13	Medicaid Adjustment Rate		2.2673	1.2331			
14	Prospective Per Diem 11	**44.0708**	**96.4181**	**52.4384**	**9.3900**		**202.3173**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204391-00 - 2014/01

231.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,037,888**
FRVS Base Asset:	**2,103,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**503,023**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,830,310**	**12.7606**
20% ROE(2):	**1,207,578**	**0.4466**
Insurance Cost(3):	**29,735**	**0.8451**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**32,305**	**0.9181**
Replacement(3&4):	**180,769**	**0.0000**
Total FRVS PD:		**14.9704**

(1) 80% Capital ($4,830,310) amortized at 8.5000% for 20 years Principal & Interest of $503,023 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7606
(2) 20% ROE ($1,207,578) times the ROE factor (0.014580) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.0708**	**44.0708**	**1.8962**	**42.1746**	
Patient Care					
Direct Care	**96.4181**	**96.4181**	**4.1485**	**92.2696**	
Indirect Care	**52.4384**	**52.4384**	**2.2562**	**50.1822**	
Property	**9.3900**	**14.9704**	**0.6441**	**14.3263**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.9341**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.3173**	**207.8977**	**8.9450**	**231.5802**	

***Medicaid Trend Adjustment :**

0 204536-00 - 2014/01

189.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**8,297**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**68**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,238**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/1/1972**						
Acquired Date:	**1/1/1972**						
Entered Medicaid	**2/1/1976**						
Med # Active Date:	**2/1/1976**						
Previous Med #							

Medicaid Utilization	**63.13125%**
Occupancy:	**94.45583%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.43491%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	44.2575	101.0009	35.6263			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2575**	**101.0009**	**35.6263**	**4.4101**		185.2948
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2601		61.7106			
7	Provider Target Rate	**54.7562**		**63.4441**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2575**	**92.5525**	**35.6263**	**4.4101**		176.8464
12/13	Medicaid Adjustment Rate		1.3672	0.5263			
14	Prospective Per Diem 11	**44.2575**	**93.9197**	**36.1526**	**4.4101**		**178.7399**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204536-00 - 2014/01

189.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**684,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2575**	**44.2575**	**1.9042**	**42.3533**	
Patient Care					
Direct Care	**93.9197**	**93.9197**	**4.0410**	**89.8787**	
Indirect Care	**36.1526**	**36.1526**	**1.5555**	**34.5971**	
Property	**4.4101**	**14.7922**	**0.6365**	**14.1557**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.7399**	**189.1220**	**8.1372**	**189.6782**	

***Medicaid Trend Adjustment :**

0 204625-00 - 2014/01

201.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Gilchrist[21]**		First Used:	**2013/07**	Max Annualized:	**29,565**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2014/01**	Total Patient:	**26,524**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.23497%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	40.7176	77.7980	42.3229			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7176**	**77.7980**	**42.3229**	**29.6200**		190.4585
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.7176**	**77.7980**	**42.3229**	**13.6500**		174.4885
12/13	Medicaid Adjustment Rate		1.1945	0.6498			
14	Prospective Per Diem 11	**40.7176**	**78.9925**	**42.9727**	**13.6500**		**176.3328**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 204625-00 - 2014/01

201.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,147,578**
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:	**384,240**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,318,062**	**14.4405**
20% ROE(2):	**829,516**	**0.5552**
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:		**17.1160**

(1) 80% Capital ($3,318,062) amortized at 10.0000% for 20 years Principal & Interest of $384,240 divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $14.4405
(2) 20% ROE ($829,516) times the ROE factor (0.017810) divided by annual available days (29,565) divided by Occup. Adj. (0.9000) = $0.5552
(3) 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:	**51,248**
		Effective PBS Limitation	**1,859,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7176**	**40.7176**	**1.7519**	**38.9657**	
Patient Care					
Direct Care	**78.9925**	**78.9925**	**3.3987**	**75.5938**	
Indirect Care	**42.9727**	**42.9727**	**1.8490**	**41.1237**	
Property	**13.6500**	**17.1160**	**0.7364**	**16.3796**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2180**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.3328**	**179.7988**	**7.7360**	**201.9742**	

***Medicaid Trend Adjustment :**

9

0 205150-00 - 2014/01

224.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**84,120**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**21,551**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**45,151**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1979**						
Acquired Date:	**2/1/1979**						
Entered Medicaid	**2/1/1979**						
Med # Active Date:	**2/1/1979**						
Previous Med #							

Medicaid Utilization	**53.67451%**
Occupancy:	**95.76502%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.06260%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	48.0331	88.6720	62.3817			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0331**	**88.6720**	**62.3817**	**17.2500**		216.3368
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2157		58.6260			
7	Provider Target Rate	**55.7386**		**60.2728**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0331**	**88.6720**	**59.2527**	**13.6500**		209.6078
12/13	Medicaid Adjustment Rate		0.3666	0.2449			
14	Prospective Per Diem 11	**48.0331**	**89.0386**	**59.4976**	**13.6500**		**210.2193**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205150-00 - 2014/01

224.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**11,488,931**
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:	**662,561**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,191,145**	**8.4039**
20% ROE(2):	**2,297,786**	**0.5191**
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:		**9.8482**

(1) 80% Capital ($9,191,145) amortized at 3.9000% for 20 years Principal & Interest of $662,561 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $8.4039
(2) 20% ROE ($2,297,786) times the ROE factor (0.017810) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.5191
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**232**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,612,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0331**	**48.0331**	**2.0667**	**45.9664**	
Patient Care					
Direct Care	**89.0386**	**89.0386**	**3.8310**	**85.2076**	
Indirect Care	**59.4976**	**59.4976**	**2.5600**	**56.9376**	
Property	**13.6500**	**9.8482**	**0.4237**	**9.4245**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5280**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.2193**	**206.4175**	**8.8814**	**224.7575**	

***Medicaid Trend Adjustment :**

0 205303-00 - 2014/01

213.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Osceola[49]**	First Used:	**2013/01**	Max Annualized:	**62,050**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**60,255**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**7,568**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**36,563**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1979**						
Acquired Date:	**8/1/1979**						
Entered Medicaid	**8/1/1979**						
Med # Active Date:	**8/1/1979**						
Previous Med #							

Medicaid Utilization	**60.68044%**
Occupancy:	**96.84185%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.40139%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	42.6284	82.6407	53.1956			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.6284**	**82.6407**	**53.1956**	**10.6600**		189.1247
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4344		51.8788			
7	Provider Target Rate	**44.6545**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.6284**	**82.6407**	**53.1956**	**10.6600**		189.1247
12/13	Medicaid Adjustment Rate		0.9930	0.6392			
14	Prospective Per Diem 11	**42.6284**	**83.6337**	**53.8348**	**10.6600**		**190.7569**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205303-00 - 2014/01

213.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,684,500**
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:	**492,581**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,147,600**	**8.8205**
20% ROE(2):	**1,536,900**	**0.4615**
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:		**10.5351**

(1) 80% Capital ($6,147,600) amortized at 5.1400% for 20 years Principal & Interest of $492,581 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $8.8205
(2) 20% ROE ($1,536,900) times the ROE factor (0.016770) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.4615
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.6284**	**42.6284**	**1.8341**	**40.7943**	
Patient Care					
Direct Care	**83.6337**	**83.6337**	**3.5984**	**80.0353**	
Indirect Care	**53.8348**	**53.8348**	**2.3163**	**51.5185**	
Property	**10.6600**	**10.5351**	**0.4533**	**10.0818**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.8542**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.7569**	**190.6320**	**8.2021**	**213.9775**	

***Medicaid Trend Adjustment :**

0 205460-00 - 2014/01

246.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**07/01/2012-06/30/2013**	Number of Beds: **60**	Superior: **0**
Lake Worth FL 33461	Days In CR **365**	Maximum: **21,900**	Standard: **181**
County: **Palm Beach[50]**	First Used: **2014/01**	Max Annualized: **21,900**	Conditional: **0**
Region: **South[2]** Area: **9**	Last Used: **2014/01**	Total Patient: **16,138**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,387**	
Current Class **South Small [3]**	Initial CR? **False**	Medicaid: **9,762**	
Class at 1/94: **South Small [3]**			
Operating Ex **> 18 months [1]**			
Open Date: **12/1/1979**			
Acquired Date: **12/1/1979**			
Entered Medicaid **12/1/1979**			
Med # Active Date: **12/14/1979**			
Previous Med #			

Medicaid Utilization	**60.49077%**
Occupancy:	**73.68950%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**91.61657%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	498,693	866,367	622,857	103,672	0	2,091,589
1a	Audit Adjustments						
2	Cost Per Diem	51.0851	88.7489	63.8042	**10.6200**		214.2582
3	Cost Per Diem Inflated	52.8812	90.7317	66.0475			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8812**	**90.7317**	**66.0475**	**10.6200**		220.2804
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.9907		65.8973			
7	Provider Target Rate	**67.8444**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.8812**	**90.7317**	**66.0475**	**10.6200**		220.2804
12/13	Medicaid Adjustment Rate		1.0708	0.7795			
14	Prospective Per Diem 11	**52.8812**	**91.8025**	**66.8270**	**10.6200**		**222.1307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205460-00 - 2014/01

246.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,042,554**
FRVS Base Asset:	**1,081,568**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**203,156**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,634,043**	**10.3073**
20% ROE(2):	**408,511**	**0.2980**
Insurance Cost(3):	**54,304**	**3.3650**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,648**	**0.0000**
Total FRVS PD:		**13.9703**

(1) 80% Capital ($1,634,043) amortized at 12.5000% for 20 years Interest of $203,156 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.3073
(2) 20% ROE ($408,511) times the ROE factor (0.014380) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2980
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8812**	**52.8812**	**2.2753**	**50.6059**	
Patient Care					
Direct Care	**91.8025**	**91.8025**	**3.9499**	**87.8526**	
Indirect Care	**66.8270**	**66.8270**	**2.8753**	**63.9517**	
Property	**10.6200**	**13.9703**	**0.6011**	**13.3692**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9100**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.1307**	**225.4810**	**9.7016**	**246.3828**	

***Medicaid Trend Adjustment :**

0 205745-00 - 2014/01

251.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**100**	Superior:	**0**
Delray Beach FL 33445		Days In CR	**366**	Maximum:	**36,600**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**35,582**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,298**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,908**		
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	**27.84554%**
Occupancy:	**97.21858%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.86978%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	700,689	1,003,935	782,303	138,118	0	2,625,045
1a	Audit Adjustments						
2	Cost Per Diem	70.7195	101.3257	78.9567	**13.9400**		264.9419
3	Cost Per Diem Inflated	74.0860	104.1064	82.7154			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**74.0860**	**104.1064**	**82.7154**	**13.9400**		274.8478
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.2901		69.6782			
7	Provider Target Rate	**67.1241**		**71.6355**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**104.1064**	**71.6355**	**13.6500**		252.7232
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**104.1064**	**71.6355**	**13.6500**		**252.7232**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205745-00 - 2014/01

251.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,311,857**
FRVS Base Asset:	**1,041,660**
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:	**428,866**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,449,486**	**13.0553**
20% ROE(2):	**862,371**	**0.3828**
Insurance Cost(3):	**0**	**0.0000**
Taxes Cost(3):	**18,811**	**0.5287**
Home Office(3):	**7,744**	**0.2176**
Replacement(3&4):	**3,512,532**	**0.0000**
Total FRVS PD:		**14.1844**

(1) 80% Capital ($3,449,486) amortized at 12.5000% for 20 years Interest of $428,866 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $13.0553
(2) 20% ROE ($862,371) times the ROE factor (0.014580) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.3828
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**104.1064**	**104.1064**	**4.4793**	**99.6271**	
Indirect Care	**71.6355**	**71.6355**	**3.0822**	**68.5533**	
Property	**13.6500**	**14.1844**	**0.6103**	**13.5741**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**252.7232**	**253.2576**	**10.8967**	**251.0543**	

***Medicaid Trend Adjustment :**

2

0 205796-00 - 2014/01

203.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**135**	Superior:	**0**
Orlando FL 32801		Days In CR	**365**	Maximum:	**49,275**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**49,275**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**46,597**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**13,183**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,693**		
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	**50.84662%**
Occupancy:	**94.56519%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.57088%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,082,152	1,807,039	1,521,829	473,386	0	4,884,406
1a	Audit Adjustments						
2	Cost Per Diem	45.6739	76.2689	64.2312	**19.9800**		206.1540
3	Cost Per Diem Inflated	47.0340	77.8441	66.1439			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0340**	**77.8441**	**66.1439**	**19.9800**		211.0020
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3800		60.9924			
7	Provider Target Rate	**53.8514**		**62.7057**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0340**	**77.8441**	**61.0784**	**13.6500**		199.6065
12/13	Medicaid Adjustment Rate		0.0741	0.0582			
14	Prospective Per Diem 11	**47.0340**	**77.9182**	**61.1366**	**13.6500**		**199.7388**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205796-00 - 2014/01

203.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,887,185**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**685,604**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,509,748**	**15.4598**
20% ROE(2):	**1,377,437**	**0.4886**
Insurance Cost(3):	**47,969**	**1.0294**
Taxes Cost(3):	**30,048**	**0.6448**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**101,211**	**0.0000**
Total FRVS PD:		**17.6226**

(1) 80% Capital ($5,509,748) amortized at 11.0700% for 20 years Principal & Interest of $685,604 divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $15.4598
(2) 20% ROE ($1,377,437) times the ROE factor (0.015730) divided by annual available days (49,275) divided by Occup. Adj. (0.9000) = $0.4886
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0340**	**47.0340**	**2.0237**	**45.0103**	
Patient Care					
Direct Care	**77.9182**	**77.9182**	**3.3525**	**74.5657**	
Indirect Care	**61.1366**	**61.1366**	**2.6305**	**58.5061**	
Property	**13.6500**	**17.6226**	**0.7582**	**16.8644**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.7388**	**203.7114**	**8.7649**	**203.6399**	

***Medicaid Trend Adjustment :**

0 205800-00 - 2014/01

246.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**66,065**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**63,854**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.83864%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	58.0170	90.6987	71.8047			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.0170**	**90.6987**	**71.8047**	**21.8900**	**0.2277**	242.6381
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.8924		72.7394			
7	Provider Target Rate	**56.4343**		**74.7826**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**90.6987**	**63.0224**	**13.6500**	**0.2277**	221.6211
12/13	Medicaid Adjustment Rate		2.7122	1.8846			
14	Prospective Per Diem 11	**54.0223**	**93.4109**	**64.9070**	**13.6500**	**0.2277**	**226.2179**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205800-00 - 2014/01

246.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,323,259**
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:	**591,043**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,658,607**	**9.9404**
20% ROE(2):	**1,664,652**	**0.4317**
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:		**13.0975**

(1) 80% Capital ($6,658,607) amortized at 6.4000% for 20 years Principal & Interest of $591,043 divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $9.9404
(2) 20% ROE ($1,664,652) times the ROE factor (0.015420) divided by annual available days (66,065) divided by Occup. Adj. (0.9000) = $0.4317
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**93.4109**	**93.4109**	**4.0191**	**89.3918**	
Indirect Care	**64.9070**	**64.9070**	**2.7927**	**62.1143**	
Property	**13.6500**	**13.0975**	**0.5873**	**13.0627**	
ROE	**0.2277**	**0.2099**	**0.0098**	**0.2179**	
ROE Adjustment	**-0.2099**	**-0.2099**	**-0.0090**	**-0.2009**	
Quality Assess-Medicaid Share				**$21.0270**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.0080**	**225.4377**	**9.7243**	**246.0041**	

***Medicaid Trend Adjustment :**

0 205923-00 - 2014/01

254.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**48,180**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**47,182**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**5,007**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,708**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1980**						
Acquired Date:	**12/1/1980**						
Entered Medicaid	**12/1/1980**						
Med # Active Date:	**12/1/1980**						
Previous Med #							

Medicaid Utilization	**62.96469%**
Occupancy:	**97.66104%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.41987%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	57.8317	102.3342	60.6371			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.8317**	**102.3342**	**60.6371**	**22.1200**		242.9230
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.2475		59.7196			
7	Provider Target Rate	**72.2208**		**61.3971**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**60.6371**	**13.6500**		225.7028
12/13	Medicaid Adjustment Rate		1.4205	0.8844			
14	Prospective Per Diem 11	**54.0223**	**98.8139**	**61.5215**	**13.6500**		**228.0077**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 205923-00 - 2014/01

254.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,898,166**
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:	**527,795**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,718,533**	**12.1718**
20% ROE(2):	**1,179,633**	**0.3966**
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:		**19.3350**

(1) 80% Capital ($4,718,533) amortized at 9.5000% for 20 years Principal & Interest of $527,795 divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $12.1718
(2) 20% ROE ($1,179,633) times the ROE factor (0.014580) divided by annual available days (48,180) divided by Occup. Adj. (0.9000) = $0.3966
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.8139**	**98.8139**	**4.2516**	**94.5623**	
Indirect Care	**61.5215**	**61.5215**	**2.6470**	**58.8745**	
Property	**13.6500**	**19.3350**	**0.8319**	**18.5031**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2537**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.0077**	**233.6927**	**10.0549**	**254.5849**	

***Medicaid Trend Adjustment :**

0 206300-00 - 2014/01

236.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hamilton[24]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,886**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.24734%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	51.4367	89.4369	62.3787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4367**	**89.4369**	**62.3787**	**5.2100**	**0.6394**	209.1017
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.7404		55.6497			
7	Provider Target Rate	**63.4747**		**57.2129**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4367**	**89.4369**	**57.2129**	**5.2100**	**0.6394**	203.9359
12/13	Medicaid Adjustment Rate		3.4806	2.2265			
14	Prospective Per Diem 11	**51.4367**	**92.9175**	**59.4394**	**5.2100**	**0.6394**	**209.6430**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206300-00 - 2014/01

236.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4367**	**51.4367**	**2.2131**	**49.2236**	
Patient Care					
Direct Care	**92.9175**	**92.9175**	**3.9979**	**88.9196**	
Indirect Care	**59.4394**	**59.4394**	**2.5575**	**56.8819**	
Property	**5.2100**	**10.7401**	**0.4621**	**10.2780**	
ROE	**0.6394**	**0.5639**	**0.0243**	**0.5396**	
ROE Adjustment	**-0.5639**	**-0.5639**	**-0.0243**	**-0.5396**	
Quality Assess-Medicaid Share				**$22.4393**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.0791**	**214.5337**	**9.2306**	**236.4358**	

***Medicaid Trend Adjustment :**

0 206431-00 - 2014/01

227.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**40,853**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.44066%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.34444818**
Cost:	**1.12611855**
Target:	**1.01966300**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.06554549**
PS Target:	**1.02809000**

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	99.6390	110.1794	119.5941			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**99.6390**	**110.1794**	**119.5941**	**14.2200**		343.6325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	90.9852		84.3800			
7	Provider Target Rate	**93.5410**		**86.7502**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**95.7721**	**61.0784**	**13.6500**		222.4137
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**95.7721**	**61.0784**	**13.6500**		**222.4137**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206431-00 - 2014/01

227.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,534,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**11.4461**	**0.4925**	**10.9536**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$8.2377**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.4137**	**220.2098**	**9.4748**	**227.6661**	

***Medicaid Trend Adjustment :**

0 206521-00 - 2014/01

234.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**119**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**366**	Maximum:	**43,554**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**30,096**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,472**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**5,501**		
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	**18.27818%**
Occupancy:	**69.10043%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.91108%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	309,534	517,864	498,810	125,258	0	1,451,466
1a	Audit Adjustments						
2	Cost Per Diem	56.2687	94.1400	90.6762	**22.7700**		263.8549
3	Cost Per Diem Inflated	58.9473	96.7235	94.9928			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9473**	**96.7235**	**94.9928**	**22.7700**		273.4336
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.7168		82.9446			
7	Provider Target Rate	**62.4223**		**85.2745**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**96.7235**	**63.0224**	**13.6500**		227.4182
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**96.7235**	**63.0224**	**13.6500**		**227.4182**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206521-00 - 2014/01

234.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3867**
Insurance Cost(3):	**45,705**	**1.5186**
Taxes Cost(3):	**77,846**	**2.5866**
Home Office(3):	**154,427**	**5.1311**
Replacement(3&4):	**2,888,640**	**0.0000**
Total FRVS PD:		**22.1186**

(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 (0.014580) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.3867
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**96.7235**	**96.7235**	**4.1616**	**92.5619**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**22.1186**	**0.9517**	**21.1669**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.4182**	**235.8868**	**10.1493**	**234.4309**	

***Medicaid Trend Adjustment :**

0 206610-00 - 2014/01

259.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Juno Beach FL 33408		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**20,262**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,193**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**1,954**		
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	**9.64367%**
Occupancy:	**92.26776%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.71453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	131,954	196,457	174,084	56,940	0	559,435
1a	Audit Adjustments						
2	Cost Per Diem	67.5302	100.5409	89.0911	**29.1402**		286.3024
3	Cost Per Diem Inflated	70.7449	103.3000	93.3322			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**70.7449**	**103.3000**	**93.3322**	**29.1402**		296.5173
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.0655		97.9179			
7	Provider Target Rate	**72.0336**		**100.6684**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**103.3000**	**79.1810**	**13.6500**		259.4623
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**103.3000**	**79.1810**	**13.6500**		**259.4623**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206610-00 - 2014/01

259.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2742**
Insurance Cost(3):	**101,031**	**4.9862**
Taxes Cost(3):	**46,663**	**2.3030**
Home Office(3):	**5,095**	**0.2515**
Replacement(3&4):	**3,242,031**	**0.0000**
Total FRVS PD:		**16.5687**

(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 (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2742
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**103.3000**	**103.3000**	**4.4446**	**98.8554**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**16.5687**	**0.7129**	**15.8558**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**259.4623**	**262.3810**	**11.2893**	**259.7851**	

***Medicaid Trend Adjustment :**

0 206865-00 - 2014/01

258.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Delray Beach FL 33445		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**27,309**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**6,108**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,394**		
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	**23.41353%**
Occupancy:	**82.90528%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.07436%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	446,807	697,260	649,319	54,861	0	1,848,247
1a	Audit Adjustments						
2	Cost Per Diem	69.8791	109.0491	101.5513	**8.5801**		289.0596
3	Cost Per Diem Inflated	73.2056	112.0417	106.3855			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.2056**	**112.0417**	**106.3855**	**8.5801**		300.2129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.7891		83.9558			
7	Provider Target Rate	**69.6933**		**86.3141**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**105.0880**	**79.1810**	**8.5801**		256.1804
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**105.0880**	**79.1810**	**8.5801**		**256.1804**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 206865-00 - 2014/01

258.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2850**
Insurance Cost(3):	**33,582**	**1.2297**
Taxes Cost(3):	**20,060**	**0.7346**
Home Office(3):	**3,354**	**0.1228**
Replacement(3&4):	**1,906,772**	**0.0000**
Total FRVS PD:		**13.3655**

(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 (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.2850
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**8.5801**	**13.3655**	**0.5751**	**12.7904**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**256.1804**	**260.9658**	**11.2284**	**258.4308**	

***Medicaid Trend Adjustment :**

0 207381-00 - 2014/01

231.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**280**	Superior:	**0**
West Palm Beach FL 33417		Days In CR	**365**	Maximum:	**102,200**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**102,200**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**98,130**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**20,888**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**59,613**		
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	**60.74901%**
Occupancy:	**96.01761%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.37664%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,872,658	6,000,829	3,701,886	890,022	12,091	14,477,486
1a	Audit Adjustments						
2	Cost Per Diem	64.9633	100.6631	62.0986	**14.9300**	**0.2028**	242.8578
3	Cost Per Diem Inflated	67.4048	102.9974	64.4324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**67.4048**	**102.9974**	**64.4324**	**14.9300**	**0.2028**	249.9674
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	73.3792		71.6182			
7	Provider Target Rate	**75.4404**		**73.6300**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**	**0.2028**	228.2909
12/13	Medicaid Adjustment Rate		1.1777	0.7621			
14	Prospective Per Diem 11	**54.0223**	**98.5711**	**63.7845**	**13.6500**	**0.2028**	**230.2307**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207381-00 - 2014/01

231.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**14,313,491**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**1,303,262**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**11,450,793**	**14.1690**
20% ROE(2):	**2,862,698**	**0.4376**
Insurance Cost(3):	**121,477**	**1.2379**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**730,079**	**0.0000**
Total FRVS PD:		**15.8445**

(1) 80% Capital ($11,450,793) amortized at 9.7490% for 20 years Principal & Interest of $1,303,262 divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $14.1690
(2) 20% ROE ($2,862,698) times the ROE factor (0.014060) divided by annual available days (102,200) divided by Occup. Adj. (0.9000) = $0.4376
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**98.5711**	**98.5711**	**4.2411**	**94.3300**	
Indirect Care	**63.7845**	**63.7845**	**2.7444**	**61.0401**	
Property	**13.6500**	**15.8445**	**0.5873**	**13.0627**	
ROE	**0.2028**	**0.1660**	**0.0087**	**0.1941**	
ROE Adjustment	**-0.1660**	**-0.1660**	**-0.0071**	**-0.1589**	
Quality Assess-Medicaid Share				**$2.1616**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.0647**	**232.2224**	**9.8988**	**231.0209**	

***Medicaid Trend Adjustment :**

0 207446-00 - 2014/01

230.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,955**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.10381%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	56.6475	93.0236	56.3828			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6475**	**93.0236**	**56.3828**	**16.0200**		222.0739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3762		56.9160			
7	Provider Target Rate	**53.8474**		**58.5148**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**93.0236**	**56.3828**	**13.6500**		212.8606
12/13	Medicaid Adjustment Rate		0.2000	0.1212			
14	Prospective Per Diem 11	**49.8042**	**93.2236**	**56.5040**	**13.6500**		**213.1818**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207446-00 - 2014/01

230.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,073,776**
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:	**3.5000**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**3.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**338,164**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,859,021**	**8.5785**
20% ROE(2):	**1,214,755**	**0.4912**
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:		**9.7918**

(1) 80% Capital ($4,859,021) amortized at 3.5000% for 20 years Principal & Interest of $338,164 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5785
(2) 20% ROE ($1,214,755) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4912
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**93.2236**	**93.2236**	**4.0111**	**89.2125**	
Indirect Care	**56.5040**	**56.5040**	**2.4312**	**54.0728**	
Property	**13.6500**	**9.7918**	**0.4213**	**9.3705**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2283**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.1818**	**209.3236**	**9.0065**	**230.2388**	

***Medicaid Trend Adjustment :**

8

0 207497-00 - 2014/01

242.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**118,625**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**66,587**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**69.59747%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	55.0389	79.6994	57.9313			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0389**	**79.6994**	**57.9313**	**32.4000**		225.0696
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.3907		64.4665			
7	Provider Target Rate	**56.9466**		**66.2774**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**79.6994**	**57.9313**	**13.6500**		205.3030
12/13	Medicaid Adjustment Rate		1.5071	1.0955			
14	Prospective Per Diem 11	**54.0223**	**81.2065**	**59.0268**	**13.6500**		**207.9056**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207497-00 - 2014/01

242.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**15,298,450**
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:	**1,933,905**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**12,238,760**	**18.1141**
20% ROE(2):	**3,059,690**	**0.4178**
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:		**27.9252**

(1) 80% Capital ($12,238,760) amortized at 15.0000% for 20 years Principal & Interest of $1,933,905 divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $18.1141
(2) 20% ROE ($3,059,690) times the ROE factor (0.014580) divided by annual available days (118,625) divided by Occup. Adj. (0.9000) = $0.4178
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**81.2065**	**81.2065**	**3.4940**	**77.7125**	
Indirect Care	**59.0268**	**59.0268**	**2.5397**	**56.4871**	
Property	**13.6500**	**27.9252**	**1.2015**	**26.7237**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1438**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.9056**	**222.1808**	**9.5596**	**242.4584**	

***Medicaid Trend Adjustment :**

0 207527-00 - 2014/01

205.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Polk[53]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2014/01**	Total Patient:	**34,742**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.34696%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	49.0082	67.1234	49.2058			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0082**	**67.1234**	**49.2058**	**27.8200**		193.1574
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1212**	**67.1234**	**49.2058**	**13.6500**		174.1004
12/13	Medicaid Adjustment Rate		1.3959	1.0233			
14	Prospective Per Diem 11	**44.1212**	**68.5193**	**50.2291**	**13.6500**		**176.5196**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207527-00 - 2014/01

205.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,120,924**
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:	**756,232**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,896,739**	**19.1840**
20% ROE(2):	**1,224,185**	**0.4950**
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:		**22.3771**

(1) 80% Capital ($4,896,739) amortized at 14.5950% for 20 years Principal & Interest of $756,232 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $19.1840
(2) 20% ROE ($1,224,185) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4950
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1212**	**44.1212**	**1.8984**	**42.2228**	
Patient Care					
Direct Care	**68.5193**	**68.5193**	**2.9481**	**65.5712**	
Indirect Care	**50.2291**	**50.2291**	**2.1612**	**48.0679**	
Property	**13.6500**	**22.3771**	**0.9628**	**21.4143**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2361**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.5196**	**185.2467**	**7.9705**	**205.2057**	

***Medicaid Trend Adjustment :**

0 207683-00 - 2014/01

227.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**37,644**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,734**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,047**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1984**						
Acquired Date:	**1/1/1984**						
Entered Medicaid	**1/1/1984**						
Med # Active Date:	**1/1/1984**						
Previous Med #	**205281**						

Medicaid Utilization	**77.16236%**
Occupancy:	**96.12379%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.50865%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	45.3799	86.5368	52.3095			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3799**	**86.5368**	**52.3095**	**10.6500**		194.8762
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.5094		53.9513			
7	Provider Target Rate	**56.0406**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.3799**	**86.5368**	**52.3095**	**10.6500**		194.8762
12/13	Medicaid Adjustment Rate		2.6444	1.5985			
14	Prospective Per Diem 11	**45.3799**	**89.1812**	**53.9080**	**10.6500**		**199.1191**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207683-00 - 2014/01

227.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,359,692**
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:	**500,802**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,287,754**	**14.2478**
20% ROE(2):	**1,071,938**	**0.5114**
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:		**18.2503**

(1) 80% Capital ($4,287,754) amortized at 10.1250% for 20 years Principal & Interest of $500,802 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $14.2478
(2) 20% ROE ($1,071,938) times the ROE factor (0.016770) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.5114
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3799**	**45.3799**	**1.9525**	**43.4274**	
Patient Care					
Direct Care	**89.1812**	**89.1812**	**3.8371**	**85.3441**	
Indirect Care	**53.9080**	**53.9080**	**2.3195**	**51.5885**	
Property	**10.6500**	**18.2503**	**0.7852**	**17.4651**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1149**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.1191**	**206.7194**	**8.8943**	**227.6334**	

***Medicaid Trend Adjustment :**

0 207799-00 - 2014/01

237.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Johns[55]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**34,737**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.33280%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	48.2817	89.7842	62.4078			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2817**	**89.7842**	**62.4078**	**18.9900**		219.4637
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3550		55.0146			
7	Provider Target Rate	**51.7695**		**56.5600**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2817**	**89.7842**	**56.5600**	**13.6500**		208.2759
12/13	Medicaid Adjustment Rate		1.6291	1.0262			
14	Prospective Per Diem 11	**48.2817**	**91.4133**	**57.5862**	**13.6500**		**210.9312**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 207799-00 - 2014/01

237.87

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,923,761**
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:	**650,838**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,739,009**	**16.5104**
20% ROE(2):	**1,184,752**	**0.5040**
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:		**22.6903**

(1) 80% Capital ($4,739,009) amortized at 12.6180% for 20 years Principal & Interest of $650,838 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.5104
(2) 20% ROE ($1,184,752) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5040
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2817**	**48.2817**	**2.0774**	**46.2043**	
Patient Care					
Direct Care	**91.4133**	**91.4133**	**3.9332**	**87.4801**	
Indirect Care	**57.5862**	**57.5862**	**2.4777**	**55.1085**	
Property	**13.6500**	**22.6903**	**0.9763**	**21.7140**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6661**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.9312**	**219.9715**	**9.4646**	**237.8664**	

***Medicaid Trend Adjustment :**

0 208442-00 - 2014/01

246.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**57,113**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.78289%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	51.0754	95.9339	69.9075			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0754**	**95.9339**	**69.9075**	**28.6200**		245.5368
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.7379		74.7181			
7	Provider Target Rate	**56.2755**		**76.8169**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.0754**	**95.7721**	**61.0784**	**13.6500**		221.5759
12/13	Medicaid Adjustment Rate		2.5174	1.6055			
14	Prospective Per Diem 11	**51.0754**	**98.2895**	**62.6839**	**13.6500**		**225.6988**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208442-00 - 2014/01

246.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,099,923**
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:	**516,702**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,279,938**	**8.7384**
20% ROE(2):	**1,819,985**	**0.5482**
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:		**10.7087**

(1) 80% Capital ($7,279,938) amortized at 3.7227% for 20 years Principal & Interest of $516,702 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.7384
(2) 20% ROE ($1,819,985) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5482
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.0754**	**51.0754**	**2.1976**	**48.8778**	
Patient Care					
Direct Care	**98.2895**	**98.2895**	**4.2290**	**94.0605**	
Indirect Care	**62.6839**	**62.6839**	**2.6971**	**59.9868**	
Property	**13.6500**	**10.7087**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7199**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.6988**	**222.7575**	**9.7110**	**246.4011**	

***Medicaid Trend Adjustment :**

0 208485-00 - 2014/01

233.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**181**
Jupiter FL 33458		Days In CR	**366**	Maximum:	**43,920**	Standard:	**0**
County: **Palm Beach[50]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2014/01**	Total Patient:	**30,089**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**13,264**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**11,173**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/1/1974**						
Acquired Date:	**6/1/1976**						
Entered Medicaid	**1/1/1974**						
Med # Active Date:	**9/5/1984**						
Previous Med #	**204323**						

Medicaid Utilization	**37.13317%**
Occupancy:	**68.50865%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.17534%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	515,982	1,428,008	738,921	137,204	0	2,820,115
1a	Audit Adjustments						
2	Cost Per Diem	46.1812	127.8088	66.1345	**12.2800**		252.4045
3	Cost Per Diem Inflated	48.6263	131.5898	69.6360			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.6263**	**131.5898**	**69.6360**	**12.2800**		262.1321
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.9932		67.8787			
7	Provider Target Rate	**66.8189**		**69.7854**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.6263**	**97.3934**	**63.0224**	**12.2800**		221.3221
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.6263**	**97.3934**	**63.0224**	**12.2800**		**221.3221**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208485-00 - 2014/01

233.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,663,201**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

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:	**381,700**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,530,561**	**9.6829**
20% ROE(2):	**1,132,640**	**0.4431**
Insurance Cost(3):	**35,084**	**1.1660**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**9,593**	**0.0000**
Total FRVS PD:		**11.2920**

(1) 80% Capital ($4,530,561) amortized at 5.7500% for 20 years Principal & Interest of $381,700 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6829
(2) 20% ROE ($1,132,640) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4431
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6263**	**48.6263**	**2.0922**	**46.5341**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**12.2800**	**11.2920**	**0.4859**	**10.8061**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8758**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**221.3221**	**220.3341**	**9.4802**	**233.4231**	

***Medicaid Trend Adjustment :**

0

0 208507-00 - 2014/01

215.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**240**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**87,600**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**79,165**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,269**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**65,006**		
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	**82.11457%**
Occupancy:	**90.37101%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.35633%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,474,045	5,886,612	3,710,157	1,097,301	0	13,168,115
1a	Audit Adjustments						
2	Cost Per Diem	38.0587	90.5549	57.0741	**16.8800**		202.5677
3	Cost Per Diem Inflated	39.1920	92.4252	58.7737			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1920**	**92.4252**	**58.7737**	**16.8800**		207.2709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		60.4684			
7	Provider Target Rate	**46.4166**		**62.1670**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.1920**	**92.4252**	**58.7737**	**13.6500**		204.0409
12/13	Medicaid Adjustment Rate		3.3392	2.1234			
14	Prospective Per Diem 11	**39.1920**	**95.7644**	**60.8971**	**13.6500**		**209.5035**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208507-00 - 2014/01

215.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,322,219**
FRVS Base Asset:	**5,041,736**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**1,016,770**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**7,457,775**	**12.8966**
20% ROE(2):	**1,864,444**	**0.3720**
Insurance Cost(3):	**215,546**	**2.7227**
Taxes Cost(3):	**122,470**	**1.5470**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**59,453**	**0.0000**
Total FRVS PD:		**17.5383**

(1) 80% Capital ($7,457,775) amortized at 12.5000% for 20 years Principal & Interest of $1,016,770 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $12.8966
(2) 20% ROE ($1,864,444) times the ROE factor (0.015730) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3720
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1920**	**39.1920**	**1.6863**	**37.5057**	
Patient Care					
Direct Care	**95.7644**	**95.7644**	**4.1204**	**91.6440**	
Indirect Care	**60.8971**	**60.8971**	**2.6202**	**58.2769**	
Property	**13.6500**	**17.5383**	**0.7546**	**16.7837**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.4799**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.5035**	**213.3918**	**9.1815**	**215.3836**	

***Medicaid Trend Adjustment :**

0 208540-00 - 2014/01

200.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32801		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**38,963**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,908**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,299**		
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	**54.66468%**
Occupancy:	**88.95662%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.59786%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,048,614	1,513,085	1,462,433	362,509	0	4,386,641
1a	Audit Adjustments						
2	Cost Per Diem	49.2330	71.0402	68.6620	**17.0200**		205.9552
3	Cost Per Diem Inflated	51.3229	72.8081	71.5766			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.3229**	**72.8081**	**71.5766**	**17.0200**		212.7276
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1743		76.7849			
7	Provider Target Rate	**50.5556**		**78.9418**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.5556**	**72.8081**	**61.0784**	**13.6500**		198.0921
12/13	Medicaid Adjustment Rate		0.3821	0.3205			
14	Prospective Per Diem 11	**50.5556**	**73.1902**	**61.3989**	**13.6500**		**198.7947**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208540-00 - 2014/01

200.12

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,759,404**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**503,089**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,807,523**	**12.7623**
20% ROE(2):	**951,881**	**0.3521**
Insurance Cost(3):	**57,309**	**1.4709**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**11,687**	**0.3000**
Replacement(3&4):	**291,119**	**0.0000**
Total FRVS PD:		**14.8853**

(1) 80% Capital ($3,807,523) amortized at 12.0000% for 20 years Principal & Interest of $503,089 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7623
(2) 20% ROE ($951,881) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3521
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.5556**	**50.5556**	**2.1752**	**48.3804**	
Patient Care					
Direct Care	**73.1902**	**73.1902**	**3.1491**	**70.0411**	
Indirect Care	**61.3989**	**61.3989**	**2.6418**	**58.7571**	
Property	**13.6500**	**14.8853**	**0.6405**	**14.2448**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.7947**	**200.0300**	**8.6066**	**200.1168**	

***Medicaid Trend Adjustment :**

0 208809-00 - 2014/01

215.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Escambia[17]**		First Used:	**2013/07**	Max Annualized:	**62,050**	Conditional:	**0**
Region: **North [1]**	Area: **1**	Last Used:	**2014/01**	Total Patient:	**54,435**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.77188%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	43.3699	85.4215	54.5314			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3699**	**85.4215**	**54.5314**	**5.4300**		188.7528
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8258**	**85.4215**	**51.2053**	**5.4300**		183.8826
12/13	Medicaid Adjustment Rate		1.0969	0.6575			
14	Prospective Per Diem 11	**41.8258**	**86.5184**	**51.8628**	**5.4300**		**185.6370**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 208809-00 - 2014/01

215.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,600,762**
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:	**816,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,880,610**	**14.6223**
20% ROE(2):	**1,720,152**	**0.4750**
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:		**15.8855**

(1) 80% Capital ($6,880,610) amortized at 10.3600% for 20 years Principal & Interest of $816,585 divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $14.6223
(2) 20% ROE ($1,720,152) times the ROE factor (0.015420) divided by annual available days (62,050) divided by Occup. Adj. (0.9000) = $0.4750
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,845,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8258**	**41.8258**	**1.7996**	**40.0262**	
Patient Care					
Direct Care	**86.5184**	**86.5184**	**3.7226**	**82.7958**	
Indirect Care	**51.8628**	**51.8628**	**2.2315**	**49.6313**	
Property	**5.4300**	**15.8855**	**0.6835**	**15.2020**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5874**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.6370**	**196.0925**	**8.4372**	**215.9361**	

***Medicaid Trend Adjustment :**

0 209325-00 - 2014/01

219.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**23,442**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**82.94894%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	48.8037	63.2638	60.2303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.8037**	**63.2638**	**60.2303**	**9.7200**		182.0178
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.4398		60.3576			
7	Provider Target Rate	**60.0814**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.8037**	**63.2638**	**60.2303**	**9.7200**		182.0178
12/13	Medicaid Adjustment Rate		0.7669	0.7301			
14	Prospective Per Diem 11	**48.8037**	**64.0307**	**60.9604**	**9.7200**		**183.5148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209325-00 - 2014/01

219.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,696,633**
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:	**572,106**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,757,306**	**18.1414**
20% ROE(2):	**939,327**	**0.4593**
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:		**24.4640**

(1) 80% Capital ($3,757,306) amortized at 14.3480% for 20 years Principal & Interest of $572,106 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $18.1414
(2) 20% ROE ($939,327) times the ROE factor (0.015420) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.4593
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.8037**	**48.8037**	**2.0998**	**46.7039**	
Patient Care					
Direct Care	**64.0307**	**64.0307**	**2.7550**	**61.2757**	
Indirect Care	**60.9604**	**60.9604**	**2.6229**	**58.3375**	
Property	**9.7200**	**24.4640**	**1.0526**	**23.4114**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6221**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.5148**	**198.2588**	**8.5303**	**219.0440**	

***Medicaid Trend Adjustment :**

0 209422-00 - 2014/01

210.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**59**	Superior:	**0**
Bradenton FL 34205		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2014/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,057**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,254**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,337**		
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 #							

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Medicaid Utilization	**56.52391%**
Occupancy:	**93.13675%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.79492%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	533,459	903,604	781,935	165,974	0	2,384,972
1a	Audit Adjustments						
2	Cost Per Diem	47.0547	79.7040	68.9720	**14.6400**		210.3707
3	Cost Per Diem Inflated	49.0521	81.6875	71.8998			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.0521**	**81.6875**	**71.8998**	**14.6400**		217.2794
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		67.3930			
7	Provider Target Rate	**52.6481**		**69.2861**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.0521**	**81.6875**	**69.2861**	**13.6500**		213.6757
12/13	Medicaid Adjustment Rate		0.5995	0.5085			
14	Prospective Per Diem 11	**49.0521**	**82.2870**	**69.7946**	**13.6500**		**214.7837**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209422-00 - 2014/01

210.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2805**
Insurance Cost(3):	**42,349**	**2.1114**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,514**	**0.3248**
Replacement(3&4):	**76,548**	**0.0000**
Total FRVS PD:		**9.5523**

(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 (0.014580) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.2805
(3) 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:	**51,248**
		Effective PBS Limitation	**181,373**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0521**	**49.0521**	**2.1105**	**46.9416**	
Patient Care					
Direct Care	**82.2870**	**82.2870**	**3.5405**	**78.7465**	
Indirect Care	**69.7946**	**69.7946**	**3.0030**	**66.7916**	
Property	**13.6500**	**9.5523**	**0.4110**	**9.1413**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.7837**	**210.6860**	**9.0650**	**210.3144**	

***Medicaid Trend Adjustment :**

0 209473-00 - 2014/01

239.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

St Anne's Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**80,300**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**77,018**	Total:	**181**
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]**	Medicaid Utilization			**63.18523%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**95.65077%**	Cost:	**1.05294555**
Open Date:	**5/22/1987**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/22/1987**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**5/22/1987**	Low Occupancy Adjustment Factor:			**118.92055%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**5/22/1987**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02958333**
Previous Med #					**7/1/2013**	**PS Target:**	**1.02809000**

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	54.9530	89.7033	65.4620			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.9530**	**89.7033**	**65.4620**	**12.8100**		222.9283
5a	Interim Adjustment	0.0328	0.0351	0.3708			
5b	Interim Adjusted Per Diem	**54.9858**	**89.7384**	**65.8328**			
6	Prior Semester: Provider Target Base	53.6727		59.3945			
7	Provider Target Rate	**55.1804**		**61.0629**			
7a	Interim Adjustment	0.0328		0.3708			
7b	Interim Adjusted Provider Target Rate	**55.2132**		**61.4337**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**89.7384**	**61.4337**	**12.8100**		218.0044
12/13	Medicaid Adjustment Rate		1.3311	0.9113			
14	Prospective Per Diem 11	**54.0223**	**91.0695**	**62.3450**	**12.8100**		**220.2468**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209473-00 - 2014/01

239.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**11,241,093**
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:	**853,138**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,992,874**	**11.8049**
20% ROE(2):	**2,248,219**	**0.4797**
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:		**15.2177**

(1) 80% Capital ($8,992,874) amortized at 7.2532% for 20 years Principal & Interest of $853,138 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $11.8049
(2) 20% ROE ($2,248,219) times the ROE factor (0.015420) divided by annual available days (80,300) 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:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**180**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,162,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**91.0695**	**91.0695**	**3.9184**	**87.1511**	
Indirect Care	**62.3450**	**62.3450**	**2.6825**	**59.6625**	
Property	**12.8100**	**15.2177**	**0.5512**	**12.2588**	
ROE	**0.0000**	**0.0926**			
ROE Adjustment	**0.0000**	**-0.0926**			
Quality Assess-Medicaid Share				**$19.7241**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.2468**	**222.6545**	**9.4765**	**239.1878**	

***Medicaid Trend Adjustment :**

0 209511-00 - 2014/01

239.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**19,644**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.21569%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	54.8135	90.0531	59.8273			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.8135**	**90.0531**	**59.8273**	**7.0300**		211.7239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.3829		71.1365			
7	Provider Target Rate	**81.6128**		**73.1347**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**90.0531**	**59.8273**	**7.0300**		210.5465
12/13	Medicaid Adjustment Rate		0.7855	0.5218			
14	Prospective Per Diem 11	**53.6361**	**90.8386**	**60.3491**	**7.0300**		**211.8538**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209511-00 - 2014/01

239.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,873,126**
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:	**185,860**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,298,501**	**9.4297**
20% ROE(2):	**574,625**	**0.4496**
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:		**15.1699**

(1) 80% Capital ($2,298,501) amortized at 5.2500% for 20 years Principal & Interest of $185,860 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.4297
(2) 20% ROE ($574,625) times the ROE factor (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4496
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**90.8386**	**90.8386**	**3.9084**	**86.9302**	
Indirect Care	**60.3491**	**60.3491**	**2.5966**	**57.7525**	
Property	**7.0300**	**15.1699**	**0.6527**	**14.5172**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3823**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.8538**	**219.9937**	**9.4655**	**239.6039**	

***Medicaid Trend Adjustment :**

0 209848-00 - 2014/01

195.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**36,526**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,164**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,345**		
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	**47.48672%**
Occupancy:	**83.39269%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.68035%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	822,625	1,184,048	1,412,574	297,814	0	3,717,061
1a	Audit Adjustments						
2	Cost Per Diem	47.4272	68.2645	81.4398	**17.1700**		214.3015
3	Cost Per Diem Inflated	49.4404	69.9633	84.8968			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4404**	**69.9633**	**84.8968**	**17.1700**		221.4705
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8360		79.5902			
7	Provider Target Rate	**53.2921**		**81.8259**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.4404**	**69.9633**	**61.0784**	**13.6500**		194.1321
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.4404**	**69.9633**	**61.0784**	**13.6500**		**194.1321**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209848-00 - 2014/01

195.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,755,059**
FRVS Base Asset:	**2,884,391**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**410,712**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,804,047**	**10.4189**
20% ROE(2):	**951,012**	**0.3517**
Insurance Cost(3):	**115,248**	**3.1552**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,183**	**0.3335**
Replacement(3&4):	**13,782**	**0.0000**
Total FRVS PD:		**14.2593**

(1) 80% Capital ($3,804,047) amortized at 9.0000% for 20 years Principal & Interest of $410,712 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4189
(2) 20% ROE ($951,012) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3517
(3) 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:	**51,248**
		Effective PBS Limitation	**1,290,949**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4404**	**49.4404**	**2.1272**	**47.3132**	
Patient Care					
Direct Care	**69.9633**	**69.9633**	**3.0103**	**66.9530**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**14.2593**	**0.6135**	**13.6458**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.1321**	**194.7414**	**8.3790**	**195.0558**	

***Medicaid Trend Adjustment :**

0 209856-00 - 2014/01

222.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2011-08/31/2012**		Number of Beds:	**109**	Superior:	**0**
Sun City Center FL 33573		Days In CR	**366**	Maximum:	**39,894**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**36,551**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,935**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,376**		
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	**31.12364%**
Occupancy:	**91.62030%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.90955%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	608,697	1,019,315	797,306	208,977	0	2,634,295
1a	Audit Adjustments						
2	Cost Per Diem	53.5071	89.6022	70.0867	**18.3700**		231.5660
3	Cost Per Diem Inflated	56.4908	92.3814	73.9949			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.4908**	**92.3814**	**73.9949**	**18.3700**		241.2371
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7391		51.8788			
7	Provider Target Rate	**47.0239**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0239**	**92.3814**	**53.3361**	**13.6500**		206.3914
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.0239**	**92.3814**	**53.3361**	**13.6500**		**206.3914**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 209856-00 - 2014/01

222.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,992,521**
FRVS Base Asset:	**1,239,028**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015940**

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:	**408,380**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,994,017**	**11.4052**
20% ROE(2):	**998,504**	**0.4445**
Insurance Cost(3):	**75,283**	**2.0597**
Taxes Cost(3):	**128,091**	**3.5044**
Home Office(3):	**17,723**	**0.4849**
Replacement(3&4):	**108,840**	**0.0000**
Total FRVS PD:		**17.8987**

(1) 80% Capital ($3,994,017) amortized at 8.2500% for 20 years Principal & Interest of $408,380 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $11.4052
(2) 20% ROE ($998,504) times the ROE factor (0.015940) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.4445
(3) 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:	**51,248**
		Effective PBS Limitation	**2,975,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0239**	**47.0239**	**2.0233**	**45.0006**	
Patient Care					
Direct Care	**92.3814**	**92.3814**	**3.9748**	**88.4066**	
Indirect Care	**53.3361**	**53.3361**	**2.2948**	**51.0413**	
Property	**13.6500**	**17.8987**	**0.7701**	**17.1286**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.2670**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.3914**	**210.6401**	**9.0630**	**222.5375**	

***Medicaid Trend Adjustment :**

0 210137-00 - 2014/01

216.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**08/01/2012-07/31/2013**	Number of Beds: **240**	Superior: **0**
Altamonte Springs FL 32701	Days In CR **365**	Maximum: **87,600**	Standard: **181**
County: **Seminole[59]**	First Used: **2014/01**	Max Annualized: **87,600**	Conditional: **0**
Region: **Central[3]** Area: **7**	Last Used: **2014/01**	Total Patient: **70,722**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **19,014**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **44,603**	
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	**63.06807%**
Occupancy:	**80.73288%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**100.37346%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,876,329	3,778,066	2,252,733	349,688	0	8,256,816
1a	Audit Adjustments						
2	Cost Per Diem	42.0673	84.7043	50.5063	**7.8400**		185.1179
3	Cost Per Diem Inflated	43.4330	86.5252	52.1460			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4330**	**86.5252**	**52.1460**	**7.8400**		189.9442
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9219		51.8788			
7	Provider Target Rate	**53.3804**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4330**	**86.5252**	**52.1460**	**7.8400**		189.9442
12/13	Medicaid Adjustment Rate		1.2721	0.7666			
14	Prospective Per Diem 11	**43.4330**	**87.7973**	**52.9126**	**7.8400**		**191.9829**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210137-00 - 2014/01

216.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,995,884**
FRVS Base Asset:	**4,075,311**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**894,748**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,196,707**	**11.3489**
20% ROE(2):	**1,799,177**	**0.3423**
Insurance Cost(3):	**28,496**	**0.4029**
Taxes Cost(3):	**96,401**	**1.3631**
Home Office(3):	**57,694**	**0.8158**
Replacement(3&4):	**229,267**	**0.0000**
Total FRVS PD:		**14.2730**

(1) 80% Capital ($7,196,707) amortized at 12.5000% for 20 years Interest of $894,748 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $11.3489
(2) 20% ROE ($1,799,177) times the ROE factor (0.015000) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3423
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4330**	**43.4330**	**1.8688**	**41.5642**	
Patient Care					
Direct Care	**87.7973**	**87.7973**	**3.7776**	**84.0197**	
Indirect Care	**52.9126**	**52.9126**	**2.2766**	**50.6360**	
Property	**7.8400**	**14.2730**	**0.6141**	**13.6589**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2217**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.9829**	**198.4159**	**8.5371**	**216.7939**	

***Medicaid Trend Adjustment :**

0 210188-00 - 2014/01

238.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Covenant Village Care 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.		**02/01/2012-01/31/2013**		Number of Beds:	**60**	Superior:	**0**
Plantation FL 33324		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**18,941**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**4,736**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**6,127**		
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	**32.34782%**
Occupancy:	**86.25228%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.23561%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	366,153	570,029	469,410	65,436	0	1,471,028
1a	Audit Adjustments						
2	Cost Per Diem	59.7606	93.0356	76.6134	**10.6799**		240.0895
3	Cost Per Diem Inflated	62.5026	95.5094	80.1286			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.5026**	**95.5094**	**80.1286**	**10.6799**		248.8205
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	92.5188		65.8973			
7	Provider Target Rate	**95.1177**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**62.5026**	**95.5094**	**67.7484**	**10.6799**		236.4403
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**62.5026**	**95.5094**	**67.7484**	**10.6799**		**236.4403**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210188-00 - 2014/01

238.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Covenant Village Care 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	**2,254,496**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**194,173**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,803,597**	**9.8515**
20% ROE(2):	**450,899**	**0.3335**
Insurance Cost(3):	**12,015**	**0.6343**
Taxes Cost(3):	**18,366**	**0.9696**
Home Office(3):	**58,345**	**3.0804**
Replacement(3&4):	**81,668**	**0.0000**
Total FRVS PD:		**14.8693**

(1) 80% Capital ($1,803,597) amortized at 8.9600% for 20 years Principal & Interest of $194,173 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $9.8515
(2) 20% ROE ($450,899) times the ROE factor (0.014580) divided by annual available days (21,900) 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:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.5026**	**62.5026**	**2.6892**	**59.8134**	
Patient Care					
Direct Care	**95.5094**	**95.5094**	**4.1094**	**91.4000**	
Indirect Care	**67.7484**	**67.7484**	**2.9150**	**64.8334**	
Property	**10.6799**	**14.8693**	**0.6398**	**14.2295**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**236.4403**	**240.6297**	**10.3534**	**238.9697**	

***Medicaid Trend Adjustment :**

0 210285-00 - 2014/01

216.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2011/01**	Max Annualized:	**59,495**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**55,726**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.45170%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.19387802**
Semester Index:	**1.34444818**
Cost:	**1.12611855**
Target:	**1.01966300**
DC FY Index:	**1.15950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.06554549**
PS Target:	**1.02809000**

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	73.5923	108.6461	52.5161			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.5923**	**108.6461**	**52.5161**	**16.9300**		251.6845
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	86.6606		78.9874			
7	Provider Target Rate	**89.0949**		**81.2062**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**95.7721**	**52.5161**	**13.6500**		213.8514
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**95.7721**	**52.5161**	**13.6500**		**213.8514**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210285-00 - 2014/01

216.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,056,782**
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:	**554,710**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,445,426**	**10.3596**
20% ROE(2):	**1,611,356**	**0.8778**
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:		**17.0098**

(1) 80% Capital ($6,445,426) amortized at 6.0131% for 20 years Principal & Interest of $554,710 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $10.3596
(2) 20% ROE ($1,611,356) times the ROE factor (0.029170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.8778
(3) 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:	**51,248**
		Effective PBS Limitation	**889,750**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**95.7721**	**95.7721**	**4.1207**	**91.6514**	
Indirect Care	**52.5161**	**52.5161**	**2.2596**	**50.2565**	
Property	**13.6500**	**17.0098**	**0.7319**	**16.2779**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.8514**	**217.2112**	**9.3458**	**216.5588**	

***Medicaid Trend Adjustment :**

0 210374-00 - 2014/01

216.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**82**	Superior:	**0**
Pensacola FL 32504		Days In CR	**366**	Maximum:	**30,012**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**29,930**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**27,401**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,782**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**5,118**		
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	**18.67815%**
Occupancy:	**91.30015%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.51151%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	281,355	442,788	341,934	57,885	0	1,123,962
1a	Audit Adjustments						
2	Cost Per Diem	54.9736	86.5158	66.8101	**11.3101**		219.6096
3	Cost Per Diem Inflated	57.5906	88.8900	69.9905			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.5906**	**88.8900**	**69.9905**	**11.3101**		227.7812
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	82.1354		110.3233			
7	Provider Target Rate	**84.4426**		**113.4223**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**88.8900**	**65.1932**	**11.3101**		219.0294
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**88.8900**	**65.1932**	**11.3101**		**219.0294**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210374-00 - 2014/01

216.31

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3352**
Insurance Cost(3):	**11,343**	**0.4140**
Taxes Cost(3):	**8,767**	**0.3200**
Home Office(3):	**51,503**	**1.8796**
Replacement(3&4):	**2,028,800**	**0.0000**
Total FRVS PD:		**9.2311**

(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 (0.014580) divided by annual available days (29,930) divided by Occup. Adj. (0.9000) = $0.3352
(3) 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:	**51,248**
		Effective PBS Limitation	**2,040,570**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**88.8900**	**88.8900**	**3.8246**	**85.0654**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**11.3101**	**9.2311**	**0.3972**	**8.8339**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**219.0294**	**216.9504**	**9.3346**	**216.3092**	

***Medicaid Trend Adjustment :**

0 210463-00 - 2014/01

255.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,634**	Total:	**181**
Control	**Church Non-Profit [2]**	**Unaudited [3]**		Medicare:	**2,563**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**9,990**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1984**						
Acquired Date:	**10/1/1984**						
Entered Medicaid	**10/1/1984**						
Med # Active Date:	**5/12/1988**						
Previous Med #	**208051**						

Medicaid Utilization	**48.41524%**
Occupancy:	**93.96175%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.82063%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	64.7936	101.9214	84.8649			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.7936**	**101.9214**	**84.8649**	**15.4900**		267.0699
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.0211		83.0304			
7	Provider Target Rate	**61.7071**		**85.3627**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**61.7071**	**101.9214**	**79.1810**	**13.6500**		256.4595
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**61.7071**	**101.9214**	**79.1810**	**13.6500**		**256.4595**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210463-00 - 2014/01

255.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,693,580**
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:	**279,423**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,154,864**	**14.1767**
20% ROE(2):	**538,716**	**0.3985**
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:		**14.5752**

(1) 80% Capital ($2,154,864) amortized at 11.7050% for 20 years Principal & Interest of $279,423 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.1767
(2) 20% ROE ($538,716) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3985
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**61.7071**	**61.7071**	**2.6550**	**59.0521**	
Patient Care					
Direct Care	**101.9214**	**101.9214**	**4.3853**	**97.5361**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**14.5752**	**0.6271**	**13.9481**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**256.4595**	**257.3847**	**11.0743**	**255.0038**	

***Medicaid Trend Adjustment :**

0 210587-00 - 2014/01

236.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Lee[36]**		First Used:	**2013/07**	Max Annualized:	**40,880**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**38,129**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**17,217**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**10,596**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **10/28/1992**							
Acquired Date: **10/28/1992**							
Entered Medicaid **12/18/1992**							
Med # Active Date: **12/18/1992**							
Previous Med #							

Medicaid Utilization	**27.78987%**
Occupancy:	**93.01571%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.64444%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	64.6235	115.6603	67.9462			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.6235**	**115.6603**	**67.9462**	**10.5000**		258.7300
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	145.6165		78.6375			
7	Provider Target Rate	**149.7069**		**80.8464**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**10.5000**		224.9381
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**63.0224**	**10.5000**		**224.9381**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210587-00 - 2014/01

236.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,769,027**
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:	**286,932**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,815,222**	**7.7988**
20% ROE(2):	**953,805**	**0.3998**
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:		**10.4280**

(1) 80% Capital ($3,815,222) amortized at 4.3900% for 20 years Principal & Interest of $286,932 divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $7.7988
(2) 20% ROE ($953,805) times the ROE factor (0.015420) divided by annual available days (40,880) divided by Occup. Adj. (0.9000) = $0.3998
(3) 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:	**51,248**
		Effective PBS Limitation	**2,844,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**10.5000**	**10.4280**	**0.4487**	**9.9793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.7826**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.9381**	**224.8661**	**9.6752**	**236.6669**	

***Medicaid Trend Adjustment :**

0 210676-00 - 2014/01

236.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**144**	Superior:	**0**
Boca Raton FL 33486		Days In CR	**365**	Maximum:	**52,560**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**52,560**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**39,851**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,290**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,011**		
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	**47.70520%**
Occupancy:	**75.82002%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**94.26540%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	878,859	1,712,562	1,454,231	241,250	0	4,286,902
1a	Audit Adjustments						
2	Cost Per Diem	46.2290	90.0827	76.4942	**12.6900**		225.4959
3	Cost Per Diem Inflated	47.9664	92.1716	79.3691			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9664**	**92.1716**	**79.3691**	**12.6900**		232.1971
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.2660		65.5024			
7	Provider Target Rate	**56.8184**		**67.3424**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.9664**	**92.1716**	**63.0224**	**12.6900**		215.8504
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.9664**	**92.1716**	**63.0224**	**12.6900**		**215.8504**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210676-00 - 2014/01

236.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,009,700**
FRVS Base Asset:	**3,136,303**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**694,592**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,607,760**	**14.6836**
20% ROE(2):	**1,401,940**	**0.4167**
Insurance Cost(3):	**47,186**	**1.1841**
Taxes Cost(3):	**118,640**	**2.9771**
Home Office(3):	**38,382**	**0.9631**
Replacement(3&4):	**54,926**	**0.0000**
Total FRVS PD:		**20.2246**

(1) 80% Capital ($5,607,760) amortized at 11.0000% for 20 years Principal & Interest of $694,592 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $14.6836
(2) 20% ROE ($1,401,940) times the ROE factor (0.014060) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.4167
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.9664**	**47.9664**	**2.0638**	**45.9026**	
Patient Care					
Direct Care	**92.1716**	**92.1716**	**3.9658**	**88.2058**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**12.6900**	**20.2246**	**0.8702**	**19.3544**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.8505**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.8504**	**223.3850**	**9.6114**	**236.3175**	

***Medicaid Trend Adjustment :**

0 210684-00 - 2014/01

228.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Lake[35]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,655**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.91614%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	51.6058	94.2063	87.3957			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.6058**	**94.2063**	**87.3957**	**18.8400**		252.0478
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.9958		82.9629			
7	Provider Target Rate	**78.1305**		**85.2933**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**59.2527**	**13.6500**		216.8577
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**59.2527**	**13.6500**		**216.8577**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210684-00 - 2014/01

228.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,637,104**
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:	**327,934**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,509,683**	**8.3190**
20% ROE(2):	**1,127,421**	**0.4410**
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:		**11.0645**

(1) 80% Capital ($4,509,683) amortized at 4.0000% for 20 years Principal & Interest of $327,934 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3190
(2) 20% ROE ($1,127,421) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4410
(3) 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:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**11.0645**	**0.4761**	**10.5884**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.1675**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.8577**	**214.2722**	**9.2194**	**228.9137**	

***Medicaid Trend Adjustment :**

0 210889-00 - 2014/01

233.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**162**
County: **Volusia[64]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**19**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,427**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.27072%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	50.8169	96.4146	65.6976			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.8169**	**96.4146**	**65.6976**	**10.0800**		223.0091
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.6333		63.2061			
7	Provider Target Rate	**81.8702**		**64.9816**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**59.2527**	**10.0800**		213.2877
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**59.2527**	**10.0800**		**213.2877**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210889-00 - 2014/01

233.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,062,794**
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:	**240,073**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,050,235**	**6.0901**
20% ROE(2):	**1,012,559**	**0.4575**
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:		**7.7450**

(1) 80% Capital ($4,050,235) amortized at 6.0000% for 20 years Interest of $240,073 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.0901
(2) 20% ROE ($1,012,559) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4575
(3) 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:	**51,248**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**10.0800**	**7.7450**	**0.3332**	**7.4118**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.8066**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.2877**	**210.9527**	**9.0765**	**233.3762**	

***Medicaid Trend Adjustment :**

0 210951-00 - 2014/01

199.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Sabal Palms Health Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County: **Pinellas[52]**		First Used:	**2013/01**	Max Annualized:	**89,060**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2014/01**	Total Patient:	**85,207**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.62407%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	43.0480	76.0375	54.9331			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.0480**	**76.0375**	**54.9331**	**43.7200**		217.7386
5a	Interim Adjustment	0.1276	0.2439	0.1716			
5b	Interim Adjusted Per Diem	**43.1756**	**76.2814**	**55.1047**			
6	Prior Semester: Provider Target Base	44.9845		54.3188			
7	Provider Target Rate	**46.2481**		**55.8446**			
7a	Interim Adjustment	0.1276		0.1716			
7b	Interim Adjusted Provider Target Rate	**46.3757**		**56.0162**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1756**	**76.2814**	**55.1047**	**13.6500**		188.2117
12/13	Medicaid Adjustment Rate		1.6991	1.2274			
14	Prospective Per Diem 11	**43.1756**	**77.9805**	**56.3321**	**13.6500**		**191.1382**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 210951-00 - 2014/01

199.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**11,670,012**
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:	**1,110,991**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,336,010**	**13.8607**
20% ROE(2):	**2,334,002**	**0.5186**
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:		**19.3595**

(1) 80% Capital ($9,336,010) amortized at 10.4000% for 20 years Principal & Interest of $1,110,991 divided by annual available days (89,060) divided by Occup. Adj. (0.9000) = $13.8607
(2) 20% ROE ($2,334,002) times the ROE factor (0.017810) divided by annual available days (89,060) 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:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1756**	**43.1756**	**1.8577**	**41.3179**	
Patient Care					
Direct Care	**77.9805**	**77.9805**	**3.3552**	**74.6253**	
Indirect Care	**56.3321**	**56.3321**	**2.4238**	**53.9083**	
Property	**13.6500**	**19.3595**	**0.8330**	**18.5265**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.2301**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.1382**	**196.8477**	**8.4697**	**199.3015**	

***Medicaid Trend Adjustment :**

0 211010-00 - 2014/01

237.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Del Sur		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Boca Raton FL 33433		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**19,022**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,068**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**5,937**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/17/1994**						
Acquired Date:	**3/17/1994**						
Entered Medicaid	**3/17/1994**						
Med # Active Date:	**3/17/1994**						
Previous Med #							

Medicaid Utilization	**31.21123%**
Occupancy:	**86.62113%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.69420%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	287,517	515,127	378,897	98,495	0	1,280,036
1a	Audit Adjustments						
2	Cost Per Diem	48.4280	86.7655	63.8196	**16.5900**		215.6031
3	Cost Per Diem Inflated	50.7334	89.1466	66.8577			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7334**	**89.1466**	**66.8577**	**16.5900**		223.3277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.9337		80.0256			
7	Provider Target Rate	**81.1509**		**82.2735**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7334**	**89.1466**	**66.8577**	**13.6500**		220.3877
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.7334**	**89.1466**	**66.8577**	**13.6500**		**220.3877**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211010-00 - 2014/01

237.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,777,230**
FRVS Base Asset:	**1,995,300**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**248,519**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,221,784**	**12.6088**
20% ROE(2):	**555,446**	**0.4109**
Insurance Cost(3):	**22,307**	**1.1727**
Taxes Cost(3):	**38,634**	**2.0310**
Home Office(3):	**19,340**	**1.0167**
Replacement(3&4):	**320,669**	**0.0000**
Total FRVS PD:		**17.2401**

(1) 80% Capital ($2,221,784) amortized at 9.5000% for 20 years Principal & Interest of $248,519 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.6088
(2) 20% ROE ($555,446) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4109
(3) 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:	**51,248**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7334**	**50.7334**	**2.1829**	**48.5505**	
Patient Care					
Direct Care	**89.1466**	**89.1466**	**3.8356**	**85.3110**	
Indirect Care	**66.8577**	**66.8577**	**2.8766**	**63.9811**	
Property	**13.6500**	**17.2401**	**0.7418**	**16.4983**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3412**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.3877**	**223.9778**	**9.6369**	**237.3755**	

***Medicaid Trend Adjustment :**

0 211052-00 - 2014/01

246.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**17,735**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,512**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**14,488**		
Class at 1/94: **North Small [1]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.27684492**
Open Date: **1/1/1970**						Semester Index:	**1.34444818**
Acquired Date: **1/1/1970**						Cost:	**1.05294555**
Entered Medicaid **1/1/1970**						Target:	**1.01966300**
Med # Active Date: **10/1/1993**						**DC FY Index:**	**1.20000000**
Previous Med # **200042**						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02958333**
						PS Target:	**1.02809000**

Medicaid Utilization		**81.69157%**
Occupancy:		**71.25924%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**88.59509%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	105.5157	120.4246	82.6359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**105.5157**	**120.4246**	**82.6359**	**22.3000**		330.8762
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.6866		78.8513			
7	Provider Target Rate	**79.8688**		**81.0662**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**65.1932**	**13.6500**		225.0318
12/13	Medicaid Adjustment Rate		3.2998	2.3243			
14	Prospective Per Diem 11	**53.6361**	**95.8523**	**67.5175**	**13.6500**		**230.6559**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211052-00 - 2014/01

246.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,938,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**95.8523**	**95.8523**	**4.1242**	**91.7281**	
Indirect Care	**67.5175**	**67.5175**	**2.9050**	**64.6125**	
Property	**13.6500**	**8.9351**	**0.3844**	**8.5507**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3901**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.6559**	**225.9410**	**9.7214**	**246.3031**	

***Medicaid Trend Adjustment :**

9

0 211281-00 - 2014/01

186.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**35,087**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.18828%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	37.5319	75.3344	42.9393			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5319**	**75.3344**	**42.9393**	**25.2100**		181.0156
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.7581			
7	Provider Target Rate	**52.6481**		**62.4648**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5319**	**75.3344**	**42.9393**	**13.6500**		169.4556
12/13	Medicaid Adjustment Rate		0.9880	0.5632			
14	Prospective Per Diem 11	**37.5319**	**76.3224**	**43.5025**	**13.6500**		**171.0068**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211281-00 - 2014/01

186.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5319**	**37.5319**	**1.6149**	**35.9170**	
Patient Care					
Direct Care	**76.3224**	**76.3224**	**3.2839**	**73.0385**	
Indirect Care	**43.5025**	**43.5025**	**1.8717**	**41.6308**	
Property	**13.6500**	**8.6822**	**0.3736**	**8.3086**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0180**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**171.0068**	**166.0390**	**7.1441**	**186.6063**	

***Medicaid Trend Adjustment :**

0 211435-00 - 2014/01

199.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2011-12/31/2011**		Number of Beds:	**79**	Superior:	**0**
Wauchula FL 33873		Days In CR	**365**	Maximum:	**28,835**	Standard:	**181**
County:	**Hardee[25]**	First Used:	**2013/01**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**26,706**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,311**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**19,317**		
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	**72.33206%**
Occupancy:	**92.61661%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.14825%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	965,478	1,303,212	707,681	405,850	0	3,382,221
1a	Audit Adjustments						
2	Cost Per Diem	49.9807	67.4645	36.6351	**21.0100**		175.0903
3	Cost Per Diem Inflated	53.6019	70.0735	39.2894			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.6019**	**70.0735**	**39.2894**	**21.0100**		183.9748
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6481**	**70.0735**	**39.2894**	**13.6500**		175.6610
12/13	Medicaid Adjustment Rate		1.7605	0.9871			
14	Prospective Per Diem 11	**52.6481**	**71.8340**	**40.2765**	**13.6500**		**178.4086**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211435-00 - 2014/01

199.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,452,350**
FRVS Base Asset:	**893,513**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.024170**

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:	**235,044**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,961,880**	**9.0570**
20% ROE(2):	**490,470**	**0.4568**
Insurance Cost(3):	**17,587**	**0.6585**
Taxes Cost(3):	**32,871**	**1.2308**
Home Office(3):	**18,681**	**0.6995**
Replacement(3&4):	**63,679**	**0.0000**
Total FRVS PD:		**12.1026**

(1) 80% Capital ($1,961,880) amortized at 10.5000% for 20 years Principal & Interest of $235,044 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $9.0570
(2) 20% ROE ($490,470) times the ROE factor (0.024170) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.4568
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6481**	**52.6481**	**2.2652**	**50.3829**	
Patient Care					
Direct Care	**71.8340**	**71.8340**	**3.0907**	**68.7433**	
Indirect Care	**40.2765**	**40.2765**	**1.7329**	**38.5436**	
Property	**13.6500**	**12.1026**	**0.5207**	**11.5819**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5457**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.4086**	**176.8612**	**7.6095**	**199.4908**	

***Medicaid Trend Adjustment :**

0 211516-00 - 2014/01

205.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**33,331**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,271**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,104**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1980**						
Acquired Date:	**12/1/1980**						
Entered Medicaid	**12/1/1980**						
Med # Active Date:	**12/20/1993**						
Previous Med #	**209121**						

Medicaid Utilization	**63.31643%**
Occupancy:	**85.11057%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.81615%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	45.3026	71.0746	56.2873			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.3026**	**71.0746**	**56.2873**	**20.4400**		193.1045
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.3026**	**71.0746**	**55.4668**	**13.6500**		185.4940
12/13	Medicaid Adjustment Rate		1.0648	0.8309			
14	Prospective Per Diem 11	**45.3026**	**72.1394**	**56.2977**	**13.6500**		**187.3897**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 211516-00 - 2014/01

205.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,085,979**
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:	**249,535**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,468,783**	**7.0992**
20% ROE(2):	**617,196**	**0.2799**
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:		**10.0540**

(1) 80% Capital ($2,468,783) amortized at 8.0940% for 20 years Principal & Interest of $249,535 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $7.0992
(2) 20% ROE ($617,196) times the ROE factor (0.015940) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.2799
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.3026**	**45.3026**	**1.9492**	**43.3534**	
Patient Care					
Direct Care	**72.1394**	**72.1394**	**3.1039**	**69.0355**	
Indirect Care	**56.2977**	**56.2977**	**2.4223**	**53.8754**	
Property	**13.6500**	**10.0540**	**0.4326**	**9.6214**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9796**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.3897**	**183.7937**	**7.9080**	**205.5587**	

***Medicaid Trend Adjustment :**

4

0 211532-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Citrus[9]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**34,340**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**97.20898%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	45.7458	85.9315	66.2299			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.7458**	**85.9315**	**66.2299**	**23.0500**		220.9572
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0394		51.1763			
7	Provider Target Rate	**53.5012**		**52.6138**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.7458**	**85.9315**	**52.6138**	**13.6500**		197.9411
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.7458**	**85.9315**	**52.6138**	**13.6500**		**197.9411**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211532-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,741,927**
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:	**371,440**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,593,542**	**9.4226**
20% ROE(2):	**1,148,385**	**0.4885**
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:		**13.8972**

(1) 80% Capital ($4,593,542) amortized at 5.2500% for 20 years Principal & Interest of $371,440 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4226
(2) 20% ROE ($1,148,385) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4885
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**111**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.7458**	**45.7458**	**1.9683**	**43.7775**	
Patient Care					
Direct Care	**85.9315**	**85.9315**	**3.6973**	**82.2342**	
Indirect Care	**52.6138**	**52.6138**	**2.2638**	**50.3500**	
Property	**13.6500**	**13.8972**	**0.5979**	**13.2993**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4546**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.9411**	**198.1883**	**8.5273**	**211.8090**	

***Medicaid Trend Adjustment :**

0 211885-00 - 2014/01

215.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**113**	Superior:	**0**
Sun City Center FL 33573		Days In CR	**366**	Maximum:	**41,358**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**38,406**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,556**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**8,095**		
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	**21.07744%**
Occupancy:	**92.86233%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.45373%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	456,062	675,972	547,360	314,248	0	1,993,642
1a	Audit Adjustments						
2	Cost Per Diem	56.3387	83.5049	67.6170	**38.8200**		246.2806
3	Cost Per Diem Inflated	59.0206	85.7965	70.8358			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.0206**	**85.7965**	**70.8358**	**38.8200**		254.4729
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.6445		59.3772			
7	Provider Target Rate	**53.0952**		**61.0451**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**85.7965**	**61.0451**	**13.6500**		212.4048
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**85.7965**	**61.0451**	**13.6500**		**212.4048**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211885-00 - 2014/01

215.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3536**
Insurance Cost(3):	**46,175**	**1.2023**
Taxes Cost(3):	**80,678**	**2.1007**
Home Office(3):	**146,079**	**3.8035**
Replacement(3&4):	**146,231**	**0.0000**
Total FRVS PD:		**17.6122**

(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 (0.014580) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.3536
(3) 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:	**51,248**
		Effective PBS Limitation	**1,396,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**85.7965**	**85.7965**	**3.6915**	**82.1050**	
Indirect Care	**61.0451**	**61.0451**	**2.6265**	**58.4186**	
Property	**13.6500**	**17.6122**	**0.7578**	**16.8544**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.4048**	**216.3670**	**9.3094**	**215.7510**	

***Medicaid Trend Adjustment :**

0 211923-00 - 2014/01

190.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Madison[40]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**38,261**	Total:	**181**
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]**							
Operating Ex **> 18 months [1]**							
Open Date:	**8/25/1995**						
Acquired Date:	**8/25/1995**						
Entered Medicaid	**8/25/1995**						
Med # Active Date:	**8/25/1995**						
Previous Med #							

Medicaid Utilization	**85.67732%**
Occupancy:	**87.11521%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.30847%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	41.3089	66.5133	40.1013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.3089**	**66.5133**	**40.1013**	**27.4700**		175.3935
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.9009		49.8062			
7	Provider Target Rate	**43.0779**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.3089**	**66.5133**	**40.1013**	**13.6500**		161.5735
12/13	Medicaid Adjustment Rate		2.6696	1.6095			
14	Prospective Per Diem 11	**41.3089**	**69.1829**	**41.7108**	**13.6500**		**165.8526**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 211923-00 - 2014/01

190.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,085,765**
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:	**440,948**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,068,612**	**11.1859**
20% ROE(2):	**1,017,153**	**0.4113**
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:		**14.1324**

(1) 80% Capital ($4,068,612) amortized at 9.0532% for 20 years Principal & Interest of $440,948 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1859
(2) 20% ROE ($1,017,153) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4113
(3) 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:	**51,248**
		Effective PBS Limitation	**2,757,416**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.3089**	**41.3089**	**1.7774**	**39.5315**	
Patient Care					
Direct Care	**69.1829**	**69.1829**	**2.9767**	**66.2062**	
Indirect Care	**41.7108**	**41.7108**	**1.7947**	**39.9161**	
Property	**13.6500**	**14.1324**	**0.6081**	**13.5243**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2659**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**165.8526**	**166.3350**	**7.1569**	**190.1374**	

***Medicaid Trend Adjustment :**

0 212032-00 - 2014/01

234.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Edward J Healey Rehabilitation and Nursing Cen

Type of Cost Report:Prospective with Interim Component[8] Type of Cost:Actual with Interim Component[3] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**72,270**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**37,391**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**337**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,641**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1970**						
Acquired Date:	**1/1/1970**						
Entered Medicaid	**1/1/1970**						
Med # Active Date:	**10/1/1995**						
Previous Med #	**201812**						

Medicaid Utilization	**76.59865%**
Occupancy:	**51.59656%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**64.14890%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**7/1/2013**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	88.9318	161.5332	139.8918			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**88.9318**	**161.5332**	**139.8918**	**8.6800**		399.0368
5a	Interim Adjustment	3.8800	0.7227	2.1680			
5b	Interim Adjusted Per Diem	**92.8118**	**162.2559**	**142.0598**			
6	Prior Semester: Provider Target Base	104.3582		107.3598			
7	Provider Target Rate	**107.2896**		**110.3755**			
7a	Interim Adjustment	3.8800		2.1680			
7b	Interim Adjusted Provider Target Rate	**111.1696**		**112.5435**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**8.6800**		223.1181
12/13	Medicaid Adjustment Rate		2.9143	1.8858			
14	Prospective Per Diem 11	**54.0223**	**100.3077**	**64.9082**	**8.6800**		**227.9182**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212032-00 - 2014/01

234.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**100.3077**	**100.3077**	**4.3159**	**95.9918**	
Indirect Care	**64.9082**	**64.9082**	**2.7928**	**62.1154**	
Property	**8.6800**	**16.2873**	**0.7008**	**15.5865**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.9182**	**235.5255**	**10.1339**	**234.0850**	

***Medicaid Trend Adjustment :**

6

0 212083-00 - 2014/01

199.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32259		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Duval[16]**		First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**20,492**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**2,390**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,374**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date: **12/12/1970**							
Acquired Date: **1/1/1996**							
Entered Medicaid **1/1/1996**							
Med # Active Date: **1/1/1996**							
Previous Med #							

Medicaid Utilization	**26.22487%**
Occupancy:	**93.57077%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.33453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	288,697	399,539	419,673	104,256	0	1,212,165
1a	Audit Adjustments						
2	Cost Per Diem	53.7211	74.3467	78.0932	**19.4001**		225.5611
3	Cost Per Diem Inflated	56.0015	76.1969	81.4082			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0015**	**76.1969**	**81.4082**	**19.4001**		233.0067
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.3625		86.1901			
7	Provider Target Rate	**62.0581**		**88.6112**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**76.1969**	**65.1932**	**13.6500**		208.6762
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**76.1969**	**65.1932**	**13.6500**		**208.6762**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212083-00 - 2014/01

199.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**767,135**
FRVS Base Asset:	**584,877**
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:	**51,697**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**613,708**	**2.6229**
20% ROE(2):	**153,427**	**0.1135**
Insurance Cost(3):	**35,998**	**1.7567**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,772**	**0.3305**
Replacement(3&4):	**36,267**	**0.0000**
Total FRVS PD:		**4.8236**

(1) 80% Capital ($613,708) amortized at 8.5000% for 20 years Interest of $51,697 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $2.6229
(2) 20% ROE ($153,427) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1135
(3) 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:	**51,248**
		Effective PBS Limitation	**584,877**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**76.1969**	**76.1969**	**3.2785**	**72.9184**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**13.6500**	**4.8236**	**0.2075**	**4.6161**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.6762**	**199.8498**	**8.5988**	**199.9444**	

***Medicaid Trend Adjustment :**

5

0 212164-00 - 2014/01

217.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**08/01/2011-07/31/2012**		Number of Beds:	**80**	Superior:	**0**
Tampa FL 33602		Days In CR	**366**	Maximum:	**29,280**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**29,200**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**26,987**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,979**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,653**		
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**						

Medicaid Utilization	**76.52944%**
Occupancy:	**92.16872%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.59140%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	853,778	1,629,373	1,059,980	210,454	0	3,753,585
1a	Audit Adjustments						
2	Cost Per Diem	41.3392	78.8928	51.3233	**10.1900**		181.7453
3	Cost Per Diem Inflated	43.7611	81.4531	54.3301			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7611**	**81.4531**	**54.3301**	**10.1900**		189.7343
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7611**	**81.4531**	**54.3301**	**10.1900**		189.7343
12/13	Medicaid Adjustment Rate		2.4310	1.6215			
14	Prospective Per Diem 11	**43.7611**	**83.8841**	**55.9516**	**10.1900**		**193.7868**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212164-00 - 2014/01

217.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.016770**

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**	**0.3233**
Insurance Cost(3):	**32,043**	**1.1873**
Taxes Cost(3):	**9,318**	**0.3453**
Home Office(3):	**6,468**	**0.2397**
Replacement(3&4):	**15,450**	**0.0000**
Total FRVS PD:		**11.6820**

(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 (0.016770) divided by annual available days (29,200) divided by Occup. Adj. (0.9000) = $0.3233
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,280,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7611**	**43.7611**	**1.8829**	**41.8782**	
Patient Care					
Direct Care	**83.8841**	**83.8841**	**3.6092**	**80.2749**	
Indirect Care	**55.9516**	**55.9516**	**2.4074**	**53.5442**	
Property	**10.1900**	**11.6820**	**0.5026**	**11.1794**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7823**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.7868**	**195.2788**	**8.4021**	**217.3524**	

***Medicaid Trend Adjustment :**

0 212393-00 - 2014/01

220.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**18,615**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**13,404**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**89.27947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	54.1738	62.0376	67.7975			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.1738**	**62.0376**	**67.7975**	**10.6700**		194.6789
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.5786		65.8973			
7	Provider Target Rate	**63.3083**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.1738**	**62.0376**	**67.7484**	**10.6700**		194.6298
12/13	Medicaid Adjustment Rate		0.2067	0.2257			
14	Prospective Per Diem 11	**54.1738**	**62.2443**	**67.9741**	**10.6700**		**195.0622**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212393-00 - 2014/01

220.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,224,599**
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:	**103,890**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**979,679**	**6.2011**
20% ROE(2):	**244,920**	**0.2131**
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:		**12.4019**

(1) 80% Capital ($979,679) amortized at 8.7500% for 20 years Principal & Interest of $103,890 divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $6.2011
(2) 20% ROE ($244,920) times the ROE factor (0.014580) divided by annual available days (18,615) divided by Occup. Adj. (0.9000) = $0.2131
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,453,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.1738**	**54.1738**	**2.3309**	**51.8429**	
Patient Care					
Direct Care	**62.2443**	**62.2443**	**2.6781**	**59.5662**	
Indirect Care	**67.9741**	**67.9741**	**2.9247**	**65.0494**	
Property	**10.6700**	**12.4019**	**0.5336**	**11.8683**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.6260**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.0622**	**196.7941**	**8.4673**	**220.6462**	

***Medicaid Trend Adjustment :**

0 212636-00 - 2014/01

165.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Deland FL 32720		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**43,048**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,505**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**26,840**		
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	**62.34901%**
Occupancy:	**98.01457%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.85941%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	878,753	1,578,348	884,453	716,896	0	4,058,450
1a	Audit Adjustments						
2	Cost Per Diem	32.7404	58.8058	32.9528	**26.7100**		151.2090
3	Cost Per Diem Inflated	34.2990	60.4196	34.5215			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.2990**	**60.4196**	**34.5215**	**26.7100**		155.9501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1763		49.8062			
7	Provider Target Rate	**44.3891**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.2990**	**60.4196**	**34.5215**	**13.6500**		142.8901
12/13	Medicaid Adjustment Rate		0.8394	0.4796			
14	Prospective Per Diem 11	**34.2990**	**61.2590**	**35.0011**	**13.6500**		**144.2091**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212636-00 - 2014/01

165.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,479,318**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**308,593**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,383,454**	**7.8283**
20% ROE(2):	**1,095,864**	**0.4053**
Insurance Cost(3):	**50,669**	**1.1770**
Taxes Cost(3):	**65,879**	**1.5304**
Home Office(3):	**10,366**	**0.2408**
Replacement(3&4):	**33,675**	**0.0000**
Total FRVS PD:		**11.1818**

(1) 80% Capital ($4,383,454) amortized at 3.6300% for 20 years Principal & Interest of $308,593 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8283
(2) 20% ROE ($1,095,864) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4053
(3) 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:	**51,248**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.2990**	**34.2990**	**1.4758**	**32.8232**	
Patient Care					
Direct Care	**61.2590**	**61.2590**	**2.6357**	**58.6233**	
Indirect Care	**35.0011**	**35.0011**	**1.5060**	**33.4951**	
Property	**13.6500**	**11.1818**	**0.4811**	**10.7007**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1815**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**144.2091**	**141.7409**	**6.0986**	**165.5172**	

***Medicaid Trend Adjustment :**

0 212709-00 - 2014/01

187.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**181**
St. Petersburg FL 33705-6272		Days In CR	**365**	Maximum:	**43,800**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,535**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,965**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,255**		
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	**49.96756%**
Occupancy:	**87.97945%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.38296%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,213,742	1,324,130	1,213,506	407,051	0	4,158,429
1a	Audit Adjustments						
2	Cost Per Diem	63.0352	68.7681	63.0229	**21.1400**		215.9662
3	Cost Per Diem Inflated	65.7110	70.4795	65.6981			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**65.7110**	**70.4795**	**65.6981**	**21.1400**		223.0286
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5824		59.6087			
7	Provider Target Rate	**50.9752**		**61.2831**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.9752**	**70.4795**	**61.0784**	**13.6500**		196.1831
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.9752**	**70.4795**	**61.0784**	**13.6500**		**196.1831**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212709-00 - 2014/01

187.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,765,535**
FRVS Base Asset:	**1,652,021**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**115,446**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,412,428**	**2.9286**
20% ROE(2):	**353,107**	**0.1306**
Insurance Cost(3):	**39,204**	**1.0174**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**12,322**	**0.3198**
Replacement(3&4):	**631,606**	**0.0000**
Total FRVS PD:		**4.3964**

(1) 80% Capital ($1,412,428) amortized at 8.2500% for 20 years Interest of $115,446 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.9286
(2) 20% ROE ($353,107) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1306
(3) 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:	**51,248**
		Effective PBS Limitation	**1,652,021**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9752**	**50.9752**	**2.1933**	**48.7819**	
Patient Care					
Direct Care	**70.4795**	**70.4795**	**3.0325**	**67.4470**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**4.3964**	**0.1892**	**4.2072**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.1831**	**186.9295**	**8.0430**	**187.5799**	

***Medicaid Trend Adjustment :**

0 212733-00 - 2014/01

152.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**196**	Superior:	**0**
Miami Beach FL 33139		Days In CR	**366**	Maximum:	**71,736**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**71,540**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**71,594**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,141**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**53,128**		
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	**74.20734%**
Occupancy:	**99.80205%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**124.08175%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,615,091	3,448,098	1,959,185	1,045,559	0	8,067,933
1a	Audit Adjustments						
2	Cost Per Diem	30.4000	64.9017	36.8767	**19.6800**		151.8584
3	Cost Per Diem Inflated	31.8472	66.6828	38.6322			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.8472**	**66.6828**	**38.6322**	**19.6800**		156.8422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.8472**	**66.6828**	**38.6322**	**13.6500**		150.8122
12/13	Medicaid Adjustment Rate		1.8160	1.0521			
14	Prospective Per Diem 11	**31.8472**	**68.4988**	**39.6843**	**13.6500**		**153.6803**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212733-00 - 2014/01

152.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,138,902**
FRVS Base Asset:	**3,339,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**345,740**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,911,122**	**5.3698**
20% ROE(2):	**1,227,780**	**0.2780**
Insurance Cost(3):	**118,870**	**1.6603**
Taxes Cost(3):	**70,981**	**0.9914**
Home Office(3):	**8,617**	**0.1204**
Replacement(3&4):	**62,411**	**0.0000**
Total FRVS PD:		**8.4199**

(1) 80% Capital ($4,911,122) amortized at 3.6300% for 20 years Principal & Interest of $345,740 divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $5.3698
(2) 20% ROE ($1,227,780) times the ROE factor (0.014580) divided by annual available days (71,540) divided by Occup. Adj. (0.9000) = $0.2780
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,586,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.8472**	**31.8472**	**1.3703**	**30.4769**	
Patient Care					
Direct Care	**68.4988**	**68.4988**	**2.9472**	**65.5516**	
Indirect Care	**39.6843**	**39.6843**	**1.7075**	**37.9768**	
Property	**13.6500**	**8.4199**	**0.3623**	**8.0576**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.0360**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**153.6803**	**148.4502**	**6.3873**	**152.7923**	

***Medicaid Trend Adjustment :**

0 212792-00 - 2014/01

201.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**181**
DeLand FL 32724		Days In CR	**365**	Maximum:	**21,900**	Standard:	**0**
County: **Volusia[64]**		First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**18,302**	Total:	**181**
Control **Church Non-Profit [2]**		**Unaudited [3]**		Medicare:	**2,388**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**9,931**		
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	**54.26183%**
Occupancy:	**83.57078%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.90176%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	460,518	802,036	550,451	207,856	0	2,020,861
1a	Audit Adjustments						
2	Cost Per Diem	46.3718	80.7608	55.4276	**20.9300**		203.4902
3	Cost Per Diem Inflated	48.0022	82.5651	57.3763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0022**	**82.5651**	**57.3763**	**20.9300**		208.8736
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		61.5628			
7	Provider Target Rate	**47.4388**		**63.2921**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4388**	**82.5651**	**57.3763**	**13.6500**		201.0302
12/13	Medicaid Adjustment Rate		0.3959	0.2751			
14	Prospective Per Diem 11	**47.4388**	**82.9610**	**57.6514**	**13.6500**		**201.7012**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212792-00 - 2014/01

201.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,064,790**
FRVS Base Asset:	**2,191,560**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**219,536**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,451,832**	**11.1383**
20% ROE(2):	**612,958**	**0.4472**
Insurance Cost(3):	**22,250**	**1.2157**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**16,803**	**0.9181**
Replacement(3&4):	**77,270**	**0.0000**
Total FRVS PD:		**13.7193**

(1) 80% Capital ($2,451,832) amortized at 6.5100% for 20 years Principal & Interest of $219,536 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.1383
(2) 20% ROE ($612,958) times the ROE factor (0.014380) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4472
(3) 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:	**51,248**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4388**	**47.4388**	**2.0411**	**45.3977**	
Patient Care					
Direct Care	**82.9610**	**82.9610**	**3.5695**	**79.3915**	
Indirect Care	**57.6514**	**57.6514**	**2.4805**	**55.1709**	
Property	**13.6500**	**13.7193**	**0.5903**	**13.1290**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.7012**	**201.7705**	**8.6814**	**201.7825**	

***Medicaid Trend Adjustment :**

0 212806-00 - 2014/01

266.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**95**	Superior:	**0**
Miami FL 33144		Days In CR	**365**	Maximum:	**34,675**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**31,184**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,370**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**11,688**		
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	**37.48076%**
Occupancy:	**89.93223%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.81080%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	696,185	1,192,345	863,926	270,928	0	3,023,384
1a	Audit Adjustments						
2	Cost Per Diem	59.5641	102.0145	73.9156	**23.1800**		258.6742
3	Cost Per Diem Inflated	61.4978	104.2075	76.3152			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.4978**	**104.2075**	**76.3152**	**23.1800**		265.2005
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.6990		74.9963			
7	Provider Target Rate	**68.5726**		**77.1029**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**61.4978**	**104.2075**	**76.3152**	**13.6500**		255.6705
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**61.4978**	**104.2075**	**76.3152**	**13.6500**		**255.6705**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212806-00 - 2014/01

266.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,333,010**
FRVS Base Asset:	**3,104,710**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**385,084**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,466,408**	**12.3395**
20% ROE(2):	**866,602**	**0.4165**
Insurance Cost(3):	**83,188**	**2.6677**
Taxes Cost(3):	**75,514**	**2.4216**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,642**	**0.0000**
Total FRVS PD:		**17.8453**

(1) 80% Capital ($3,466,408) amortized at 9.4022% for 20 years Principal & Interest of $385,084 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $12.3395
(2) 20% ROE ($866,602) times the ROE factor (0.015000) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.4165
(3) 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:	**51,248**
		Effective PBS Limitation	**3,104,710**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**61.4978**	**61.4978**	**2.6460**	**58.8518**	
Patient Care					
Direct Care	**104.2075**	**104.2075**	**4.4837**	**99.7238**	
Indirect Care	**76.3152**	**76.3152**	**3.2836**	**73.0316**	
Property	**13.6500**	**17.8453**	**0.7678**	**17.0775**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.3993**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**255.6705**	**259.8658**	**11.1811**	**266.7774**	

***Medicaid Trend Adjustment :**

0 212890-00 - 2014/01

209.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33707		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,875**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,075**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,216**		
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**						

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Medicaid Utilization	**82.87074%**	Low Occupancy Adjustment Factor:	**110.34807%**
Occupancy:	**88.75571%**	Weighted Low Occ Adjustment Factor:	**100.00000%**
Statewide Low Occupancy Threshold:	**80.43250%**		
Medicaid Low Occupancy Threshold:	**41.71220%**		

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,276,518	2,711,025	1,436,282	610,815	0	6,034,640
1a	Audit Adjustments						
2	Cost Per Diem	39.6237	84.1515	44.5829	**18.9600**		187.3181
3	Cost Per Diem Inflated	40.9101	85.9605	46.0303			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9101**	**85.9605**	**46.0303**	**18.9600**		191.8609
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1552		51.9109			
7	Provider Target Rate	**44.3674**		**53.3691**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9101**	**85.9605**	**46.0303**	**13.6500**		186.5509
12/13	Medicaid Adjustment Rate		3.1788	1.7022			
14	Prospective Per Diem 11	**40.9101**	**89.1393**	**47.7325**	**13.6500**		**191.4319**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212890-00 - 2014/01

209.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,311,583**
FRVS Base Asset:	**1,389,485**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**214,150**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,849,266**	**5.4325**
20% ROE(2):	**462,317**	**0.1759**
Insurance Cost(3):	**80,329**	**2.0663**
Taxes Cost(3):	**28,199**	**0.7254**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**18,073**	**0.0000**
Total FRVS PD:		**8.4001**

(1) 80% Capital ($1,849,266) amortized at 10.0000% for 20 years Principal & Interest of $214,150 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.4325
(2) 20% ROE ($462,317) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1759
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9101**	**40.9101**	**1.7602**	**39.1499**	
Patient Care					
Direct Care	**89.1393**	**89.1393**	**3.8353**	**85.3040**	
Indirect Care	**47.7325**	**47.7325**	**2.0537**	**45.6788**	
Property	**13.6500**	**8.4001**	**0.3614**	**8.0387**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4027**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.4319**	**186.1820**	**8.0106**	**209.2675**	

***Medicaid Trend Adjustment :**

2

0 212903-00 - 2014/01

197.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Emerald Coast Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Okaloosa[46]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**35,586**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,126**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**27,435**	FY Index:	**1.27004145**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**77.09492%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**81.02459%**	Cost:	**1.05858606**
Open Date:	**9/1/1973**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**9/1/1973**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**9/1/1973**	Low Occupancy Adjustment Factor:			**100.73614%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**9/1/1996**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03245325**
Previous Med #	**210757**				**7/1/2013**	**PS Target:**	**1.02809000**

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	38.3537	73.2243	46.0808			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3537**	**73.2243**	**46.0808**	**18.8000**		176.4588
5a	Interim Adjustment	1.4132	1.5008	1.4502			
5b	Interim Adjusted Per Diem	**39.7669**	**74.7251**	**47.5310**			
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment	1.4132		1.4502			
7b	Interim Adjusted Provider Target Rate	**43.2390**		**52.6555**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7669**	**74.7251**	**47.5310**	**13.6500**		175.6730
12/13	Medicaid Adjustment Rate		2.2778	1.4488			
14	Prospective Per Diem 11	**39.7669**	**77.0029**	**48.9798**	**13.6500**		**179.3996**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212903-00 - 2014/01

197.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7669**	**39.7669**	**1.7110**	**38.0559**	
Patient Care					
Direct Care	**77.0029**	**77.0029**	**3.3131**	**73.6898**	
Indirect Care	**48.9798**	**48.9798**	**2.1074**	**46.8724**	
Property	**13.6500**	**9.3382**	**0.4018**	**8.9364**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1692**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.3996**	**175.0878**	**7.5333**	**197.4171**	

***Medicaid Trend Adjustment :**

0 212911-00 - 2014/01

202.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 34616		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**37,292**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,549**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,764**		
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	**87.85799%**
Occupancy:	**85.14155%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.85467%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,139,455	2,676,432	1,432,041	606,789	0	5,854,717
1a	Audit Adjustments						
2	Cost Per Diem	34.7777	81.6882	43.7078	**18.5200**		178.6937
3	Cost Per Diem Inflated	35.8133	83.3753	45.0093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8133**	**83.3753**	**45.0093**	**18.5200**		182.7179
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4259		52.0857			
7	Provider Target Rate	**44.6457**		**53.5488**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.8133**	**83.3753**	**45.0093**	**13.6500**		177.8479
12/13	Medicaid Adjustment Rate		3.5510	1.9170			
14	Prospective Per Diem 11	**35.8133**	**86.9263**	**46.9263**	**13.6500**		**183.3159**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212911-00 - 2014/01

202.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,495,924**
FRVS Base Asset:	**1,302,829**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**231,228**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,996,739**	**5.8658**
20% ROE(2):	**499,185**	**0.1992**
Insurance Cost(3):	**87,821**	**2.3550**
Taxes Cost(3):	**30,403**	**0.8153**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**557,283**	**0.0000**
Total FRVS PD:		**9.2353**

(1) 80% Capital ($1,996,739) amortized at 10.0000% for 20 years Principal & Interest of $231,228 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.8658
(2) 20% ROE ($499,185) times the ROE factor (0.015730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1992
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8133**	**35.8133**	**1.5409**	**34.2724**	
Patient Care					
Direct Care	**86.9263**	**86.9263**	**3.7401**	**83.1862**	
Indirect Care	**46.9263**	**46.9263**	**2.0191**	**44.9072**	
Property	**13.6500**	**9.2353**	**0.3974**	**8.8379**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6005**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.3159**	**178.9012**	**7.6975**	**202.4976**	

***Medicaid Trend Adjustment :**

0 212971-00 - 2014/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **48**	Superior: **181**
Lakeland FL 33803	Days In CR **366**	Maximum: **17,568**	Standard: **0**
County: **Polk[53]**	First Used: **2014/01**	Max Annualized: **17,520**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **17,153**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **2,041**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **4,647**	
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	**27.09147%**
Occupancy:	**97.63775%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.39091%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	202,075	386,226	283,973	51,768	0	924,042
1a	Audit Adjustments						
2	Cost Per Diem	43.4850	83.1130	61.1089	**11.1401**		198.8470
3	Cost Per Diem Inflated	45.5551	85.3939	64.0179			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5551**	**85.3939**	**64.0179**	**11.1401**		206.1070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.8582		69.9820			
7	Provider Target Rate	**72.8486**		**71.9478**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5551**	**85.3939**	**64.0179**	**11.1401**		206.1070
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.5551**	**85.3939**	**64.0179**	**11.1401**		**206.1070**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212971-00 - 2014/01

206.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,239,502**
FRVS Base Asset:	**1,461,040**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**146,438**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,791,602**	**9.2870**
20% ROE(2):	**447,900**	**0.4142**
Insurance Cost(3):	**28,179**	**1.6428**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**188,221**	**0.0000**
Total FRVS PD:		**11.3440**

(1) 80% Capital ($1,791,602) amortized at 8.2500% for 20 years Interest of $146,438 divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $9.2870
(2) 20% ROE ($447,900) times the ROE factor (0.014580) divided by annual available days (17,520) divided by Occup. Adj. (0.9000) = $0.4142
(3) 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:	**51,248**
		Effective PBS Limitation	**1,461,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5551**	**45.5551**	**1.9601**	**43.5950**	
Patient Care					
Direct Care	**85.3939**	**85.3939**	**3.6742**	**81.7197**	
Indirect Care	**64.0179**	**64.0179**	**2.7544**	**61.2635**	
Property	**11.1401**	**11.3440**	**0.4881**	**10.8559**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.1070**	**206.3109**	**8.8768**	**206.1275**	

***Medicaid Trend Adjustment :**

0 212989-00 - 2014/01

193.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**160**	Superior:	**0**
Panama City FL 32405		Days In CR	**365**	Maximum:	**58,400**	Standard:	**181**
County: **Bay[3]**		First Used:	**2014/01**	Max Annualized:	**58,400**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**43,659**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**5,261**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**33,850**		
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	**77.53270%**
Occupancy:	**74.75856%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**92.94571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,164,128	2,550,259	1,418,130	692,571	0	5,825,088
1a	Audit Adjustments						
2	Cost Per Diem	34.3908	75.3400	41.8945	**20.4600**		172.0853
3	Cost Per Diem Inflated	35.4149	76.8960	43.1420			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.4149**	**76.8960**	**43.1420**	**20.4600**		175.9129
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.4149**	**76.8960**	**43.1420**	**13.6500**		169.1029
12/13	Medicaid Adjustment Rate		2.3818	1.3363			
14	Prospective Per Diem 11	**35.4149**	**79.2778**	**44.4783**	**13.6500**		**172.8210**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212989-00 - 2014/01

193.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.015730**

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**	**0.2602**
Insurance Cost(3):	**106,522**	**2.4399**
Taxes Cost(3):	**10,489**	**0.2402**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**642,048**	**0.0000**
Total FRVS PD:		**11.4074**

(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 (0.015730) divided by annual available days (58,400) divided by Occup. Adj. (0.9000) = $0.2602
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,560,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.4149**	**35.4149**	**1.5238**	**33.8911**	
Patient Care					
Direct Care	**79.2778**	**79.2778**	**3.4110**	**75.8668**	
Indirect Care	**44.4783**	**44.4783**	**1.9137**	**42.5646**	
Property	**13.6500**	**11.4074**	**0.4908**	**10.9166**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8577**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.8210**	**170.5784**	**7.3393**	**193.7902**	

***Medicaid Trend Adjustment :**

0 212997-00 - 2014/01

192.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**37,558**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.31843%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	36.7732	75.0191	46.3910			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7732**	**75.0191**	**46.3910**	**18.0600**		176.2433
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2048		51.8788			
7	Provider Target Rate	**45.4465**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7732**	**75.0191**	**46.3910**	**13.6500**		171.8333
12/13	Medicaid Adjustment Rate		2.1597	1.3355			
14	Prospective Per Diem 11	**36.7732**	**77.1788**	**47.7265**	**13.6500**		**175.3285**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 212997-00 - 2014/01

192.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7732**	**36.7732**	**1.5822**	**35.1910**	
Patient Care					
Direct Care	**77.1788**	**77.1788**	**3.3207**	**73.8581**	
Indirect Care	**47.7265**	**47.7265**	**2.0535**	**45.6730**	
Property	**13.6500**	**9.0920**	**0.3912**	**8.7008**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5951**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.3285**	**170.7705**	**7.3476**	**192.7114**	

***Medicaid Trend Adjustment :**

0 213004-00 - 2014/01

202.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**36,889**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.42464%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	47.4453	79.8173	43.5581			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4453**	**79.8173**	**43.5581**	**16.8200**		187.6407
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1212**	**79.8173**	**43.5581**	**13.6500**		181.1466
12/13	Medicaid Adjustment Rate		2.5353	1.3836			
14	Prospective Per Diem 11	**44.1212**	**82.3526**	**44.9417**	**13.6500**		**185.0655**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213004-00 - 2014/01

202.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1212**	**44.1212**	**1.8984**	**42.2228**	
Patient Care					
Direct Care	**82.3526**	**82.3526**	**3.5433**	**78.8093**	
Indirect Care	**44.9417**	**44.9417**	**1.9337**	**43.0080**	
Property	**13.6500**	**8.6873**	**0.3738**	**8.3135**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1687**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.0655**	**180.1028**	**7.7492**	**202.2157**	

***Medicaid Trend Adjustment :**

0 213098-00 - 2014/01

229.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**28,026**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**79.33544%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

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	51.6821	83.2499	66.8593			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.6821**	**83.2499**	**66.8593**	**16.1100**		217.9013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.4003		66.2990			
7	Provider Target Rate	**67.2374**		**68.1613**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.6821**	**83.2499**	**63.0224**	**13.6500**		211.6044
12/13	Medicaid Adjustment Rate		0.3733	0.2826			
14	Prospective Per Diem 11	**51.6821**	**83.6232**	**63.3050**	**13.6500**		**212.2603**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213098-00 - 2014/01

229.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,248,732**
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:	**393,611**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,398,986**	**9.9851**
20% ROE(2):	**849,746**	**0.3143**
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:		**15.6002**

(1) 80% Capital ($3,398,986) amortized at 10.0000% for 20 years Principal & Interest of $393,611 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9851
(2) 20% ROE ($849,746) times the ROE factor (0.014580) divided by annual available days (43,800) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.6821**	**51.6821**	**2.2237**	**49.4584**	
Patient Care					
Direct Care	**83.6232**	**83.6232**	**3.5980**	**80.0252**	
Indirect Care	**63.3050**	**63.3050**	**2.7238**	**60.5812**	
Property	**13.6500**	**15.6002**	**0.6712**	**14.9290**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.2292**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.2603**	**214.2105**	**9.2167**	**229.9164**	

***Medicaid Trend Adjustment :**

0 213152-00 - 2014/01

262.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**11,932**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,204**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,071**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/30/1993**						
Acquired Date:	**4/21/1997**						
Entered Medicaid	**4/21/1997**						
Med # Active Date:	**4/23/1997**						
Previous Med #	**299638**						

Medicaid Utilization	**17.35669%**
Occupancy:	**90.55859%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.58955%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	92.2195	122.5812	108.3580			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**92.2195**	**122.5812**	**108.3580**	**14.5398**		337.6985
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	98.3916		125.5067			
7	Provider Target Rate	**101.1554**		**129.0322**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**105.0880**	**79.1810**	**13.6500**		261.2503
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**105.0880**	**79.1810**	**13.6500**		**261.2503**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213152-00 - 2014/01

262.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,375,626**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**17.2136**	**0.7406**	**16.4730**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**261.2503**	**264.8139**	**11.3939**	**262.1134**	

***Medicaid Trend Adjustment :**

0 213161-00 - 2014/01

203.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Clay[10]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**37,479**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,347**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**16,286**		
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	**43.45367%**
Occupancy:	**85.56849%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.38547%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	640,655	1,333,602	924,098	307,968	0	3,206,323
1a	Audit Adjustments						
2	Cost Per Diem	39.3378	81.8864	56.7419	**18.9100**		196.8761
3	Cost Per Diem Inflated	40.6149	83.6467	58.5840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6149**	**83.6467**	**58.5840**	**18.9100**		201.7556
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4180		49.8062			
7	Provider Target Rate	**54.9185**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6149**	**83.6467**	**51.2053**	**13.6500**		189.1169
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.6149**	**83.6467**	**51.2053**	**13.6500**		**189.1169**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213161-00 - 2014/01

203.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,470,745**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**361,273**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,376,596**	**9.1647**
20% ROE(2):	**1,094,149**	**0.4163**
Insurance Cost(3):	**24,233**	**0.6466**
Taxes Cost(3):	**70,287**	**1.8754**
Home Office(3):	**34,447**	**0.9191**
Replacement(3&4):	**46,519**	**0.0000**
Total FRVS PD:		**13.0221**

(1) 80% Capital ($4,376,596) amortized at 5.5000% for 20 years Principal & Interest of $361,273 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.1647
(2) 20% ROE ($1,094,149) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4163
(3) 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:	**51,248**
		Effective PBS Limitation	**4,054,386**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6149**	**40.6149**	**1.7475**	**38.8674**	
Patient Care					
Direct Care	**83.6467**	**83.6467**	**3.5990**	**80.0477**	
Indirect Care	**51.2053**	**51.2053**	**2.2032**	**49.0021**	
Property	**13.6500**	**13.0221**	**0.5603**	**12.4618**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.0780**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.1169**	**188.4890**	**8.1100**	**203.1504**	

***Medicaid Trend Adjustment :**

0 213322-00 - 2014/01

218.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**45**	Superior:	**0**
Venice FL 34292		Days In CR	**366**	Maximum:	**16,470**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**14,864**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,261**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**5,233**		
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	**35.20587%**
Occupancy:	**90.24894%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.20456%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	295,037	418,139	322,352	172,323	0	1,207,851
1a	Audit Adjustments						
2	Cost Per Diem	56.3801	79.9043	61.5998	**32.9301**		230.8143
3	Cost Per Diem Inflated	59.0640	82.0971	64.5322			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.0640**	**82.0971**	**64.5322**	**32.9301**		238.6234
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.8568**	**82.0971**	**64.5322**	**13.6500**		218.1361
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.8568**	**82.0971**	**64.5322**	**13.6500**		**218.1361**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213322-00 - 2014/01

218.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,095,932**
FRVS Base Asset:	**1,643,670**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**173,724**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,676,746**	**11.7520**
20% ROE(2):	**419,186**	**0.4134**
Insurance Cost(3):	**11,764**	**0.7914**
Taxes Cost(3):	**22,574**	**1.5187**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**18,572**	**0.0000**
Total FRVS PD:		**14.4755**

(1) 80% Capital ($1,676,746) amortized at 8.4300% for 20 years Principal & Interest of $173,724 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $11.7520
(2) 20% ROE ($419,186) times the ROE factor (0.014580) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.4134
(3) 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:	**51,248**
		Effective PBS Limitation	**1,643,670**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.8568**	**57.8568**	**2.4894**	**55.3674**	
Patient Care					
Direct Care	**82.0971**	**82.0971**	**3.5323**	**78.5648**	
Indirect Care	**64.5322**	**64.5322**	**2.7766**	**61.7556**	
Property	**13.6500**	**14.4755**	**0.6228**	**13.8527**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**218.1361**	**218.9616**	**9.4211**	**218.2339**	

***Medicaid Trend Adjustment :**

0 213403-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32817		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**37,230**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,777**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**7,757**	FY Index:	**1.30217349**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**20.83535%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**85.00000%**	Cost:	**1.03246471**
Open Date:	**10/2/1997**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**10/2/1997**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20949917**
Entered Medicaid	**10/2/1997**	Low Occupancy Adjustment Factor:			**105.67868%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/2/1997**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02149719**
Previous Med #						**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	392,137	597,915	505,456	158,010	0	1,653,518
1a	Audit Adjustments						
2	Cost Per Diem	50.5527	77.0807	65.1613	**20.3700**		213.1647
3	Cost Per Diem Inflated	52.1939	78.7377	67.2767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.1939**	**78.7377**	**67.2767**	**20.3700**		218.5783
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5101		52.4882			
7	Provider Target Rate	**61.1817**		**53.9626**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**78.7377**	**53.9626**	**13.6500**		198.2635
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**78.7377**	**53.9626**	**13.6500**		**198.2635**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213403-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,669,045**
FRVS Base Asset:	**2,222,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**335,555**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,535,236**	**8.5123**
20% ROE(2):	**1,133,809**	**0.4314**
Insurance Cost(3):	**34,322**	**0.9219**
Taxes Cost(3):	**110,858**	**2.9777**
Home Office(3):	**40,244**	**1.0810**
Replacement(3&4):	**102,303**	**0.0000**
Total FRVS PD:		**13.9243**

(1) 80% Capital ($4,535,236) amortized at 4.2000% for 20 years Principal & Interest of $335,555 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5123
(2) 20% ROE ($1,133,809) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4314
(3) 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:	**51,248**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**78.7377**	**78.7377**	**3.3878**	**75.3499**	
Indirect Care	**53.9626**	**53.9626**	**2.3218**	**51.6408**	
Property	**13.6500**	**13.9243**	**0.5991**	**13.3252**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.4642**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.2635**	**198.5378**	**8.5423**	**210.1531**	

***Medicaid Trend Adjustment :**

0 213462-00 - 2014/01

234.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**60**	Superior:	**0**
Madison FL 32340		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Madison[40]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**20,372**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,087**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**16,821**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1985**						
Acquired Date:	**3/1/1985**						
Entered Medicaid	**3/1/1985**						
Med # Active Date:	**3/1/1998**						
Previous Med #	**208311**						

Medicaid Utilization	**82.56921%**
Occupancy:	**92.76867%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.33730%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	718,713	1,362,077	945,689	344,999	0	3,371,478
1a	Audit Adjustments						
2	Cost Per Diem	42.7271	80.9748	56.2207	**20.5100**		200.4326
3	Cost Per Diem Inflated	45.2303	83.6027	59.5144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2303**	**83.6027**	**59.5144**	**20.5100**		208.8574
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6875		55.6595			
7	Provider Target Rate	**47.9990**		**57.2230**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2303**	**83.6027**	**57.2230**	**13.6500**		199.7060
12/13	Medicaid Adjustment Rate		3.0632	2.0967			
14	Prospective Per Diem 11	**45.2303**	**86.6659**	**59.3197**	**13.6500**		**204.8659**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 213462-00 - 2014/01

234.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,009,713**
FRVS Base Asset:	**1,710,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**353,809**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,407,770**	**17.9507**
20% ROE(2):	**601,943**	**0.5122**
Insurance Cost(3):	**26,020**	**1.2772**
Taxes Cost(3):	**23,831**	**1.1698**
Home Office(3):	**4,918**	**0.2414**
Replacement(3&4):	**19,128**	**0.0000**
Total FRVS PD:		**21.1513**

(1) 80% Capital ($2,407,770) amortized at 13.7380% for 20 years Principal & Interest of $353,809 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $17.9507
(2) 20% ROE ($601,943) times the ROE factor (0.016770) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.5122
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2303**	**45.2303**	**1.9461**	**43.2842**	
Patient Care					
Direct Care	**86.6659**	**86.6659**	**3.7289**	**82.9370**	
Indirect Care	**59.3197**	**59.3197**	**2.5523**	**56.7674**	
Property	**13.6500**	**21.1513**	**0.9101**	**20.2412**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3180**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.8659**	**212.3672**	**9.1374**	**234.2412**	

***Medicaid Trend Adjustment :**

2

0 213837-00 - 2014/01

253.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Lantana FL 33462		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**15,057**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,655**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**309**		
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	**2.05220%**
Occupancy:	**68.56557%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.24610%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	35,865	30,784	28,433	3,130	0	98,212
1a	Audit Adjustments						
2	Cost Per Diem	116.0680	99.6246	92.0162	**10.1294**		317.8382
3	Cost Per Diem Inflated	121.5933	102.3586	96.3965			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**121.5933**	**102.3586**	**96.3965**	**10.1294**		330.4778
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	152.4275		91.0143			
7	Provider Target Rate	**156.7092**		**93.5709**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**102.3586**	**79.1810**	**10.1294**		255.0003
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**102.3586**	**79.1810**	**10.1294**		**255.0003**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213837-00 - 2014/01

253.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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:	**150,940**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,791,862**	**7.6580**
20% ROE(2):	**447,965**	**0.3314**
Insurance Cost(3):	**11,451**	**0.7605**
Taxes Cost(3):	**25,703**	**1.7070**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**24,225**	**0.0000**
Total FRVS PD:		**10.4569**

(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 (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3314
(3) 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:	**51,248**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**102.3586**	**102.3586**	**4.4041**	**97.9545**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**10.1294**	**10.4569**	**0.4499**	**10.0070**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**255.0003**	**255.3278**	**10.9858**	**253.0354**	

***Medicaid Trend Adjustment :**

0 213900-00 - 2014/01

238.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2011-09/30/2012**		Number of Beds:	**180**	Superior:	**0**
Fort Myers FL 33907		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**57,899**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,411**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,975**		
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	**60.40692%**
Occupancy:	**87.88555%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.26621%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,694,284	3,212,506	2,101,819	305,682	0	7,314,291
1a	Audit Adjustments						
2	Cost Per Diem	48.4427	91.8515	60.0949	**8.7400**		209.1291
3	Cost Per Diem Inflated	51.0075	94.5688	63.2767			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0075**	**94.5688**	**63.2767**	**8.7400**		217.5930
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5917		64.8025			
7	Provider Target Rate	**48.9286**		**66.6228**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9286**	**94.5688**	**63.0224**	**8.7400**		215.2598
12/13	Medicaid Adjustment Rate		1.1072	0.7379			
14	Prospective Per Diem 11	**48.9286**	**95.6760**	**63.7603**	**8.7400**		**217.1049**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213900-00 - 2014/01

238.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,761,623**
FRVS Base Asset:	**1,043,401**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

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:	**519,524**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,209,298**	**8.7861**
20% ROE(2):	**1,552,325**	**0.4048**
Insurance Cost(3):	**74,458**	**1.2860**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**564,225**	**0.0000**
Total FRVS PD:		**10.4769**

(1) 80% Capital ($6,209,298) amortized at 5.6650% for 20 years Principal & Interest of $519,524 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.7861
(2) 20% ROE ($1,552,325) times the ROE factor (0.015420) divided by annual available days (65,700) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**105**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9286**	**48.9286**	**2.1052**	**46.8234**	
Patient Care					
Direct Care	**95.6760**	**95.6760**	**4.1166**	**91.5594**	
Indirect Care	**63.7603**	**63.7603**	**2.7434**	**61.0169**	
Property	**8.7400**	**10.4769**	**0.4508**	**10.0261**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3921**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.1049**	**218.8418**	**9.4160**	**238.5113**	

***Medicaid Trend Adjustment :**

0 213934-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Leon[37]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**14,179**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**42.62403%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	108.5474	241.9713	271.5504			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**108.5474**	**241.9713**	**271.5504**	**20.1000**		642.1691
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	119.2893		394.5718			
7	Provider Target Rate	**122.6401**		**405.6553**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**59.2527**	**13.6500**		216.8577
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**59.2527**	**13.6500**		**216.8577**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 213934-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**4,326,883**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**11.8045**	**0.5079**	**11.2966**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.8577**	**215.0122**	**9.2512**	**214.4544**	

***Medicaid Trend Adjustment :**

0 214035-00 - 2014/01

266.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

MIAMI SHORES NURSING AND REHAB CEN

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**34,866**	Total:	**181**
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]**						Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**						Cost:	**1.05858606**
Open Date: **1/1/1979**						Target:	**1.01966300**
Acquired Date: **1/1/1979**						**DC FY Index:**	**1.19666435**
Entered Medicaid **1/1/1979**						**DC Sem Index:**	**1.23550000**
Med # Active Date: **2/15/1999**						**DC Inflation:**	**1.03245325**
Previous Med # **211982**						**PS Target:**	**1.02809000**

Medicaid Utilization	**70.12849%**		
Occupancy:	**96.22454%**		
Statewide Low Occupancy Threshold:	**80.43250%**		
Medicaid Low Occupancy Threshold:	**41.71220%**		
Low Occupancy Adjustment Factor:	**119.63391%**		
Weighted Low Occ Adjustment Factor:	**100.00000%**		
	7/1/2013		

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	63.9097	104.5324	64.7117			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.9097**	**104.5324**	**64.7117**	**12.6500**		245.8038
5a	Interim Adjustment	3.2501	0.9879	4.2979			
5b	Interim Adjusted Per Diem	**67.1598**	**105.5203**	**69.0096**			
6	Prior Semester: Provider Target Base	56.2760		66.4570			
7	Provider Target Rate	**57.8568**		**68.3238**			
7a	Interim Adjustment	3.2501		4.2979			
7b	Interim Adjusted Provider Target Rate	**61.1069**		**72.6217**			
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**61.1069**	**105.0880**	**69.0096**	**12.6500**		247.8545
12/13	Medicaid Adjustment Rate		2.3797	1.5627			
14	Prospective Per Diem 11	**61.1069**	**107.4677**	**70.5723**	**12.6500**		**251.7969**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214035-00 - 2014/01

266.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,585,694**
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:	**269,005**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,068,555**	**8.2716**
20% ROE(2):	**517,139**	**0.2667**
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:		**10.8894**

(1) 80% Capital ($2,068,555) amortized at 11.7500% for 20 years Principal & Interest of $269,005 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $8.2716
(2) 20% ROE ($517,139) times the ROE factor (0.016770) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.2667
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**61.1069**	**61.1069**	**2.6292**	**58.4777**	
Patient Care					
Direct Care	**107.4677**	**107.4677**	**4.6239**	**102.8438**	
Indirect Care	**70.5723**	**70.5723**	**3.0365**	**67.5358**	
Property	**12.6500**	**10.8894**	**0.4685**	**10.4209**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5086**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**251.7969**	**250.0363**	**10.7581**	**266.4802**	

***Medicaid Trend Adjustment :**

0 214060-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Nassau[45]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,632**	Total:	**181**
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**						

Medicaid Utilization	**64.86677%**
Occupancy:	**90.23679%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.18947%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	41.1114	77.1957	46.4169			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1114**	**77.1957**	**46.4169**	**32.1900**		196.9140
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.9834		49.8062			
7	Provider Target Rate	**57.5560**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1114**	**77.1957**	**46.4169**	**13.6500**		178.3740
12/13	Medicaid Adjustment Rate		1.2911	0.7763			
14	Prospective Per Diem 11	**41.1114**	**78.4868**	**47.1932**	**13.6500**		**180.4414**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214060-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,284,616**
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:	**324,422**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,227,693**	**8.2299**
20% ROE(2):	**1,056,923**	**0.4496**
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:		**10.8457**

(1) 80% Capital ($4,227,693) amortized at 7.7500% for 20 years Interest of $324,422 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2299
(2) 20% ROE ($1,056,923) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4496
(3) 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:	**51,248**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1114**	**41.1114**	**1.7689**	**39.3425**	
Patient Care					
Direct Care	**78.4868**	**78.4868**	**3.3770**	**75.1098**	
Indirect Care	**47.1932**	**47.1932**	**2.0305**	**45.1627**	
Property	**13.6500**	**10.8457**	**0.4666**	**10.3791**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3219**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.4414**	**177.6371**	**7.6430**	**198.0094**	

***Medicaid Trend Adjustment :**

0 214914-00 - 2014/01

226.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Pasco[51]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2014/01**	Total Patient:	**43,737**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**123.80983%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	44.9333	100.2559	49.9503			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.9333**	**100.2559**	**49.9503**	**9.0300**		204.1695
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.9897		62.9336			
7	Provider Target Rate	**65.7872**		**64.7014**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9333**	**95.7721**	**49.9503**	**9.0300**		199.6857
12/13	Medicaid Adjustment Rate		0.3179	0.1658			
14	Prospective Per Diem 11	**44.9333**	**96.0900**	**50.1161**	**9.0300**		**200.1694**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 214914-00 - 2014/01

226.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,634,380**
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:	**345,894**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,507,504**	**8.7746**
20% ROE(2):	**1,126,876**	**0.5091**
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:		**10.4142**

(1) 80% Capital ($4,507,504) amortized at 7.7500% for 20 years Interest of $345,894 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7746
(2) 20% ROE ($1,126,876) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5091
(3) 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:	**51,248**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9333**	**44.9333**	**1.9333**	**43.0000**	
Patient Care					
Direct Care	**96.0900**	**96.0900**	**4.1344**	**91.9556**	
Indirect Care	**50.1161**	**50.1161**	**2.1563**	**47.9598**	
Property	**9.0300**	**10.4142**	**0.4481**	**9.9661**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$24.5844**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.1694**	**201.5536**	**8.6721**	**226.1593**	

***Medicaid Trend Adjustment :**

0 215597-00 - 2014/01

205.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Sumter[60]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,572**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.46961%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	43.4075	74.8534	60.3596			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4075**	**74.8534**	**60.3596**	**16.8300**		195.4505
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8934		54.8179			
7	Provider Target Rate	**48.2106**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4075**	**74.8534**	**56.3577**	**13.6500**		188.2686
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.4075**	**74.8534**	**56.3577**	**13.6500**		**188.2686**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 215597-00 - 2014/01

205.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,895,455**
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:	**256,744**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,316,364**	**13.0261**
20% ROE(2):	**579,091**	**0.4284**
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:		**16.3954**

(1) 80% Capital ($2,316,364) amortized at 9.3700% for 20 years Principal & Interest of $256,744 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.0261
(2) 20% ROE ($579,091) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4284
(3) 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:	**51,248**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4075**	**43.4075**	**1.8677**	**41.5398**	
Patient Care					
Direct Care	**74.8534**	**74.8534**	**3.2207**	**71.6327**	
Indirect Care	**56.3577**	**56.3577**	**2.4249**	**53.9328**	
Property	**13.6500**	**16.3954**	**0.7054**	**15.6900**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3533**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.2686**	**191.0140**	**8.2187**	**205.8420**	

***Medicaid Trend Adjustment :**

0 216399-00 - 2014/01

254.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**54**	Superior:	**0**
Delray Beach FL 33483		Days In CR	**366**	Maximum:	**19,764**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**19,710**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**15,194**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,820**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**366**		
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	**2.40885%**
Occupancy:	**76.87715%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.57971%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	24,419	45,860	46,950	7,035	0	124,264
1a	Audit Adjustments						
2	Cost Per Diem	66.7186	125.3005	128.2787	**19.2213**		339.5191
3	Cost Per Diem Inflated	69.8947	128.7391	134.3853			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.8947**	**128.7391**	**134.3853**	**19.2213**		352.2404
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	116.1969		116.5707			
7	Provider Target Rate	**119.4609**		**119.8452**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**105.0880**	**79.1810**	**13.6500**		261.2503
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**105.0880**	**79.1810**	**13.6500**		**261.2503**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 216399-00 - 2014/01

254.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.1618**
Insurance Cost(3):	**55,515**	**3.6537**
Taxes Cost(3):	**33,335**	**2.1940**
Home Office(3):	**2,444**	**0.1609**
Replacement(3&4):	**6,896,858**	**0.0000**
Total FRVS PD:		**9.5769**

(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 (0.014580) divided by annual available days (19,710) divided by Occup. Adj. (0.9000) = $0.1618
(3) 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:	**51,248**
		Effective PBS Limitation	**1,576,530**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**9.5769**	**0.4121**	**9.1648**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**261.2503**	**257.1772**	**11.0654**	**254.8052**	

***Medicaid Trend Adjustment :**

0 217263-00 - 2014/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Citrus[9]**		First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2014/01**	Total Patient:	**37,777**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**85.55070%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	51.4475	86.6010	42.6285			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4475**	**86.6010**	**42.6285**	**18.4600**		199.1370
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5917		49.8062			
7	Provider Target Rate	**55.0971**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**86.6010**	**42.6285**	**13.6500**		192.6837
12/13	Medicaid Adjustment Rate		1.9346	0.9523			
14	Prospective Per Diem 11	**49.8042**	**88.5356**	**43.5808**	**13.6500**		**195.5706**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0

0 217263-00 - 2014/01

215.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,196,009**
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:	**373,374**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,156,807**	**7.5774**
20% ROE(2):	**1,039,202**	**0.3756**
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:		**11.9821**

(1) 80% Capital ($4,156,807) amortized at 6.5500% for 20 years Principal & Interest of $373,374 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $7.5774
(2) 20% ROE ($1,039,202) times the ROE factor (0.017810) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.3756
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,275,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**88.5356**	**88.5356**	**3.8094**	**84.7262**	
Indirect Care	**43.5808**	**43.5808**	**1.8751**	**41.7057**	
Property	**13.6500**	**11.9821**	**0.5155**	**11.4666**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0399**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.5706**	**193.9027**	**8.3429**	**215.2931**	

***Medicaid Trend Adjustment :**

0

0 217395-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**180**	Superior:	**0**
Ocala FL 34471		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**57,731**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,437**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**38,858**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.29878490**
Open Date:	**11/21/1977**					Semester Index:	**1.34444818**
Acquired Date:	**11/21/1977**					Cost:	**1.03515846**
Entered Medicaid	**11/21/1977**					Target:	**1.01966300**
Med # Active Date:	**7/1/1999**					**DC FY Index:**	**1.20850000**
Previous Med #	**206890**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02234175**
						PS Target:	**1.02809000**

Medicaid Utilization		**67.30872%**
Occupancy:		**87.87062%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**109.24766%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,510,566	3,178,693	1,433,162	697,113	0	6,819,534
1a	Audit Adjustments						
2	Cost Per Diem	38.8740	81.8028	36.8820	**17.9400**		175.4988
3	Cost Per Diem Inflated	40.2407	83.6304	38.1787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2407**	**83.6304**	**38.1787**	**17.9400**		179.9898
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4424		49.8062			
7	Provider Target Rate	**45.6908**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.2407**	**83.6304**	**38.1787**	**13.6500**		175.6998
12/13	Medicaid Adjustment Rate		1.6285	0.7434			
14	Prospective Per Diem 11	**40.2407**	**85.2589**	**38.9221**	**13.6500**		**178.0717**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217395-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**8,146,686**
FRVS Base Asset:	**4,016,165**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**585,404**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,517,349**	**9.9003**
20% ROE(2):	**1,629,337**	**0.3962**
Insurance Cost(3):	**55,223**	**0.9566**
Taxes Cost(3):	**50,438**	**0.8737**
Home Office(3):	**81,171**	**1.4060**
Replacement(3&4):	**15,291**	**0.0000**
Total FRVS PD:		**13.5328**

(1) 80% Capital ($6,517,349) amortized at 6.5500% for 20 years Principal & Interest of $585,404 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.9003
(2) 20% ROE ($1,629,337) times the ROE factor (0.014380) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3962
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.2407**	**40.2407**	**1.7314**	**38.5093**	
Patient Care					
Direct Care	**85.2589**	**85.2589**	**3.6684**	**81.5905**	
Indirect Care	**38.9221**	**38.9221**	**1.6747**	**37.2474**	
Property	**13.6500**	**13.5328**	**0.5823**	**12.9505**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1549**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.0717**	**177.9545**	**7.6568**	**199.1460**	

***Medicaid Trend Adjustment :**

0 217727-00 - 2014/01

206.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**55,270**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.30480%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	40.8092	88.1654	43.9396			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8092**	**88.1654**	**43.9396**	**10.8900**		183.8042
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.5185		51.8788			
7	Provider Target Rate	**52.9657**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8092**	**88.1654**	**43.9396**	**10.8900**		183.8042
12/13	Medicaid Adjustment Rate		1.4992	0.7472			
14	Prospective Per Diem 11	**40.8092**	**89.6646**	**44.6868**	**10.8900**		**186.0506**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217727-00 - 2014/01

206.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,824,414**
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:	**398,218**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,659,531**	**6.7346**
20% ROE(2):	**1,164,883**	**0.3509**
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:		**9.8645**

(1) 80% Capital ($4,659,531) amortized at 5.9264% for 20 years Principal & Interest of $398,218 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $6.7346
(2) 20% ROE ($1,164,883) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3509
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8092**	**40.8092**	**1.7559**	**39.0533**	
Patient Care					
Direct Care	**89.6646**	**89.6646**	**3.8579**	**85.8067**	
Indirect Care	**44.6868**	**44.6868**	**1.9227**	**42.7641**	
Property	**10.8900**	**9.8645**	**0.4244**	**9.4401**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0204**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.0506**	**185.0251**	**7.9609**	**206.7780**	

***Medicaid Trend Adjustment :**

0 217735-00 - 2014/01

223.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**150**
County:	**St Johns[55]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**31**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,072**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.60424%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	49.4170	94.6027	46.6295			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.4170**	**94.6027**	**46.6295**	**17.5400**		208.1892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.3989		49.8062			
7	Provider Target Rate	**61.0674**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.4170**	**94.1508**	**46.6295**	**13.6500**		203.8473
12/13	Medicaid Adjustment Rate		1.5102	0.7479			
14	Prospective Per Diem 11	**49.4170**	**95.6610**	**47.3774**	**13.6500**		**206.1054**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217735-00 - 2014/01

223.47

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,230,452**
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:	**303,991**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,384,362**	**7.7116**
20% ROE(2):	**846,090**	**0.3823**
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:		**11.4886**

(1) 80% Capital ($3,384,362) amortized at 6.5500% for 20 years Principal & Interest of $303,991 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7116
(2) 20% ROE ($846,090) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3823
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.4170**	**49.4170**	**2.1262**	**47.2908**	
Patient Care					
Direct Care	**95.6610**	**95.6610**	**4.1159**	**91.5451**	
Indirect Care	**47.3774**	**47.3774**	**2.0385**	**45.3389**	
Property	**13.6500**	**11.4886**	**0.4943**	**10.9943**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6084**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.1054**	**203.9440**	**8.7749**	**223.4709**	

***Medicaid Trend Adjustment :**

0 217743-00 - 2014/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Daytona 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		**07/01/2012-06/30/2013**		Number of Beds:	**180**	Superior:	**0**
Daytona Beach FL 32117		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**51,692**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,027**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**39,534**		
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	**76.47992%**
Occupancy:	**78.67884%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**97.81972%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,686,606	3,526,978	1,626,535	451,478	0	7,291,597
1a	Audit Adjustments						
2	Cost Per Diem	42.6622	89.2138	41.1427	**11.4200**		184.4387
3	Cost Per Diem Inflated	44.1621	91.2070	42.5892			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1621**	**91.2070**	**42.5892**	**11.4200**		189.3783
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.6084		49.8062			
7	Provider Target Rate	**65.3952**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1621**	**91.2070**	**42.5892**	**11.4200**		189.3783
12/13	Medicaid Adjustment Rate		2.7170	1.2687			
14	Prospective Per Diem 11	**44.1621**	**93.9240**	**43.8579**	**11.4200**		**193.3640**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 217743-00 - 2014/01

216.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,900,595**
FRVS Base Asset:	**3,068,148**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**484,438**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,720,476**	**8.1928**
20% ROE(2):	**1,180,119**	**0.2870**
Insurance Cost(3):	**44,647**	**0.8637**
Taxes Cost(3):	**76,211**	**1.4743**
Home Office(3):	**73,507**	**1.4220**
Replacement(3&4):	**57,799**	**0.0000**
Total FRVS PD:		**12.2398**

(1) 80% Capital ($4,720,476) amortized at 8.3000% for 20 years Principal & Interest of $484,438 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.1928
(2) 20% ROE ($1,180,119) times the ROE factor (0.014380) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2870
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1621**	**44.1621**	**1.9001**	**42.2620**	
Patient Care					
Direct Care	**93.9240**	**93.9240**	**4.0412**	**89.8828**	
Indirect Care	**43.8579**	**43.8579**	**1.8870**	**41.9709**	
Property	**11.4200**	**12.2398**	**0.5266**	**11.7132**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5791**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.3640**	**194.1838**	**8.3549**	**216.1014**	

***Medicaid Trend Adjustment :**

3

0 217824-00 - 2014/01

227.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**44,895**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**38,873**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.35699%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	52.2247	92.3176	66.5044			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2247**	**92.3176**	**66.5044**	**25.7900**		236.8367
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.1465		55.3285			
7	Provider Target Rate	**59.7798**		**56.8827**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.2247**	**92.3176**	**56.8827**	**13.6500**		215.0750
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.2247**	**92.3176**	**56.8827**	**13.6500**		**215.0750**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 217824-00 - 2014/01

227.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,865,016**
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:	**379,402**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,692,013**	**9.3899**
20% ROE(2):	**1,173,003**	**0.4868**
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:		**13.8762**

(1) 80% Capital ($4,692,013) amortized at 5.2500% for 20 years Principal & Interest of $379,402 divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $9.3899
(2) 20% ROE ($1,173,003) times the ROE factor (0.016770) divided by annual available days (44,895) divided by Occup. Adj. (0.9000) = $0.4868
(3) 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:	**51,248**
		Effective PBS Limitation	**4,778,058**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.2247**	**52.2247**	**2.2470**	**49.9777**	
Patient Care					
Direct Care	**92.3176**	**92.3176**	**3.9721**	**88.3455**	
Indirect Care	**56.8827**	**56.8827**	**2.4474**	**54.4353**	
Property	**13.6500**	**13.8762**	**0.5970**	**13.2792**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.3706**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.0750**	**215.3012**	**9.2635**	**227.1017**	

***Medicaid Trend Adjustment :**

2

0 218057-00 - 2014/01

192.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**179**	Superior:	**0**
Tampa FL 33613		Days In CR	**366**	Maximum:	**65,514**	Standard:	**101**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**65,335**	Conditional:	**80**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**59,507**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,937**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,360**		
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	**59.42158%**
Occupancy:	**90.83097%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.92820%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,491,164	2,197,359	1,617,303	807,622	0	6,113,448
1a	Audit Adjustments						
2	Cost Per Diem	42.1709	62.1425	45.7382	**22.8400**		172.8916
3	Cost Per Diem Inflated	44.1058	63.7949	47.8368			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1058**	**63.7949**	**47.8368**	**22.8400**		178.5775
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.5709		51.8788			
7	Provider Target Rate	**57.1319**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1058**	**63.7949**	**47.8368**	**13.6500**		169.3875
12/13	Medicaid Adjustment Rate		0.3773	0.2829			
14	Prospective Per Diem 11	**44.1058**	**64.1722**	**48.1197**	**13.6500**		**170.0477**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218057-00 - 2014/01

192.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,821,409**
FRVS Base Asset:	**2,801,043**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**598,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,257,127**	**10.1809**
20% ROE(2):	**1,564,282**	**0.3879**
Insurance Cost(3):	**41,909**	**0.7043**
Taxes Cost(3):	**214**	**0.0036**
Home Office(3):	**61,045**	**1.0258**
Replacement(3&4):	**57,301**	**0.0000**
Total FRVS PD:		**12.3025**

(1) 80% Capital ($6,257,127) amortized at 7.3640% for 20 years Principal & Interest of $598,655 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $10.1809
(2) 20% ROE ($1,564,282) times the ROE factor (0.014580) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.3879
(3) 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:	**51,248**
		Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1058**	**44.1058**	**1.8977**	**42.2081**	
Patient Care					
Direct Care	**64.1722**	**64.1722**	**2.7611**	**61.4111**	
Indirect Care	**48.1197**	**48.1197**	**2.0704**	**46.0493**	
Property	**13.6500**	**12.3025**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0316**			
ROE Adjustment	**0.0000**	**-0.0316**			
Quality Assess-Medicaid Share				**$21.1774**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**170.0477**	**168.7002**	**7.3165**	**192.6020**	

***Medicaid Trend Adjustment :**

0 218171-00 - 2014/01

200.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,424**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.60067%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	47.5084	71.4323	48.6771			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5084**	**71.4323**	**48.6771**	**27.6500**		195.2678
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3355		51.1489			
7	Provider Target Rate	**44.5528**		**52.5857**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.5528**	**71.4323**	**48.6771**	**13.6500**		178.3122
12/13	Medicaid Adjustment Rate		1.2406	0.8454			
14	Prospective Per Diem 11	**44.5528**	**72.6729**	**49.5225**	**13.6500**		**180.3982**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 218171-00 - 2014/01

200.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,944,708**
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:	**400,673**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,755,766**	**10.1642**
20% ROE(2):	**1,188,942**	**0.4808**
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:		**13.7377**

(1) 80% Capital ($4,755,766) amortized at 5.7500% for 20 years Principal & Interest of $400,673 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1642
(2) 20% ROE ($1,188,942) times the ROE factor (0.015940) divided by annual available days (43,800) 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:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5528**	**44.5528**	**1.9169**	**42.6359**	
Patient Care					
Direct Care	**72.6729**	**72.6729**	**3.1268**	**69.5461**	
Indirect Care	**49.5225**	**49.5225**	**2.1308**	**47.3917**	
Property	**13.6500**	**13.7377**	**0.5911**	**13.1466**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7599**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.3982**	**180.4859**	**7.7656**	**200.1736**	

***Medicaid Trend Adjustment :**

0 219380-00 - 2014/01

213.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**64,605**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**58,966**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.16595%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	42.2423	90.2236	65.6186			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2423**	**90.2236**	**65.6186**	**28.0800**		226.1645
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.5870		51.8788			
7	Provider Target Rate	**54.0642**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2423**	**90.2236**	**53.3361**	**13.6500**		199.4520
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**42.2423**	**90.2236**	**53.3361**	**13.6500**		**199.4520**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 219380-00 - 2014/01

213.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,296,649**
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:	**572,922**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,637,319**	**9.8534**
20% ROE(2):	**1,659,330**	**0.4786**
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:		**14.2049**

(1) 80% Capital ($6,637,319) amortized at 6.0500% for 20 years Principal & Interest of $572,922 divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $9.8534
(2) 20% ROE ($1,659,330) times the ROE factor (0.016770) divided by annual available days (64,605) divided by Occup. Adj. (0.9000) = $0.4786
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1999**	Used Per Bed Standard:	**38,846**
Comparison Bed	**177**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,875,742**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2423**	**42.2423**	**1.8175**	**40.4248**	
Patient Care					
Direct Care	**90.2236**	**90.2236**	**3.8820**	**86.3416**	
Indirect Care	**53.3361**	**53.3361**	**2.2948**	**51.0413**	
Property	**13.6500**	**14.2049**	**0.6112**	**13.5937**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4417**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.4520**	**200.0069**	**8.6055**	**213.5365**	

***Medicaid Trend Adjustment :**

0 220604-00 - 2014/01

226.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**08/01/2011-07/31/2012**		Number of Beds:	**88**	Superior:	**0**
Century FL 32535		Days In CR	**366**	Maximum:	**32,208**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**32,120**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**30,293**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,158**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**22,591**		
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	**74.57498%**
Occupancy:	**94.05427%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.93566%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	999,819	1,905,779	1,138,769	292,779	0	4,337,146
1a	Audit Adjustments						
2	Cost Per Diem	44.2574	84.3601	50.4081	**12.9600**		191.9856
3	Cost Per Diem Inflated	46.8503	87.0979	53.3613			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8503**	**87.0979**	**53.3613**	**12.9600**		200.2695
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.1868		54.8179			
7	Provider Target Rate	**48.5123**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8503**	**87.0979**	**53.3613**	**12.9600**		200.2695
12/13	Medicaid Adjustment Rate		2.4080	1.4753			
14	Prospective Per Diem 11	**46.8503**	**89.5059**	**54.8366**	**12.9600**		**204.1528**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220604-00 - 2014/01

226.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,445,394**
FRVS Base Asset:	**2,367,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**297,591**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,756,315**	**10.2944**
20% ROE(2):	**689,079**	**0.3997**
Insurance Cost(3):	**41,558**	**1.3719**
Taxes Cost(3):	**32,060**	**1.0583**
Home Office(3):	**7,270**	**0.2400**
Replacement(3&4):	**11,485**	**0.0000**
Total FRVS PD:		**13.3643**

(1) 80% Capital ($2,756,315) amortized at 9.0000% for 20 years Principal & Interest of $297,591 divided by annual available days (32,120) divided by Occup. Adj. (0.9000) = $10.2944
(2) 20% ROE ($689,079) times the ROE factor (0.016770) divided by annual available days (32,120) 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:	**1/1/1994**	Used Per Bed Standard:	**33,820**
Comparison Bed	**70**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,367,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8503**	**46.8503**	**2.0158**	**44.8345**	
Patient Care					
Direct Care	**89.5059**	**89.5059**	**3.8511**	**85.6548**	
Indirect Care	**54.8366**	**54.8366**	**2.3594**	**52.4772**	
Property	**12.9600**	**13.3643**	**0.5750**	**12.7893**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2177**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.1528**	**204.5571**	**8.8013**	**226.6669**	

***Medicaid Trend Adjustment :**

0 220612-00 - 2014/01

216.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**110**	Superior:	**0**
Milton FL 32570		Days In CR	**366**	Maximum:	**40,260**	Standard:	**181**
County:	**Santa Rosa[57]**	First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**36,172**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,755**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,047**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**3/1/1971**						
Acquired Date:	**3/1/1971**						
Entered Medicaid	**1/1/1971**						
Med # Active Date:	**2/29/2000**						
Previous Med #	**203505**						

Medicaid Utilization	**77.53787%**
Occupancy:	**89.84600%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.70361%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,069,700	2,354,363	1,349,680	346,380	0	5,120,123
1a	Audit Adjustments						
2	Cost Per Diem	38.1396	83.9435	48.1221	**12.3500**		182.5552
3	Cost Per Diem Inflated	40.3740	86.6677	50.9414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3740**	**86.6677**	**50.9414**	**12.3500**		190.3331
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.3740**	**86.6677**	**50.9414**	**12.3500**		190.3331
12/13	Medicaid Adjustment Rate		2.6850	1.5782			
14	Prospective Per Diem 11	**40.3740**	**89.3527**	**52.5196**	**12.3500**		**194.5963**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220612-00 - 2014/01

216.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.016770**

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**	**0.3057**
Insurance Cost(3):	**51,802**	**1.4321**
Taxes Cost(3):	**20,378**	**0.5634**
Home Office(3):	**8,738**	**0.2416**
Replacement(3&4):	**34,548**	**0.0000**
Total FRVS PD:		**11.6097**

(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 (0.016770) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.3057
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.3740**	**40.3740**	**1.7371**	**38.6369**	
Patient Care					
Direct Care	**89.3527**	**89.3527**	**3.8445**	**85.5082**	
Indirect Care	**52.5196**	**52.5196**	**2.2597**	**50.2599**	
Property	**12.3500**	**11.6097**	**0.4995**	**11.1102**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8205**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.5963**	**193.8560**	**8.3408**	**216.0291**	

***Medicaid Trend Adjustment :**

0 220621-00 - 2014/01

226.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**60**	Superior:	**0**
Milton FL 32570		Days In CR	**366**	Maximum:	**21,960**	Standard:	**171**
County:	**Santa Rosa[57]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**10**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**20,158**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,961**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,764**		
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	**78.20220%**
Occupancy:	**91.79417%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.12572%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	670,417	1,265,931	843,952	219,593	0	2,999,893
1a	Audit Adjustments						
2	Cost Per Diem	42.5284	80.3052	53.5367	**13.9300**		190.3003
3	Cost Per Diem Inflated	45.0200	82.9114	56.6732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0200**	**82.9114**	**56.6732**	**13.9300**		198.5346
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		55.3305			
7	Provider Target Rate	**47.4388**		**56.8847**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0200**	**82.9114**	**56.6732**	**13.6500**		198.2546
12/13	Medicaid Adjustment Rate		2.4852	1.6988			
14	Prospective Per Diem 11	**45.0200**	**85.3966**	**58.3720**	**13.6500**		**202.4386**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 220621-00 - 2014/01

226.38

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,858,626**
FRVS Base Asset:	**1,695,540**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**272,713**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,286,901**	**13.8363**
20% ROE(2):	**571,725**	**0.4864**
Insurance Cost(3):	**26,433**	**1.3113**
Taxes Cost(3):	**17,226**	**0.8545**
Home Office(3):	**4,877**	**0.2419**
Replacement(3&4):	**21,502**	**0.0000**
Total FRVS PD:		**16.7304**

(1) 80% Capital ($2,286,901) amortized at 10.4310% for 20 years Principal & Interest of $272,713 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $13.8363
(2) 20% ROE ($571,725) times the ROE factor (0.016770) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4864
(3) 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:	**51,248**
		Effective PBS Limitation	**1,695,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0200**	**45.0200**	**1.9370**	**43.0830**	
Patient Care					
Direct Care	**85.3966**	**85.3966**	**3.6743**	**81.7223**	
Indirect Care	**58.3720**	**58.3720**	**2.5115**	**55.8605**	
Property	**13.6500**	**16.7304**	**0.7198**	**16.0106**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0096**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.4386**	**205.5190**	**8.8426**	**226.3794**	

***Medicaid Trend Adjustment :**

0 221465-00 - 2014/01

200.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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: **170**
County: **Lake[35]**	First Used: **2013/07**	Max Annualized: **66,430**	Conditional: **11**
Region: **North [1]** Area: **3**	Last Used: **2014/01**	Total Patient: **60,255**	Total: **181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.46284%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	47.1661	79.7658	44.2072			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1661**	**79.7658**	**44.2072**	**18.7000**		189.8391
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8258**	**79.7658**	**44.2072**	**13.6500**		179.4488
12/13	Medicaid Adjustment Rate		2.0315	1.1259			
14	Prospective Per Diem 11	**41.8258**	**81.7973**	**45.3331**	**13.6500**		**182.6062**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 221465-00 - 2014/01

200.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,070,488**
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:	**496,526**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,656,390**	**8.3049**
20% ROE(2):	**1,414,098**	**0.3449**
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:		**10.6110**

(1) 80% Capital ($5,656,390) amortized at 6.2600% for 20 years Principal & Interest of $496,526 divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $8.3049
(2) 20% ROE ($1,414,098) times the ROE factor (0.014580) divided by annual available days (66,430) divided by Occup. Adj. (0.9000) = $0.3449
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,047,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8258**	**41.8258**	**1.7996**	**40.0262**	
Patient Care					
Direct Care	**81.7973**	**81.7973**	**3.5194**	**78.2779**	
Indirect Care	**45.3331**	**45.3331**	**1.9505**	**43.3826**	
Property	**13.6500**	**10.6110**	**0.4566**	**10.1544**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3119**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.6062**	**179.5672**	**7.7261**	**200.8464**	

***Medicaid Trend Adjustment :**

4

0 221589-00 - 2014/01

202.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**19,877**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,769**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,472**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1992**						
Acquired Date:	**7/1/1992**						
Entered Medicaid	**3/30/1993**						
Med # Active Date:	**9/29/1999**						
Previous Med #	**213268**						

Medicaid Utilization	**57.71495%**
Occupancy:	**90.51457%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.53482%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	43.8133	72.1871	54.0905			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8133**	**72.1871**	**54.0905**	**20.0100**		190.1009
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8133**	**72.1871**	**54.0905**	**13.6500**		183.7409
12/13	Medicaid Adjustment Rate		0.6265	0.4695			
14	Prospective Per Diem 11	**43.8133**	**72.8136**	**54.5600**	**13.6500**		**184.8369**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 221589-00 - 2014/01

202.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,072,280**
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:	**207,039**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,457,824**	**10.5043**
20% ROE(2):	**614,456**	**0.4545**
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:		**13.0897**

(1) 80% Capital ($2,457,824) amortized at 8.5000% for 20 years Interest of $207,039 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.5043
(2) 20% ROE ($614,456) times the ROE factor (0.014580) divided by annual available days (21,900) 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:	**1/1/1992**	Used Per Bed Standard:	**31,609**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8133**	**43.8133**	**1.8851**	**41.9282**	
Patient Care					
Direct Care	**72.8136**	**72.8136**	**3.1329**	**69.6807**	
Indirect Care	**54.5600**	**54.5600**	**2.3475**	**52.2125**	
Property	**13.6500**	**13.0897**	**0.5632**	**12.5265**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5118**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.8369**	**184.2766**	**7.9287**	**202.5531**	

***Medicaid Trend Adjustment :**

0 223239-00 - 2014/01

229.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**180**	Superior:	**0**
North Miami Beach FL 33180		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**57,733**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,960**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**34,948**		
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	**60.53384%**
Occupancy:	**87.87367%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.25145%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,638,816	2,734,286	2,320,317	665,060	0	7,358,479
1a	Audit Adjustments						
2	Cost Per Diem	46.8930	78.2387	66.3934	**19.0300**		210.5551
3	Cost Per Diem Inflated	48.2894	79.8546	68.3705			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2894**	**79.8546**	**68.3705**	**19.0300**		215.5445
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.0870		62.1460			
7	Provider Target Rate	**49.4378**		**63.8917**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2894**	**79.8546**	**63.0224**	**13.6500**		204.8164
12/13	Medicaid Adjustment Rate		0.9463	0.7469			
14	Prospective Per Diem 11	**48.2894**	**80.8009**	**63.7693**	**13.6500**		**206.5096**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223239-00 - 2014/01

229.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,201,172**
FRVS Base Asset:	**5,296,140**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**602,641**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,360,938**	**10.1918**
20% ROE(2):	**1,840,234**	**0.4895**
Insurance Cost(3):	**281,687**	**4.8791**
Taxes Cost(3):	**101,710**	**1.7617**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**40,213**	**0.0000**
Total FRVS PD:		**17.3221**

(1) 80% Capital ($7,360,938) amortized at 5.4000% for 20 years Principal & Interest of $602,641 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.1918
(2) 20% ROE ($1,840,234) times the ROE factor (0.015730) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4895
(3) 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:	**51,248**
		Effective PBS Limitation	**5,296,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2894**	**48.2894**	**2.0777**	**46.2117**	
Patient Care					
Direct Care	**80.8009**	**80.8009**	**3.4766**	**77.3243**	
Indirect Care	**63.7693**	**63.7693**	**2.7438**	**61.0255**	
Property	**13.6500**	**17.3221**	**0.7453**	**16.5768**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7576**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.5096**	**210.1817**	**9.0434**	**229.5893**	

***Medicaid Trend Adjustment :**

0 223654-00 - 2014/01

181.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**420**	Superior:	**0**
Orlando FL 32805		Days In CR	**365**	Maximum:	**153,300**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**153,300**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**131,551**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**17,019**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**105,302**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1971**						
Acquired Date:	**5/1/1971**						
Entered Medicaid	**5/1/1971**						
Med # Active Date:	**9/29/1999**						
Previous Med #	**218367**						

Medicaid Utilization	**80.04652%**
Occupancy:	**85.81278%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.68919%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	3,690,929	8,031,278	4,628,978	1,459,486	0	17,810,672
1a	Audit Adjustments						
2	Cost Per Diem	35.0509	76.2690	43.9591	**13.8600**		169.1390
3	Cost Per Diem Inflated	36.2832	77.9730	45.5046			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.2832**	**77.9730**	**45.5046**	**13.8600**		173.6208
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.2257		51.9591			
7	Provider Target Rate	**44.4399**		**53.4186**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.2832**	**77.9730**	**45.5046**	**13.6500**		173.4108
12/13	Medicaid Adjustment Rate		2.6357	1.5382			
14	Prospective Per Diem 11	**36.2832**	**80.6087**	**47.0428**	**13.6500**		**177.5847**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223654-00 - 2014/01

181.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**17,237,376**
FRVS Base Asset:	**8,041,774**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**1,569,594**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**13,789,901**	**11.3763**
20% ROE(2):	**3,447,475**	**0.3593**
Insurance Cost(3):	**352,581**	**2.6802**
Taxes Cost(3):	**4,177**	**0.0318**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**924,670**	**0.0000**
Total FRVS PD:		**14.4476**

(1) 80% Capital ($13,789,901) amortized at 9.7500% for 20 years Principal & Interest of $1,569,594 divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $11.3763
(2) 20% ROE ($3,447,475) times the ROE factor (0.014380) divided by annual available days (153,300) divided by Occup. Adj. (0.9000) = $0.3593
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**11,970,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.2832**	**36.2832**	**1.5611**	**34.7221**	
Patient Care					
Direct Care	**80.6087**	**80.6087**	**3.4683**	**77.1404**	
Indirect Care	**47.0428**	**47.0428**	**2.0241**	**45.0187**	
Property	**13.6500**	**14.4476**	**0.6216**	**13.8260**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.3420**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.5847**	**178.3823**	**7.6751**	**181.7426**	

***Medicaid Trend Adjustment :**

0 223786-00 - 2014/01

225.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Sarasota Fl 34243		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**36,352**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,298**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**10,122**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/5/2000**						
Acquired Date:	**5/5/2000**						
Entered Medicaid	**6/26/2000**						
Med # Active Date:	**6/29/2000**						
Previous Med #							

Medicaid Utilization	**27.84441%**
Occupancy:	**82.76867%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.90451%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	453,088	994,250	622,863	468,143	0	2,538,344
1a	Audit Adjustments						
2	Cost Per Diem	44.7627	98.2266	61.5356	**46.2500**		250.7749
3	Cost Per Diem Inflated	46.8165	100.8384	64.3590			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.8165**	**100.8384**	**64.3590**	**46.2500**		258.2639
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.1261		54.0808			
7	Provider Target Rate	**61.8150**		**55.5999**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.8165**	**97.3934**	**55.5999**	**13.6500**		213.4598
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.8165**	**97.3934**	**55.5999**	**13.6500**		**213.4598**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223786-00 - 2014/01

225.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,141,183**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**463,027**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,912,946**	**11.7460**
20% ROE(2):	**1,228,237**	**0.4543**
Insurance Cost(3):	**22,293**	**0.6133**
Taxes Cost(3):	**90,182**	**2.4808**
Home Office(3):	**42,692**	**1.1744**
Replacement(3&4):	**208,710**	**0.0000**
Total FRVS PD:		**16.4688**

(1) 80% Capital ($4,912,946) amortized at 9.5000% for 20 years Interest of $463,027 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7460
(2) 20% ROE ($1,228,237) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4543
(3) 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:	**51,248**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.8165**	**46.8165**	**2.0143**	**44.8022**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**55.5999**	**55.5999**	**2.3923**	**53.2076**	
Property	**13.6500**	**16.4688**	**0.7086**	**15.7602**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.1393**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.4598**	**216.2786**	**9.3057**	**225.8056**	

***Medicaid Trend Adjustment :**

0 223808-00 - 2014/01

220.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Bouleva		**06/01/2012-05/31/2013**		Number of Beds:	**118**	Superior:	**0**
Orlando FL 32807		Days In CR	**365**	Maximum:	**43,070**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,070**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**34,302**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,297**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,228**		
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	**82.29258%**
Occupancy:	**79.64244%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.01775%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,199,989	2,266,584	1,525,300	157,230	0	5,149,103
1a	Audit Adjustments						
2	Cost Per Diem	42.5106	80.2956	54.0350	**5.5700**		182.4112
3	Cost Per Diem Inflated	44.1083	82.1576	56.0658			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1083**	**82.1576**	**56.0658**	**5.5700**		187.9017
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6879		70.0570			
7	Provider Target Rate	**49.0275**		**72.0249**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1083**	**82.1576**	**56.0658**	**5.5700**		187.9017
12/13	Medicaid Adjustment Rate		2.9847	2.0368			
14	Prospective Per Diem 11	**44.1083**	**85.1423**	**58.1026**	**5.5700**		**192.9232**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223808-00 - 2014/01

220.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2592**
Insurance Cost(3):	**38,273**	**1.1158**
Taxes Cost(3):	**33,041**	**0.9632**
Home Office(3):	**27,015**	**0.7876**
Replacement(3&4):	**6,019**	**0.0000**
Total FRVS PD:		**12.2951**

(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 (0.014060) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.2592
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1083**	**44.1083**	**1.8978**	**42.2105**	
Patient Care					
Direct Care	**85.1423**	**85.1423**	**3.6633**	**81.4790**	
Indirect Care	**58.1026**	**58.1026**	**2.4999**	**55.6027**	
Property	**5.5700**	**12.2951**	**0.5290**	**11.7661**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0811**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.9232**	**199.6483**	**8.5900**	**220.8328**	

***Medicaid Trend Adjustment :**

0 223883-00 - 2014/01

203.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2012-09/30/2013**		Number of Beds:	**120**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**43,800**	Standard:	**177**
County: **Clay[10]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**4**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,736**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,663**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,064**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **7/1/1987**							
Acquired Date: **7/1/1987**							
Entered Medicaid **11/3/1987**							
Med # Active Date: **4/1/2000**							
Previous Med # **213811**							

Medicaid Utilization	**73.14274%**
Occupancy:	**90.72146%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.79205%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,178,119	2,230,874	1,224,037	541,172	0	5,174,202
1a	Audit Adjustments						
2	Cost Per Diem	40.5353	76.7573	42.1152	**18.6200**		178.0278
3	Cost Per Diem Inflated	41.6337	78.2779	43.2564			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6337**	**78.2779**	**43.2564**	**18.6200**		181.7880
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6463		54.8217			
7	Provider Target Rate	**47.9566**		**56.3616**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6337**	**78.2779**	**43.2564**	**13.6500**		176.8180
12/13	Medicaid Adjustment Rate		1.9930	1.1013			
14	Prospective Per Diem 11	**41.6337**	**80.2709**	**44.3577**	**13.6500**		**179.9123**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 223883-00 - 2014/01

203.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,575,456**
FRVS Base Asset:	**3,503,400**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**386,883**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,460,365**	**9.8144**
20% ROE(2):	**1,115,091**	**0.4716**
Insurance Cost(3):	**51,273**	**1.2903**
Taxes Cost(3):	**67,727**	**1.7044**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**97,212**	**0.0000**
Total FRVS PD:		**13.2807**

(1) 80% Capital ($4,460,365) amortized at 8.7500% for 20 years Interest of $386,883 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8144
(2) 20% ROE ($1,115,091) times the ROE factor (0.016670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4716
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6337**	**41.6337**	**1.7913**	**39.8424**	
Patient Care					
Direct Care	**80.2709**	**80.2709**	**3.4538**	**76.8171**	
Indirect Care	**44.3577**	**44.3577**	**1.9085**	**42.4492**	
Property	**13.6500**	**13.2807**	**0.5714**	**12.7093**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6227**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.9123**	**179.5430**	**7.7250**	**203.1341**	

***Medicaid Trend Adjustment :**

0 224243-00 - 2014/01

218.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Pensacola Health Care Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**43,070**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**34,199**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.45069%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	47.6230	86.2175	54.3921			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.6230**	**86.2175**	**54.3921**	**14.7000**		202.9326
5a	Interim Adjustment		0.0738	0.0081			
5b	Interim Adjusted Per Diem		**86.2913**	**54.4002**			
6	Prior Semester: Provider Target Base	41.7927		55.6151			
7	Provider Target Rate	**42.9667**		**57.1773**			
7a	Interim Adjustment			0.0081			
7b	Interim Adjusted Provider Target Rate			**57.1854**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9667**	**86.2913**	**54.4002**	**13.6500**		197.3082
12/13	Medicaid Adjustment Rate		3.0687	1.9346			
14	Prospective Per Diem 11	**42.9667**	**89.3600**	**56.3348**	**13.6500**		**202.3115**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224243-00 - 2014/01

218.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,402,110**
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:	**195,552**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,921,688**	**5.0448**
20% ROE(2):	**480,422**	**0.2207**
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:		**7.7322**

(1) 80% Capital ($1,921,688) amortized at 10.2500% for 20 years Interest of $195,552 divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $5.0448
(2) 20% ROE ($480,422) times the ROE factor (0.017810) divided by annual available days (43,070) divided by Occup. Adj. (0.9000) = $0.2207
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9667**	**42.9667**	**1.8487**	**41.1180**	
Patient Care					
Direct Care	**89.3600**	**89.3600**	**3.8448**	**85.5152**	
Indirect Care	**56.3348**	**56.3348**	**2.4239**	**53.9109**	
Property	**13.6500**	**7.7322**	**0.3327**	**7.3995**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0023**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.3115**	**196.3937**	**8.4501**	**218.6393**	

***Medicaid Trend Adjustment :**

0 224341-00 - 2014/01

211.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**12/01/2011-11/30/2012**		Number of Beds:	**120**	Superior:	**0**
Haines City FL 33844		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**33,068**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,908**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,206**		
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	**61.10439%**
Occupancy:	**75.29144%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**93.60823%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28118151**
Semester Index:	**1.34444818**
Cost:	**1.04938150**
Target:	**1.01966300**
DC FY Index:	**1.20166609**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02815583**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	740,974	1,647,753	1,003,470	342,290	0	3,734,487
1a	Audit Adjustments						
2	Cost Per Diem	36.6710	81.5477	49.6620	**16.9400**		184.8207
3	Cost Per Diem Inflated	38.4819	83.8437	52.1144			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.4819**	**83.8437**	**52.1144**	**16.9400**		191.3800
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.4819**	**83.8437**	**52.1144**	**13.6500**		188.0900
12/13	Medicaid Adjustment Rate		1.0474	0.6510			
14	Prospective Per Diem 11	**38.4819**	**84.8911**	**52.7654**	**13.6500**		**189.7884**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224341-00 - 2014/01

211.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,365,949**
FRVS Base Asset:	**2,611,879**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014900**

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:	**475,896**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,492,759**	**12.0725**
20% ROE(2):	**873,190**	**0.3300**
Insurance Cost(3):	**23,898**	**0.7227**
Taxes Cost(3):	**42,565**	**1.2872**
Home Office(3):	**5,789**	**0.1751**
Replacement(3&4):	**30,908**	**0.0000**
Total FRVS PD:		**14.5875**

(1) 80% Capital ($3,492,759) amortized at 12.4900% for 20 years Principal & Interest of $475,896 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.0725
(2) 20% ROE ($873,190) times the ROE factor (0.014900) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3300
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.4819**	**38.4819**	**1.6557**	**36.8262**	
Patient Care					
Direct Care	**84.8911**	**84.8911**	**3.6525**	**81.2386**	
Indirect Care	**52.7654**	**52.7654**	**2.2703**	**50.4951**	
Property	**13.6500**	**14.5875**	**0.6276**	**13.9599**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3424**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.7884**	**190.7259**	**8.2061**	**211.5556**	

***Medicaid Trend Adjustment :**

0 224910-00 - 2014/01

209.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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	**07/01/2012-06/30/2013**	Number of Beds: **179**	Superior: **0**
Tampa FL 33611	Days In CR **365**	Maximum: **65,335**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2014/01**	Max Annualized: **65,335**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **55,981**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **8,063**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **43,354**	
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	**77.44413%**
Occupancy:	**85.68302%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.52785%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,141,202	3,599,175	1,857,403	612,592	0	8,210,372
1a	Audit Adjustments						
2	Cost Per Diem	49.3888	83.0183	42.8427	**14.1300**		189.3798
3	Cost Per Diem Inflated	51.1252	84.8731	44.3490			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.1252**	**84.8731**	**44.3490**	**14.1300**		194.4773
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0737		51.8788			
7	Provider Target Rate	**44.2836**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2836**	**84.8731**	**44.3490**	**13.6500**		187.1557
12/13	Medicaid Adjustment Rate		2.6204	1.3693			
14	Prospective Per Diem 11	**44.2836**	**87.4935**	**45.7183**	**13.6500**		**191.1454**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 224910-00 - 2014/01

209.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,205,472**
FRVS Base Asset:	**2,823,875**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**482,246**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,164,378**	**8.2013**
20% ROE(2):	**1,041,094**	**0.2546**
Insurance Cost(3):	**90,961**	**1.6249**
Taxes Cost(3):	**1,285**	**0.0230**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**13,183**	**0.0000**
Total FRVS PD:		**10.1038**

(1) 80% Capital ($4,164,378) amortized at 10.0000% for 20 years Principal & Interest of $482,246 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $8.2013
(2) 20% ROE ($1,041,094) times the ROE factor (0.014380) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.2546
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2836**	**44.2836**	**1.9054**	**42.3782**	
Patient Care					
Direct Care	**87.4935**	**87.4935**	**3.7645**	**83.7290**	
Indirect Care	**45.7183**	**45.7183**	**1.9671**	**43.7512**	
Property	**13.6500**	**10.1038**	**0.4347**	**9.6691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2796**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.1454**	**187.5992**	**8.0717**	**209.5005**	

***Medicaid Trend Adjustment :**

0 225053-00 - 2014/01

232.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
North Port FL 34287		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**33,537**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,862**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,915**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1985**						
Acquired Date:	**12/1/1985**						
Entered Medicaid	**12/17/1985**						
Med # Active Date:	**8/1/2000**						
Previous Med #	**208736**						

Medicaid Utilization	**56.40039%**
Occupancy:	**76.56849%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.19596%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	735,144	1,859,038	1,082,211	411,023	0	4,087,416
1a	Audit Adjustments						
2	Cost Per Diem	38.8657	98.2838	57.2144	**21.7300**		216.0939
3	Cost Per Diem Inflated	40.5822	100.8134	59.7412			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5822**	**100.8134**	**59.7412**	**21.7300**		222.8668
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.5822**	**97.3934**	**55.4668**	**13.6500**		207.0924
12/13	Medicaid Adjustment Rate		0.7013	0.3994			
14	Prospective Per Diem 11	**40.5822**	**98.0947**	**55.8662**	**13.6500**		**208.1931**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225053-00 - 2014/01

232.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,230,690**
FRVS Base Asset:	**3,158,034**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**592,493**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,184,552**	**15.0303**
20% ROE(2):	**1,046,138**	**0.3898**
Insurance Cost(3):	**28,136**	**0.8390**
Taxes Cost(3):	**68,262**	**2.0354**
Home Office(3):	**5,812**	**0.1733**
Replacement(3&4):	**60,279**	**0.0000**
Total FRVS PD:		**18.4678**

(1) 80% Capital ($4,184,552) amortized at 13.1170% for 20 years Principal & Interest of $592,493 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.0303
(2) 20% ROE ($1,046,138) times the ROE factor (0.014690) divided by annual available days (43,800) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5822**	**40.5822**	**1.7461**	**38.8361**	
Patient Care					
Direct Care	**98.0947**	**98.0947**	**4.2206**	**93.8741**	
Indirect Care	**55.8662**	**55.8662**	**2.4037**	**53.4625**	
Property	**13.6500**	**18.4678**	**0.7946**	**17.6732**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6895**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.1931**	**213.0109**	**9.1650**	**232.2288**	

***Medicaid Trend Adjustment :**

0 225274-00 - 2014/01

205.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Fernandina Beach FL 32034		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Nassau[45]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**36,846**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,912**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**21,051**		
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	**57.13239%**
Occupancy:	**83.89344%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.30292%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	779,136	1,674,887	1,063,425	281,452	0	3,798,900
1a	Audit Adjustments						
2	Cost Per Diem	37.0118	79.5633	50.5166	**13.3700**		180.4617
3	Cost Per Diem Inflated	38.7737	81.7467	52.9214			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7737**	**81.7467**	**52.9214**	**13.3700**		186.8118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.8198		49.8062			
7	Provider Target Rate	**42.9945**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.7737**	**81.7467**	**51.2053**	**13.3700**		185.0957
12/13	Medicaid Adjustment Rate		0.6559	0.4109			
14	Prospective Per Diem 11	**38.7737**	**82.4026**	**51.6162**	**13.3700**		**186.1625**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225274-00 - 2014/01

205.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,129,683**
FRVS Base Asset:	**2,454,766**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**457,512**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,303,746**	**11.6061**
20% ROE(2):	**825,937**	**0.3055**
Insurance Cost(3):	**28,169**	**0.7645**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**6,183**	**0.1678**
Replacement(3&4):	**153,692**	**0.0000**
Total FRVS PD:		**12.8439**

(1) 80% Capital ($3,303,746) amortized at 12.7530% for 20 years Principal & Interest of $457,512 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6061
(2) 20% ROE ($825,937) times the ROE factor (0.014580) divided by annual available days (43,800) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7737**	**38.7737**	**1.6683**	**37.1054**	
Patient Care					
Direct Care	**82.4026**	**82.4026**	**3.5455**	**78.8571**	
Indirect Care	**51.6162**	**51.6162**	**2.2208**	**49.3954**	
Property	**13.3700**	**12.8439**	**0.5526**	**12.2913**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7286**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.1625**	**185.6364**	**7.9872**	**205.0712**	

***Medicaid Trend Adjustment :**

0 225410-00 - 2014/01

230.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Garden FL 34787		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**33,989**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,202**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,547**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1985**						
Acquired Date:	**8/1/1985**						
Entered Medicaid	**8/1/1985**						
Med # Active Date:	**8/1/2000**						
Previous Med #	**208523**						

Medicaid Utilization	**69.27830%**
Occupancy:	**77.38844%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**96.21538%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,039,600	2,336,882	1,112,261	409,718	0	4,898,461
1a	Audit Adjustments						
2	Cost Per Diem	44.1500	99.2433	47.2358	**17.4000**		208.0291
3	Cost Per Diem Inflated	46.2517	101.9668	49.4844			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2517**	**101.9668**	**49.4844**	**17.4000**		215.1029
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5821		59.8512			
7	Provider Target Rate	**47.8906**		**61.5324**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2517**	**95.7721**	**49.4844**	**13.6500**		205.1582
12/13	Medicaid Adjustment Rate		2.0771	1.0732			
14	Prospective Per Diem 11	**46.2517**	**97.8492**	**50.5576**	**13.6500**		**208.3085**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225410-00 - 2014/01

230.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,984,129**
FRVS Base Asset:	**3,060,682**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**563,984**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,987,303**	**14.3071**
20% ROE(2):	**996,826**	**0.3687**
Insurance Cost(3):	**25,451**	**0.7488**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**5,704**	**0.1678**
Replacement(3&4):	**135,393**	**0.0000**
Total FRVS PD:		**15.5924**

(1) 80% Capital ($3,987,303) amortized at 13.1000% for 20 years Principal & Interest of $563,984 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.3071
(2) 20% ROE ($996,826) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3687
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2517**	**46.2517**	**1.9900**	**44.2617**	
Patient Care					
Direct Care	**97.8492**	**97.8492**	**4.2101**	**93.6391**	
Indirect Care	**50.5576**	**50.5576**	**2.1753**	**48.3823**	
Property	**13.6500**	**15.5924**	**0.6709**	**14.9215**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0671**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.3085**	**210.2509**	**9.0463**	**230.9651**	

***Medicaid Trend Adjustment :**

0 225631-00 - 2014/01

215.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**110**	Superior:	**0**
Sunrise FL 33351		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**35,951**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,687**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**15,969**	FY Index:	**1.30557092**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.02977798**
Open Date:	**9/1/1989**					Target:	**1.01966300**
Acquired Date:	**9/1/1989**					**DC FY Index:**	**1.21049917**
Entered Medicaid	**3/6/1990**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**6/1/2000**					**DC Inflation:**	**1.02065332**
Previous Med #	**201871**					**PS Target:**	**1.02809000**

Medicaid Utilization		**44.41879%**
Occupancy:		**89.54172%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**111.32530%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	724,623	1,193,525	958,927	253,428	0	3,130,503
1a	Audit Adjustments						
2	Cost Per Diem	45.3769	74.7401	60.0493	**15.8700**		196.0363
3	Cost Per Diem Inflated	46.7281	76.2837	61.8374			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7281**	**76.2837**	**61.8374**	**15.8700**		200.7192
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4660		66.5987			
7	Provider Target Rate	**52.9117**		**68.4695**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7281**	**76.2837**	**61.8374**	**13.6500**		198.4992
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7281**	**76.2837**	**61.8374**	**13.6500**		**198.4992**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225631-00 - 2014/01

215.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,830,925**
FRVS Base Asset:	**2,534,785**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**419,355**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,864,740**	**11.6052**
20% ROE(2):	**966,185**	**0.4206**
Insurance Cost(3):	**60,251**	**1.6759**
Taxes Cost(3):	**80,650**	**2.2433**
Home Office(3):	**12,281**	**0.3416**
Replacement(3&4):	**322,982**	**0.0000**
Total FRVS PD:		**16.2866**

(1) 80% Capital ($3,864,740) amortized at 9.0700% for 20 years Principal & Interest of $419,355 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $11.6052
(2) 20% ROE ($966,185) times the ROE factor (0.015730) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.4206
(3) 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:	**51,248**
		Effective PBS Limitation	**2,534,785**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7281**	**46.7281**	**2.0105**	**44.7176**	
Patient Care					
Direct Care	**76.2837**	**76.2837**	**3.2822**	**73.0015**	
Indirect Care	**61.8374**	**61.8374**	**2.6606**	**59.1768**	
Property	**13.6500**	**16.2866**	**0.7008**	**15.5858**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2480**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.4992**	**201.1358**	**8.6541**	**215.4231**	

***Medicaid Trend Adjustment :**

0 225754-00 - 2014/01

250.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Pinecrest Convalescent Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**36,500**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**25,997**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**1,484**	Inflation	
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**20,469**	FY Index:	**1.27343864**
Class at 1/94: **South Small [3]**		Medicaid Utilization			**78.73601%**	Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**71.03006%**	Cost:	**1.05576204**
Open Date: **1/1/1967**		Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date: **7/1/1971**		Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.19833101**
Entered Medicaid **7/1/1971**		Low Occupancy Adjustment Factor:			**88.31015%**	**DC Sem Index:**	**1.23550000**
Med # Active Date: **6/1/2000**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03101730**
Previous Med # **222429**					**7/1/2013**	**PS Target:**	**1.02809000**

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	58.2704	86.5625	66.2237			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.2704**	**86.5625**	**66.2237**	**12.1700**		223.2266
5a	Interim Adjustment	0.9225	0.1745	0.5237			
5b	Interim Adjusted Per Diem	**59.1929**	**86.7370**	**66.7474**			
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment	0.9225		0.5237			
7b	Interim Adjusted Provider Target Rate	**58.7793**		**68.2721**			
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**58.7793**	**86.7370**	**66.7474**	**12.1700**		224.4337
12/13	Medicaid Adjustment Rate		2.8040	2.1578			
14	Prospective Per Diem 11	**58.7793**	**89.5410**	**68.9052**	**12.1700**		**229.3955**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 225754-00 - 2014/01

250.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.7793**	**58.7793**	**2.5290**	**56.2503**	
Patient Care					
Direct Care	**89.5410**	**89.5410**	**3.8526**	**85.6884**	
Indirect Care	**68.9052**	**68.9052**	**2.9647**	**65.9405**	
Property	**12.1700**	**11.5611**	**0.4974**	**11.0637**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3673**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.3955**	**228.7866**	**9.8437**	**250.0036**	

***Medicaid Trend Adjustment :**

4

0 225991-00 - 2014/01

225.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**35,089**	Total:	**181**
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]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.28335532**
Open Date:	**6/1/1973**					Semester Index:	**1.34444818**
Acquired Date:	**6/1/1973**					Cost:	**1.04760401**
Entered Medicaid	**6/1/1973**					Target:	**1.01966300**
Med # Active Date:	**1/1/2001**					**DC FY Index:**	**1.20250000**
Previous Med #	**203998**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02744283**
						PS Target:	**1.02809000**

Medicaid Utilization	**63.64103%**						
Occupancy:	**79.89299%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**99.32924%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

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	52.8190	94.8965	46.1099			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8190**	**94.8965**	**46.1099**	**10.9500**		204.7754
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.7077		53.9513			
7	Provider Target Rate	**49.0478**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.0478**	**94.8965**	**46.1099**	**10.9500**		201.0042
12/13	Medicaid Adjustment Rate		1.4563	0.7076			
14	Prospective Per Diem 11	**49.0478**	**96.3528**	**46.8175**	**10.9500**		**203.1681**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 225991-00 - 2014/01

225.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,187,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.0478**	**49.0478**	**2.1103**	**46.9375**	
Patient Care					
Direct Care	**96.3528**	**96.3528**	**4.1457**	**92.2071**	
Indirect Care	**46.8175**	**46.8175**	**2.0144**	**44.8031**	
Property	**10.9500**	**11.7698**	**0.5064**	**11.2634**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5840**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.1681**	**203.9879**	**8.7768**	**225.4885**	

***Medicaid Trend Adjustment :**

0 226009-00 - 2014/01

228.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**43,009**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,986**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,552**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**3/1/1982**					Target:	**1.01966300**
Acquired Date:	**3/1/1982**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**3/1/1982**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**1/1/2001**					**DC Inflation:**	**1.02744283**
Previous Med #	**206580**					**PS Target:**	**1.02809000**

Medicaid Utilization		**78.01158%**
Occupancy:		**65.28385%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**81.16601%**
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	51.3279	91.2842	50.6424			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.3279**	**91.2842**	**50.6424**	**12.4900**		205.7445
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.4166**	**91.2842**	**50.6424**	**12.4900**		200.8332
12/13	Medicaid Adjustment Rate		2.8766	1.5959			
14	Prospective Per Diem 11	**46.4166**	**94.1608**	**52.2383**	**12.4900**		**205.3057**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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0 226009-00 - 2014/01

228.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,914,989**
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:	**680,069**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,131,991**	**11.5013**
20% ROE(2):	**1,782,998**	**0.4396**
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:		**14.7968**

(1) 80% Capital ($7,131,991) amortized at 7.3200% for 20 years Principal & Interest of $680,069 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.5013
(2) 20% ROE ($1,782,998) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4396
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4166**	**46.4166**	**1.9971**	**44.4195**	
Patient Care					
Direct Care	**94.1608**	**94.1608**	**4.0514**	**90.1094**	
Indirect Care	**52.2383**	**52.2383**	**2.2476**	**49.9907**	
Property	**12.4900**	**14.7968**	**0.6367**	**14.1601**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4516**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.3057**	**207.6125**	**8.9328**	**228.8247**	

***Medicaid Trend Adjustment :**

0 226017-00 - 2014/01

252.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**152**	Superior:	**0**
Plantation FL 33317		Days In CR	**365**	Maximum:	**55,480**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**40,841**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**760**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**35,017**		
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	**85.73982%**
Occupancy:	**73.61392%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**91.52260%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,784,114	3,540,726	2,191,404	440,864	0	7,957,108
1a	Audit Adjustments						
2	Cost Per Diem	50.9499	101.1145	62.5811	**12.5900**		227.2355
3	Cost Per Diem Inflated	52.4671	103.2029	64.4446			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.4671**	**103.2029**	**64.4446**	**12.5900**		232.7046
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5146		61.4694			
7	Provider Target Rate	**49.8774**		**63.1961**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8774**	**97.3934**	**63.0224**	**12.5900**		222.8832
12/13	Medicaid Adjustment Rate		3.9159	2.5340			
14	Prospective Per Diem 11	**49.8774**	**101.3093**	**65.5564**	**12.5900**		**229.3331**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226017-00 - 2014/01

252.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,265,258**
FRVS Base Asset:	**2,107,125**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**523,693**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,212,206**	**10.4881**
20% ROE(2):	**1,053,052**	**0.3317**
Insurance Cost(3):	**75,726**	**1.8542**
Taxes Cost(3):	**63,865**	**1.5637**
Home Office(3):	**20,360**	**0.4985**
Replacement(3&4):	**27,804**	**0.0000**
Total FRVS PD:		**14.7362**

(1) 80% Capital ($4,212,206) amortized at 12.5000% for 20 years Interest of $523,693 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $10.4881
(2) 20% ROE ($1,053,052) times the ROE factor (0.015730) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.3317
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8774**	**49.8774**	**2.1460**	**47.7314**	
Patient Care					
Direct Care	**101.3093**	**101.3093**	**4.3590**	**96.9503**	
Indirect Care	**65.5564**	**65.5564**	**2.8206**	**62.7358**	
Property	**12.5900**	**14.7362**	**0.6340**	**14.1022**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5348**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.3331**	**231.4793**	**9.9596**	**252.7479**	

***Medicaid Trend Adjustment :**

0 226033-00 - 2014/01

232.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Martin[43]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**36,189**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.44309%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	53.9371	99.1332	53.0532			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.9371**	**99.1332**	**53.0532**	**25.2200**		231.3435
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.8820		53.9513			
7	Provider Target Rate	**48.1989**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.1989**	**97.3934**	**53.0532**	**13.6500**		212.2955
12/13	Medicaid Adjustment Rate		0.5491	0.2991			
14	Prospective Per Diem 11	**48.1989**	**97.9425**	**53.3523**	**13.6500**		**213.1437**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226033-00 - 2014/01

232.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,511,013**
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:	**426,205**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,408,810**	**10.8119**
20% ROE(2):	**1,102,203**	**0.4077**
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:		**15.0341**

(1) 80% Capital ($4,408,810) amortized at 7.5000% for 20 years Principal & Interest of $426,205 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8119
(2) 20% ROE ($1,102,203) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4077
(3) 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:	**51,248**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.1989**	**48.1989**	**2.0738**	**46.1251**	
Patient Care					
Direct Care	**97.9425**	**97.9425**	**4.2141**	**93.7284**	
Indirect Care	**53.3523**	**53.3523**	**2.2955**	**51.0568**	
Property	**13.6500**	**15.0341**	**0.6469**	**14.3872**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2426**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.1437**	**214.5278**	**9.2303**	**232.2335**	

***Medicaid Trend Adjustment :**

0 226041-00 - 2014/01

213.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Niceville FL 32578		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Okaloosa[46]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**40,653**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,558**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,392**		
Class at 1/94:	**North Large [2]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.30557092**
Open Date:	**1/8/1993**					Semester Index:	**1.34444818**
Acquired Date:	**1/8/1993**					Cost:	**1.02977798**
Entered Medicaid	**2/2/1993**					Target:	**1.01966300**
Med # Active Date:	**1/1/2001**					**DC FY Index:**	**1.21049917**
Previous Med #	**205401**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02065332**
						PS Target:	**1.02809000**

Medicaid Utilization	**45.24143%**						
Occupancy:	**92.81507%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**115.39499%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	806,085	1,521,011	985,178	356,621	0	3,668,895
1a	Audit Adjustments						
2	Cost Per Diem	43.8280	82.6996	53.5656	**19.3900**		199.4832
3	Cost Per Diem Inflated	45.1331	84.4076	55.1607			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1331**	**84.4076**	**55.1607**	**19.3900**		204.0914
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6860		53.6507			
7	Provider Target Rate	**44.9131**		**55.1577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9131**	**84.4076**	**55.1577**	**13.6500**		198.1284
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.9131**	**84.4076**	**55.1577**	**13.6500**		**198.1284**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226041-00 - 2014/01

213.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

The Manor At Blue Water Bay

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	**5,645,139**
FRVS Base Asset:	**1,930,980**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**404,051**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,516,111**	**10.2499**
20% ROE(2):	**1,129,028**	**0.4505**
Insurance Cost(3):	**61,438**	**1.5113**
Taxes Cost(3):	**44,214**	**1.0876**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**21,166**	**0.0000**
Total FRVS PD:		**13.2993**

(1) 80% Capital ($4,516,111) amortized at 6.5000% for 20 years Principal & Interest of $404,051 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2499
(2) 20% ROE ($1,129,028) times the ROE factor (0.015730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4505
(3) 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:	**51,248**
		Effective PBS Limitation	**1,930,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9131**	**44.9131**	**1.9324**	**42.9807**	
Patient Care					
Direct Care	**84.4076**	**84.4076**	**3.6317**	**80.7759**	
Indirect Care	**55.1577**	**55.1577**	**2.3732**	**52.7845**	
Property	**13.6500**	**13.2993**	**0.5722**	**12.7271**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.9145**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.1284**	**197.7777**	**8.5095**	**213.8761**	

***Medicaid Trend Adjustment :**

0 226068-00 - 2014/01

230.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32202		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,250**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**6,084**	**Inflation**	
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**29,596**	FY Index:	**1.27684492**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**73.53043%**	Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**91.64390%**	Cost:	**1.05294555**
Open Date: **3/1/1970**		Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date: **3/1/1970**		Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20000000**
Entered Medicaid **3/1/1970**		Low Occupancy Adjustment Factor:			**113.93889%**	**DC Sem Index:**	**1.23550000**
Med # Active Date: **5/31/2000**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02958333**
Previous Med # **207764**						**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,575,951	2,681,066	1,274,443	278,202	0	5,809,662
1a	Audit Adjustments						
2	Cost Per Diem	53.2488	90.5888	43.0613	**9.4000**		196.2989
3	Cost Per Diem Inflated	56.0681	93.2687	45.3412			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0681**	**93.2687**	**45.3412**	**9.4000**		204.0780
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.0766		49.8062			
7	Provider Target Rate	**67.9327**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**93.2687**	**45.3412**	**9.4000**		197.8141
12/13	Medicaid Adjustment Rate		2.4690	1.2003			
14	Prospective Per Diem 11	**49.8042**	**95.7377**	**46.5415**	**9.4000**		**201.4834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226068-00 - 2014/01

230.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,097,560**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015420**

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:	**489,623**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,878,048**	**12.4207**
20% ROE(2):	**1,219,512**	**0.4770**
Insurance Cost(3):	**45,838**	**1.1388**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**61,503**	**1.5280**
Replacement(3&4):	**37,511**	**0.0000**
Total FRVS PD:		**15.5645**

(1) 80% Capital ($4,878,048) amortized at 8.0000% for 20 years Principal & Interest of $489,623 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.4207
(2) 20% ROE ($1,219,512) times the ROE factor (0.015420) divided by annual available days (43,800) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**95.7377**	**95.7377**	**4.1192**	**91.6185**	
Indirect Care	**46.5415**	**46.5415**	**2.0025**	**44.5390**	
Property	**9.4000**	**15.5645**	**0.6697**	**14.8948**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1526**	
Supplemental Rate Add-on				**$8.6934**	
Fire Sprinkler Component	**$2.1796**	**$2.1796**	**$0.0938**	**$2.0858**	
Totals	**203.6630**	**209.8275**	**9.0281**	**230.6454**	

***Medicaid Trend Adjustment :**

0 226335-00 - 2014/01

226.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**72,270**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**47,155**	Total:	**181**
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]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.05576204**
Open Date:	**1/1/1970**					Target:	**1.01966300**
Acquired Date:	**1/1/1970**					**DC FY Index:**	**1.19833101**
Entered Medicaid	**1/1/1970**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**6/1/2000**					**DC Inflation:**	**1.03101730**
Previous Med #	**200140**					**PS Target:**	**1.02809000**

Medicaid Utilization	**76.21885%**
Occupancy:	**65.07010%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**80.90026%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

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	49.6516	84.0849	49.0993			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6516**	**84.0849**	**49.0993**	**13.1500**		195.9858
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1847		54.1643			
7	Provider Target Rate	**51.5944**		**55.6858**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.6516**	**84.0849**	**49.0993**	**13.1500**		195.9858
12/13	Medicaid Adjustment Rate		2.4802	1.4482			
14	Prospective Per Diem 11	**49.6516**	**86.5651**	**50.5475**	**13.1500**		**199.9142**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

8

0 226335-00 - 2014/01

226.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,643,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6516**	**49.6516**	**2.1363**	**47.5153**	
Patient Care					
Direct Care	**86.5651**	**86.5651**	**3.7246**	**82.8405**	
Indirect Care	**50.5475**	**50.5475**	**2.1749**	**48.3726**	
Property	**13.1500**	**17.9792**	**0.7736**	**17.2056**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8369**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.9142**	**204.7434**	**8.8094**	**226.4643**	

***Medicaid Trend Adjustment :**

8

0 226351-00 - 2014/01

200.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**239**	Superior:	**0**
New Smyrna Beach FL 32069		Days In CR	**366**	Maximum:	**87,474**	Standard:	**181**
County: **Volusia[64]**		First Used:	**2014/01**	Max Annualized:	**87,235**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**55,403**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**5,825**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**37,504**		
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	**67.69309%**
Occupancy:	**63.33653%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**78.74495%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,349,366	2,879,752	1,651,444	532,932	17,344	6,430,838
1a	Audit Adjustments						
2	Cost Per Diem	35.9793	76.7852	44.0338	**14.2100**	**0.4625**	171.4708
3	Cost Per Diem Inflated	37.6301	78.8269	46.0542			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6301**	**78.8269**	**46.0542**	**14.2100**	**0.4625**	177.1837
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.5963		49.8062			
7	Provider Target Rate	**42.7647**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6301**	**78.8269**	**46.0542**	**13.6500**	**0.4625**	176.6237
12/13	Medicaid Adjustment Rate		1.5690	0.9167			
14	Prospective Per Diem 11	**37.6301**	**80.3959**	**46.9709**	**13.6500**	**0.4625**	**179.1094**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226351-00 - 2014/01

200.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,800,579**
FRVS Base Asset:	**3,619,305**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**763,946**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,040,463**	**9.7304**
20% ROE(2):	**1,760,116**	**0.3269**
Insurance Cost(3):	**111,290**	**2.0087**
Taxes Cost(3):	**69,453**	**1.2536**
Home Office(3):	**16,682**	**0.3011**
Replacement(3&4):	**378,613**	**0.0000**
Total FRVS PD:		**13.6207**

(1) 80% Capital ($7,040,463) amortized at 9.0700% for 20 years Principal & Interest of $763,946 divided by annual available days (87,235) divided by Occup. Adj. (0.9000) = $9.7304
(2) 20% ROE ($1,760,116) times the ROE factor (0.014580) divided by annual available days (87,235) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**179**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6301**	**37.6301**	**1.6191**	**36.0110**	
Patient Care					
Direct Care	**80.3959**	**80.3959**	**3.4591**	**76.9368**	
Indirect Care	**46.9709**	**46.9709**	**2.0210**	**44.9499**	
Property	**13.6500**	**13.6207**	**0.5873**	**13.0627**	
ROE	**0.4625**	**0.3222**	**0.0199**	**0.4426**	
ROE Adjustment	**-0.3222**	**-0.3222**	**-0.0139**	**-0.3083**	
Quality Assess-Medicaid Share				**$20.8188**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.7872**	**178.6176**	**7.6925**	**200.6069**	

***Medicaid Trend Adjustment :**

0 226360-00 - 2014/01

233.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 22nd Avenue South	**07/01/2012-06/30/2013**	Number of Beds: **74**	Superior: **0**
St. Petersburg FL 33705	Days In CR **365**	Maximum: **27,010**	Standard: **181**
County: **Pinellas[52]**	First Used: **2014/01**	Max Annualized: **27,010**	Conditional: **0**
Region: **Central[3]** Area: **5**	Last Used: **2014/01**	Total Patient: **19,610**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **926**	
Current Class **Central Small [5]**	Initial CR? **False**	Medicaid: **18,630**	
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	**95.00255%**
Occupancy:	**72.60274%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.26542%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	999,406	1,357,821	1,144,352	429,235	0	3,930,814
1a	Audit Adjustments						
2	Cost Per Diem	53.6450	72.8836	61.4252	**23.0400**		210.9938
3	Cost Per Diem Inflated	55.5311	74.5119	63.5848			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.5311**	**74.5119**	**63.5848**	**23.0400**		216.6678
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4843		60.4119			
7	Provider Target Rate	**52.9305**		**62.1089**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.9305**	**74.5119**	**62.1089**	**13.6500**		203.2013
12/13	Medicaid Adjustment Rate		3.3530	2.7949			
14	Prospective Per Diem 11	**52.9305**	**77.8649**	**64.9038**	**13.6500**		**209.3492**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226360-00 - 2014/01

233.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,791,438**
FRVS Base Asset:	**933,403**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**178,180**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,433,150**	**7.3298**
20% ROE(2):	**358,288**	**0.2119**
Insurance Cost(3):	**109,594**	**5.5887**
Taxes Cost(3):	**17,324**	**0.8834**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**180,995**	**0.0000**
Total FRVS PD:		**14.0138**

(1) 80% Capital ($1,433,150) amortized at 12.5000% for 20 years Interest of $178,180 divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $7.3298
(2) 20% ROE ($358,288) times the ROE factor (0.014380) divided by annual available days (27,010) divided by Occup. Adj. (0.9000) = $0.2119
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9305**	**52.9305**	**2.2774**	**50.6531**	
Patient Care					
Direct Care	**77.8649**	**77.8649**	**3.3502**	**74.5147**	
Indirect Care	**64.9038**	**64.9038**	**2.7926**	**62.1112**	
Property	**13.6500**	**14.0138**	**0.6030**	**13.4108**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.6492**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.3492**	**209.7130**	**9.0232**	**233.0324**	

***Medicaid Trend Adjustment :**

3

0 226602-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**176**	Superior:	**0**
North Bay Village FL 33141		Days In CR	**365**	Maximum:	**64,240**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**64,240**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**59,458**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,906**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**52,029**		
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	**87.50547%**
Occupancy:	**92.55604%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.07294%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,909,051	3,890,817	2,439,108	1,241,932	0	9,480,908
1a	Audit Adjustments						
2	Cost Per Diem	36.6921	74.7817	46.8798	**23.8700**		182.2236
3	Cost Per Diem Inflated	37.9821	76.4525	48.5280			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9821**	**76.4525**	**48.5280**	**23.8700**		186.8326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7195		55.3337			
7	Provider Target Rate	**48.0319**		**56.8880**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9821**	**76.4525**	**48.5280**	**13.6500**		176.6126
12/13	Medicaid Adjustment Rate		3.2258	2.0476			
14	Prospective Per Diem 11	**37.9821**	**79.6783**	**50.5756**	**13.6500**		**181.8860**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 226602-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,110,221**
FRVS Base Asset:	**3,238,794**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**607,734**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,888,177**	**10.5115**
20% ROE(2):	**1,222,044**	**0.3039**
Insurance Cost(3):	**264,762**	**4.4529**
Taxes Cost(3):	**80,497**	**1.3538**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**95,633**	**0.0000**
Total FRVS PD:		**16.6221**

(1) 80% Capital ($4,888,177) amortized at 12.5000% for 20 years Interest of $607,734 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $10.5115
(2) 20% ROE ($1,222,044) times the ROE factor (0.014380) divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $0.3039
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,016,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9821**	**37.9821**	**1.6342**	**36.3479**	
Patient Care					
Direct Care	**79.6783**	**79.6783**	**3.4283**	**76.2500**	
Indirect Care	**50.5756**	**50.5756**	**2.1761**	**48.3995**	
Property	**13.6500**	**16.6221**	**0.7152**	**15.9069**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4350**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.8860**	**184.8581**	**7.9538**	**208.0327**	

***Medicaid Trend Adjustment :**

0 227226-00 - 2014/01

157.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Fair Havens Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**269**	Superior:	**0**
Miami Springs FL 33166		Days In CR	**366**	Maximum:	**98,454**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**98,185**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**97,556**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,661**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**66,292**		
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	**67.95277%**
Occupancy:	**99.08790%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**123.19386%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,359,401	4,034,352	2,738,373	1,045,425	0	10,177,551
1a	Audit Adjustments						
2	Cost Per Diem	35.5910	60.8573	41.3077	**15.7700**		153.5260
3	Cost Per Diem Inflated	37.2853	62.5274	43.2741			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2853**	**62.5274**	**43.2741**	**15.7700**		158.8568
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2853**	**62.5274**	**43.2741**	**13.6500**		156.7368
12/13	Medicaid Adjustment Rate		1.2629	0.8740			
14	Prospective Per Diem 11	**37.2853**	**63.7903**	**44.1481**	**13.6500**		**158.8737**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227226-00 - 2014/01

157.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Fair Havens 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	**8,874,320**
FRVS Base Asset:	**4,456,011**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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**	**0.2928**
Insurance Cost(3):	**95,366**	**0.9776**
Taxes Cost(3):	**138,989**	**1.4247**
Home Office(3):	**10,101**	**0.1035**
Replacement(3&4):	**85,978**	**0.0000**
Total FRVS PD:		**8.4546**

(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 (0.014580) divided by annual available days (98,185) divided by Occup. Adj. (0.9000) = $0.2928
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**7,609,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2853**	**37.2853**	**1.6042**	**35.6811**	
Patient Care					
Direct Care	**63.7903**	**63.7903**	**2.7447**	**61.0456**	
Indirect Care	**44.1481**	**44.1481**	**1.8995**	**42.2486**	
Property	**13.6500**	**8.4546**	**0.3638**	**8.0908**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.1445**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**158.8737**	**153.6783**	**6.6122**	**157.9040**	

***Medicaid Trend Adjustment :**

0 227251-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**20,805**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**18,193**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.42185%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	52.0819	68.7422	62.7734			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0819**	**68.7422**	**62.7734**	**29.7100**		213.3075
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3219		60.3576			
7	Provider Target Rate	**54.8197**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.0819**	**68.7422**	**62.0530**	**13.6500**		196.5271
12/13	Medicaid Adjustment Rate		3.0934	2.7924			
14	Prospective Per Diem 11	**52.0819**	**71.8356**	**64.8454**	**13.6500**		**202.4129**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227251-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**2,127,544**
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:	**211,610**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,702,035**	**11.3012**
20% ROE(2):	**425,509**	**0.4047**
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:		**16.5072**

(1) 80% Capital ($1,702,035) amortized at 12.5000% for 20 years Interest of $211,610 divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $11.3012
(2) 20% ROE ($425,509) times the ROE factor (0.017810) divided by annual available days (20,805) divided by Occup. Adj. (0.9000) = $0.4047
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,624,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.0819**	**52.0819**	**2.2409**	**49.8410**	
Patient Care					
Direct Care	**71.8356**	**71.8356**	**3.0908**	**68.7448**	
Indirect Care	**64.8454**	**64.8454**	**2.7901**	**62.0553**	
Property	**13.6500**	**16.5072**	**0.7102**	**15.7970**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$24.0186**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.4129**	**205.2701**	**8.8320**	**229.1501**	

***Medicaid Trend Adjustment :**

0 227579-00 - 2014/01

233.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Wilton Manors Health and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2675 North Andrews Ave		**01/01/2012-12/31/2012**		Number of Beds:	**147**	Superior:	**0**
Wilton Manors FL 33311		Days In CR	**366**	Maximum:	**53,802**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**53,655**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**46,917**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,136**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**27,352**		
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	**58.29870%**
Occupancy:	**87.20308%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.41771%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,610,096	2,461,472	1,775,620	322,207	12,241	6,181,636
1a	Audit Adjustments						
2	Cost Per Diem	58.8658	89.9924	64.9174	**11.7800**	**0.4475**	226.0031
3	Cost Per Diem Inflated	61.6680	92.4620	68.0077			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.6680**	**92.4620**	**68.0077**	**11.7800**	**0.4475**	234.3652
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.3781		56.2073			
7	Provider Target Rate	**60.0179**		**57.7862**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**92.4620**	**57.7862**	**11.7800**	**0.4475**	216.4980
12/13	Medicaid Adjustment Rate		0.8632	0.5395			
14	Prospective Per Diem 11	**54.0223**	**93.3252**	**58.3257**	**11.7800**	**0.4475**	**217.9007**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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0 227579-00 - 2014/01

233.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Wilton Manors Health and Rehab

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	**6,398,341**
FRVS Base Asset:	**1,515,062**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**542,811**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,118,673**	**11.2408**
20% ROE(2):	**1,279,668**	**0.3864**
Insurance Cost(3):	**71,464**	**1.5232**
Taxes Cost(3):	**94,429**	**2.0127**
Home Office(3):	**39,859**	**0.8496**
Replacement(3&4):	**488,537**	**0.0000**
Total FRVS PD:		**16.0127**

(1) 80% Capital ($5,118,673) amortized at 8.7500% for 20 years Principal & Interest of $542,811 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $11.2408
(2) 20% ROE ($1,279,668) times the ROE factor (0.014580) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $0.3864
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**93.3252**	**93.3252**	**4.0154**	**89.3098**	
Indirect Care	**58.3257**	**58.3257**	**2.5095**	**55.8162**	
Property	**11.7800**	**16.0127**	**0.5068**	**11.2732**	
ROE	**0.4475**	**0.4448**	**0.0193**	**0.4282**	
ROE Adjustment	**-0.4448**	**-0.4448**	**-0.0191**	**-0.4257**	
Quality Assess-Medicaid Share				**$16.4207**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.4559**	**221.6859**	**9.3563**	**233.2137**	

***Medicaid Trend Adjustment :**

0 227587-00 - 2014/01

225.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Rockledge Rehab 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	
587 Barton Blvd.		**01/01/2012-12/31/2012**		Number of Beds:	**107**	Superior:	**0**
Rockledge FL 32955		Days In CR	**366**	Maximum:	**39,162**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**39,055**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**36,036**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,453**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**16,060**		
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	**44.56654%**
Occupancy:	**92.01777%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.40372%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	791,928	1,344,270	892,445	242,988	2,883	3,274,514
1a	Audit Adjustments						
2	Cost Per Diem	49.3106	83.7030	55.5694	**15.1300**	**0.1795**	203.8925
3	Cost Per Diem Inflated	51.6580	86.0000	58.2147			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.6580**	**86.0000**	**58.2147**	**15.1300**	**0.1795**	211.1822
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.9459		56.8440			
7	Provider Target Rate	**54.4332**		**58.4407**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.6580**	**86.0000**	**58.2147**	**13.6500**	**0.1795**	209.7022
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.6580**	**86.0000**	**58.2147**	**13.6500**	**0.1795**	**209.7022**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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0 227587-00 - 2014/01

225.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Rockledge Rehab and 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	**3,516,861**
FRVS Base Asset:	**992,144**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**298,357**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,813,489**	**8.4882**
20% ROE(2):	**703,372**	**0.2918**
Insurance Cost(3):	**55,860**	**1.5501**
Taxes Cost(3):	**35,066**	**0.9731**
Home Office(3):	**28,670**	**0.7956**
Replacement(3&4):	**19,136**	**0.0000**
Total FRVS PD:		**12.0988**

(1) 80% Capital ($2,813,489) amortized at 8.7500% for 20 years Principal & Interest of $298,357 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $8.4882
(2) 20% ROE ($703,372) times the ROE factor (0.014580) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.2918
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.6580**	**51.6580**	**2.2226**	**49.4354**	
Patient Care					
Direct Care	**86.0000**	**86.0000**	**3.7003**	**82.2997**	
Indirect Care	**58.2147**	**58.2147**	**2.5048**	**55.7099**	
Property	**13.6500**	**12.0988**	**0.5873**	**13.0627**	
ROE	**0.1795**	**0.1760**	**0.0077**	**0.1718**	
ROE Adjustment	**-0.1760**	**-0.1760**	**-0.0076**	**-0.1684**	
Quality Assess-Medicaid Share				**$16.3708**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.5262**	**207.9715**	**9.0151**	**225.5753**	

***Medicaid Trend Adjustment :**

7

0 227625-00 - 2014/01

236.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Bradenton FL 34205		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**20,033**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,672**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**10,693**		
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	**53.37693%**
Occupancy:	**91.22496%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.41803%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	589,460	865,115	673,944	146,922	2,211	2,277,652
1a	Audit Adjustments						
2	Cost Per Diem	55.1258	80.9048	63.0267	**13.7400**	**0.2068**	213.0041
3	Cost Per Diem Inflated	57.7500	83.1251	66.0270			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.7500**	**83.1251**	**66.0270**	**13.7400**	**0.2068**	220.8489
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.0410		63.8473			
7	Provider Target Rate	**59.6714**		**65.6408**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.7500**	**83.1251**	**65.6408**	**13.6500**	**0.2068**	220.3727
12/13	Medicaid Adjustment Rate		0.3158	0.2494			
14	Prospective Per Diem 11	**57.7500**	**83.4409**	**65.8902**	**13.6500**	**0.2068**	**220.9379**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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236.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,397,402**
FRVS Base Asset:	**788,632**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**235,214**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,917,922**	**11.9337**
20% ROE(2):	**479,480**	**0.3547**
Insurance Cost(3):	**46,100**	**2.3012**
Taxes Cost(3):	**29,729**	**1.4840**
Home Office(3):	**17,400**	**0.8686**
Replacement(3&4):	**41,582**	**0.0000**
Total FRVS PD:		**16.9422**

(1) 80% Capital ($1,917,922) amortized at 10.8500% for 20 years Principal & Interest of $235,214 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.9337
(2) 20% ROE ($479,480) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3547
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.7500**	**57.7500**	**2.4848**	**55.2652**	
Patient Care					
Direct Care	**83.4409**	**83.4409**	**3.5901**	**79.8508**	
Indirect Care	**65.8902**	**65.8902**	**2.8350**	**63.0552**	
Property	**13.6500**	**16.9422**	**0.5873**	**13.0627**	
ROE	**0.2068**	**0.0242**	**0.0089**	**0.1979**	
ROE Adjustment	**-0.0242**	**-0.0242**	**-0.0010**	**-0.0232**	
Quality Assess-Medicaid Share				**$15.9723**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.9137**	**224.0233**	**9.5051**	**236.0743**	

***Medicaid Trend Adjustment :**

0 227633-00 - 2014/01

222.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**32,614**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,768**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**20,868**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**220671**						

Medicaid Utilization	**63.98479%**
Occupancy:	**90.00939%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.90674%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	52.8681	78.6938	55.3052			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.8681**	**78.6938**	**55.3052**	**13.6500**	**0.0919**	200.6090
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8527		60.3576			
7	Provider Target Rate	**63.5901**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.8681**	**78.6938**	**55.3052**	**13.6500**	**0.0919**	200.6090
12/13	Medicaid Adjustment Rate		1.2381	0.8701			
14	Prospective Per Diem 11	**52.8681**	**79.9319**	**56.1753**	**13.6500**	**0.0919**	**202.7172**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227633-00 - 2014/01

222.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,718,196**
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:	**371,356**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,974,557**	**11.4188**
20% ROE(2):	**743,639**	**0.3334**
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:		**14.7743**

(1) 80% Capital ($2,974,557) amortized at 11.1200% for 20 years Principal & Interest of $371,356 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $11.4188
(2) 20% ROE ($743,639) times the ROE factor (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.3334
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.8681**	**52.8681**	**2.2747**	**50.5934**	
Patient Care					
Direct Care	**79.9319**	**79.9319**	**3.4392**	**76.4927**	
Indirect Care	**56.1753**	**56.1753**	**2.4170**	**53.7583**	
Property	**13.6500**	**14.7743**	**0.6357**	**14.1386**	
ROE	**0.0919**	**0.0844**	**0.0036**	**0.0808**	
ROE Adjustment	**-0.0844**	**-0.0844**	**-0.0036**	**-0.0808**	
Quality Assess-Medicaid Share				**$18.8107**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.6328**	**203.7496**	**8.7666**	**222.4871**	

***Medicaid Trend Adjustment :**

0 227641-00 - 2014/01

226.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

North Rehabilitation Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
1301 16th Street North		**01/01/2012-12/31/2012**		Number of Beds:	**45**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**366**	Maximum:	**16,470**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**13,119**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,682**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,130**		
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	**39.10359%**
Occupancy:	**79.65392%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.03201%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	338,351	428,254	371,451	59,354	1,059	1,198,469
1a	Audit Adjustments						
2	Cost Per Diem	65.9554	83.4803	72.4076	**11.5700**	**0.2064**	233.6197
3	Cost Per Diem Inflated	69.0951	85.7712	75.8545			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.0951**	**85.7712**	**75.8545**	**11.5700**	**0.2064**	242.4972
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.3459		68.7270			
7	Provider Target Rate	**63.0691**		**70.6575**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**60.0152**	**85.7712**	**70.6575**	**11.5700**	**0.2064**	228.2203
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**60.0152**	**85.7712**	**70.6575**	**11.5700**	**0.2064**	**228.2203**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227641-00 - 2014/01

226.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

North 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	**1,406,273**
FRVS Base Asset:	**614,550**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**140,452**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,125,018**	**9.5012**
20% ROE(2):	**281,255**	**0.2774**
Insurance Cost(3):	**21,886**	**1.6683**
Taxes Cost(3):	**17,052**	**1.2998**
Home Office(3):	**11,689**	**0.8910**
Replacement(3&4):	**63,300**	**0.0000**
Total FRVS PD:		**13.6377**

(1) 80% Capital ($1,125,018) amortized at 11.1200% for 20 years Principal & Interest of $140,452 divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $9.5012
(2) 20% ROE ($281,255) times the ROE factor (0.014580) divided by annual available days (16,425) divided by Occup. Adj. (0.9000) = $0.2774
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,396,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.0152**	**60.0152**	**2.5822**	**57.4330**	
Patient Care					
Direct Care	**85.7712**	**85.7712**	**3.6904**	**82.0808**	
Indirect Care	**70.6575**	**70.6575**	**3.0401**	**67.6174**	
Property	**11.5700**	**13.6377**	**0.4978**	**11.0722**	
ROE	**0.2064**	**0.2064**	**0.0089**	**0.1975**	
ROE Adjustment	**-0.2064**	**-0.2064**	**-0.0089**	**-0.1975**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.0139**	**230.0816**	**9.8105**	**226.8968**	

***Medicaid Trend Adjustment :**

0 227765-00 - 2014/01

227.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Park Meadows Health & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3250 SW 41st Place		**01/01/2012-12/31/2012**		Number of Beds:	**154**	Superior:	**0**
Gainesville FL 32608		Days In CR	**366**	Maximum:	**56,364**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2014/01**	Max Annualized:	**56,210**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**47,912**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,267**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**33,612**		
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	**70.15361%**
Occupancy:	**85.00462%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.68441%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,853,655	2,815,560	1,852,188	443,678	13,153	6,978,234
1a	Audit Adjustments						
2	Cost Per Diem	55.1486	83.7665	55.1050	**13.2000**	**0.3913**	207.6114
3	Cost Per Diem Inflated	57.7739	86.0653	57.7282			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.7739**	**86.0653**	**57.7282**	**13.2000**	**0.3913**	215.1587
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9276		53.8158			
7	Provider Target Rate	**55.4424**		**55.3275**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**86.0653**	**55.3275**	**13.2000**	**0.3913**	204.7883
12/13	Medicaid Adjustment Rate		1.9513	1.2544			
14	Prospective Per Diem 11	**49.8042**	**88.0166**	**56.5819**	**13.2000**	**0.3913**	**207.9940**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227765-00 - 2014/01

227.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Park Meadows Health & Rehab Center

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	**3,919,753**
FRVS Base Asset:	**2,058,220**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**286,122**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,135,802**	**5.6558**
20% ROE(2):	**783,951**	**0.2259**
Insurance Cost(3):	**67,718**	**1.4134**
Taxes Cost(3):	**56,364**	**1.1764**
Home Office(3):	**36,300**	**0.7576**
Replacement(3&4):	**87,706**	**0.0000**
Total FRVS PD:		**9.2291**

(1) 80% Capital ($3,135,802) amortized at 6.7500% for 20 years Principal & Interest of $286,122 divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $5.6558
(2) 20% ROE ($783,951) times the ROE factor (0.014580) divided by annual available days (56,210) divided by Occup. Adj. (0.9000) = $0.2259
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,101,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**88.0166**	**88.0166**	**3.7870**	**84.2296**	
Indirect Care	**56.5819**	**56.5819**	**2.4345**	**54.1474**	
Property	**13.2000**	**9.2291**	**0.5679**	**12.6321**	
ROE	**0.3913**	**0.3891**	**0.0168**	**0.3745**	
ROE Adjustment	**-0.3891**	**-0.3891**	**-0.0167**	**-0.3724**	
Quality Assess-Medicaid Share				**$20.5864**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.6049**	**203.6318**	**8.9324**	**227.9523**	

***Medicaid Trend Adjustment :**

0 227773-00 - 2014/01

246.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Marion[42]**	First Used:	**2013/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**24,806**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.16898%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

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	56.6895	92.5355	66.0727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.6895**	**92.5355**	**66.0727**	**22.9400**		238.2377
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.4274		60.8154			
7	Provider Target Rate	**56.9844**		**62.5237**			
7a	Interim Adjustment	6.5130		7.1462			
7b	Interim Adjusted Provider Target Rate	**63.4974**		**69.6699**			
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5355**	**65.1932**	**13.6500**		225.0148
12/13	Medicaid Adjustment Rate		0.7902	0.5567			
14	Prospective Per Diem 11	**53.6361**	**93.3257**	**65.7499**	**13.6500**		**226.3617**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227773-00 - 2014/01

246.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,029,060**
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:	**502,279**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,023,248**	**15.4445**
20% ROE(2):	**1,005,812**	**0.4689**
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:		**20.8711**

(1) 80% Capital ($4,023,248) amortized at 11.1200% for 20 years Principal & Interest of $502,279 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $15.4445
(2) 20% ROE ($1,005,812) times the ROE factor (0.015160) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.4689
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**93.3257**	**93.3257**	**4.0155**	**89.3102**	
Indirect Care	**65.7499**	**65.7499**	**2.8290**	**62.9209**	
Property	**13.6500**	**20.8711**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8726**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.3617**	**233.5828**	**9.7396**	**246.1881**	

***Medicaid Trend Adjustment :**

0 227838-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**100**	Superior:	**0**
Jacksonville FL 32211		Days In CR	**365**	Maximum:	**36,500**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**36,500**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**33,111**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,131**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**26,476**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1983**						
Acquired Date:	**7/1/1983**						
Entered Medicaid	**1/1/1984**						
Med # Active Date:	**1/1/2001**						
Previous Med #	**221856**						

Medicaid Utilization	**79.96134%**
Occupancy:	**90.71507%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.78410%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,109,863	1,949,227	1,160,778	767,539	0	4,987,407
1a	Audit Adjustments						
2	Cost Per Diem	41.9196	73.6224	43.8426	**28.9900**		188.3746
3	Cost Per Diem Inflated	43.3934	75.2673	45.3840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3934**	**75.2673**	**45.3840**	**28.9900**		193.0347
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3843		56.8667			
7	Provider Target Rate	**49.7434**		**58.4641**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3934**	**75.2673**	**45.3840**	**13.6500**		177.6947
12/13	Medicaid Adjustment Rate		2.5370	1.5297			
14	Prospective Per Diem 11	**43.3934**	**77.8043**	**46.9137**	**13.6500**		**181.7614**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227838-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**4,600,660**
FRVS Base Asset:	**2,041,803**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**457,591**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,680,528**	**13.9297**
20% ROE(2):	**920,132**	**0.4028**
Insurance Cost(3):	**128,765**	**3.8889**
Taxes Cost(3):	**27,488**	**0.8302**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**649,770**	**0.0000**
Total FRVS PD:		**19.0516**

(1) 80% Capital ($3,680,528) amortized at 12.5000% for 20 years Interest of $457,591 divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $13.9297
(2) 20% ROE ($920,132) times the ROE factor (0.014380) divided by annual available days (36,500) divided by Occup. Adj. (0.9000) = $0.4028
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,850,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3934**	**43.3934**	**1.8671**	**41.5263**	
Patient Care					
Direct Care	**77.8043**	**77.8043**	**3.3476**	**74.4567**	
Indirect Care	**46.9137**	**46.9137**	**2.0185**	**44.8952**	
Property	**13.6500**	**19.0516**	**0.8197**	**18.2319**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2708**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.7614**	**187.1630**	**8.0529**	**210.0743**	

***Medicaid Trend Adjustment :**

0 227871-00 - 2014/01

188.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
Trenton FL 32693		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Gilchrist[21]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,887**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,451**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,791**		
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	**59.18543%**
Occupancy:	**95.37113%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.57288%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	903,181	1,819,248	891,725	301,211	0	3,915,365
1a	Audit Adjustments						
2	Cost Per Diem	36.4318	73.3834	35.9697	**12.1500**		157.9349
3	Cost Per Diem Inflated	38.5662	75.7649	38.0770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5662**	**75.7649**	**38.0770**	**12.1500**		164.5581
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1317		49.8062			
7	Provider Target Rate	**44.3433**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5662**	**75.7649**	**38.0770**	**12.1500**		164.5581
12/13	Medicaid Adjustment Rate		0.7829	0.3935			
14	Prospective Per Diem 11	**38.5662**	**76.5478**	**38.4705**	**12.1500**		**165.7345**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 227871-00 - 2014/01

188.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,111,281**
FRVS Base Asset:	**2,024,741**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**420,902**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,289,025**	**10.6774**
20% ROE(2):	**822,256**	**0.3498**
Insurance Cost(3):	**41,436**	**0.9892**
Taxes Cost(3):	**84,845**	**2.0256**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**4,977**	**0.0000**
Total FRVS PD:		**14.0420**

(1) 80% Capital ($3,289,025) amortized at 11.5000% for 20 years Principal & Interest of $420,902 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.6774
(2) 20% ROE ($822,256) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3498
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5662**	**38.5662**	**1.6594**	**36.9068**	
Patient Care					
Direct Care	**76.5478**	**76.5478**	**3.2936**	**73.2542**	
Indirect Care	**38.4705**	**38.4705**	**1.6552**	**36.8153**	
Property	**12.1500**	**14.0420**	**0.6042**	**13.4378**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9912**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**165.7345**	**167.6265**	**7.2124**	**188.0987**	

***Medicaid Trend Adjustment :**

0 228001-00 - 2014/01

251.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**99**	Superior:	**0**
North Miami Beach FL 33160		Days In CR	**366**	Maximum:	**36,234**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**31,837**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,432**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**16,932**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1982**						
Acquired Date:	**6/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**9/20/2000**						
Previous Med #	**225282**						

Medicaid Utilization	**53.18340%**
Occupancy:	**87.86499%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.24065%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,013,760	1,599,544	1,039,205	193,871	2,123	3,848,503
1a	Audit Adjustments						
2	Cost Per Diem	59.8724	94.4687	61.3752	**11.4500**	**0.1254**	227.2917
3	Cost Per Diem Inflated	62.7226	97.0612	64.2969			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.7226**	**97.0612**	**64.2969**	**11.4500**	**0.1254**	235.6561
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.2044		65.8973			
7	Provider Target Rate	**63.9517**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**62.7226**	**97.0612**	**64.2969**	**11.4500**	**0.1254**	235.6561
12/13	Medicaid Adjustment Rate		0.3476	0.2303			
14	Prospective Per Diem 11	**62.7226**	**97.4088**	**64.5272**	**11.4500**	**0.1254**	**236.2340**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228001-00 - 2014/01

251.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,659,732**
FRVS Base Asset:	**1,345,871**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**395,314**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,727,786**	**12.1555**
20% ROE(2):	**931,946**	**0.4178**
Insurance Cost(3):	**53,336**	**1.6753**
Taxes Cost(3):	**42,562**	**1.3369**
Home Office(3):	**27,226**	**0.8552**
Replacement(3&4):	**111,201**	**0.0000**
Total FRVS PD:		**16.4407**

(1) 80% Capital ($3,727,786) amortized at 8.7500% for 20 years Principal & Interest of $395,314 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $12.1555
(2) 20% ROE ($931,946) times the ROE factor (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.4178
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.7226**	**62.7226**	**2.6987**	**60.0239**	
Patient Care					
Direct Care	**97.4088**	**97.4088**	**4.1911**	**93.2177**	
Indirect Care	**64.5272**	**64.5272**	**2.7764**	**61.7508**	
Property	**11.4500**	**16.4407**	**0.4926**	**10.9574**	
ROE	**0.1254**	**0.0157**	**0.0054**	**0.1200**	
ROE Adjustment	**-0.0157**	**-0.0157**	**-0.0007**	**-0.0150**	
Quality Assess-Medicaid Share				**$16.5403**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**236.2183**	**241.0993**	**10.1635**	**251.2885**	

***Medicaid Trend Adjustment :**

0 228320-00 - 2014/01

240.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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 334		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**31,977**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.51985%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	56.7776	91.5816	77.7840			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7776**	**91.5816**	**77.7840**	**33.5800**		259.7232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.9854		65.4193			
7	Provider Target Rate	**71.9513**		**67.2569**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**91.5816**	**63.0224**	**13.6500**		222.2763
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**91.5816**	**63.0224**	**13.6500**		**222.2763**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228320-00 - 2014/01

240.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,467,211**
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:	**417,698**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,373,769**	**10.5961**
20% ROE(2):	**1,093,442**	**0.4421**
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:		**18.7051**

(1) 80% Capital ($4,373,769) amortized at 7.3400% for 20 years Principal & Interest of $417,698 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5961
(2) 20% ROE ($1,093,442) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4421
(3) 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:	**51,248**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**91.5816**	**91.5816**	**3.9404**	**87.6412**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**18.7051**	**0.8048**	**17.9003**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2053**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.2763**	**227.3314**	**9.7812**	**240.4489**	

***Medicaid Trend Adjustment :**

0 228338-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,633**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,180**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**10,344**		
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	**26.09946%**
Occupancy:	**90.48630%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.49968%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	401,019	839,483	621,308	161,884	0	2,023,694
1a	Audit Adjustments						
2	Cost Per Diem	38.7683	81.1565	60.0646	**15.6500**		195.6394
3	Cost Per Diem Inflated	40.4805	83.2453	62.7173			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.4805**	**83.2453**	**62.7173**	**15.6500**		202.0931
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5402		51.8788			
7	Provider Target Rate	**61.2127**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.4805**	**83.2453**	**53.3361**	**13.6500**		190.7119
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.4805**	**83.2453**	**53.3361**	**13.6500**		**190.7119**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228338-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,033,931**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**502,693**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,827,145**	**12.7522**
20% ROE(2):	**1,206,786**	**0.4497**
Insurance Cost(3):	**13,133**	**0.3314**
Taxes Cost(3):	**75,315**	**1.9003**
Home Office(3):	**39,359**	**0.9931**
Replacement(3&4):	**151,910**	**0.0000**
Total FRVS PD:		**16.4267**

(1) 80% Capital ($4,827,145) amortized at 8.5000% for 20 years Principal & Interest of $502,693 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7522
(2) 20% ROE ($1,206,786) times the ROE factor (0.014690) divided by annual available days (43,800) 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:	**7/1/1989**	Used Per Bed Standard:	**30,023**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.4805**	**40.4805**	**1.7417**	**38.7388**	
Patient Care					
Direct Care	**83.2453**	**83.2453**	**3.5817**	**79.6636**	
Indirect Care	**53.3361**	**53.3361**	**2.2948**	**51.0413**	
Property	**13.6500**	**16.4267**	**0.7068**	**15.7199**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.3284**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.7119**	**193.4886**	**8.3250**	**203.1854**	

***Medicaid Trend Adjustment :**

0 228401-00 - 2014/01

186.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**104**	Superior:	**0**
Jacksonville FL 32204		Days In CR	**366**	Maximum:	**38,064**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**29,658**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,585**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,155**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/1979**						
Acquired Date:	**4/1/1979**						
Entered Medicaid	**11/1/1980**						
Med # Active Date:	**7/16/2001**						
Previous Med #	**202908**						

Medicaid Utilization	**71.32983%**
Occupancy:	**77.91614%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**96.87147%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	722,075	1,500,971	850,675	155,912	0	3,229,633
1a	Audit Adjustments						
2	Cost Per Diem	34.1326	70.9511	40.2115	**7.3700**		152.6652
3	Cost Per Diem Inflated	35.7574	72.8982	42.1257			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.7574**	**72.8982**	**42.1257**	**7.3700**		158.1513
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9052		49.8062			
7	Provider Target Rate	**49.2509**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.7574**	**72.8982**	**42.1257**	**7.3700**		158.1513
12/13	Medicaid Adjustment Rate		1.7493	1.0109			
14	Prospective Per Diem 11	**35.7574**	**74.6475**	**43.1366**	**7.3700**		**160.9115**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228401-00 - 2014/01

186.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,543,442**
FRVS Base Asset:	**1,293,889**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**235,630**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,034,754**	**6.8970**
20% ROE(2):	**508,688**	**0.2171**
Insurance Cost(3):	**21,050**	**0.7098**
Taxes Cost(3):	**35,894**	**1.2103**
Home Office(3):	**8,461**	**0.2853**
Replacement(3&4):	**78,896**	**0.0000**
Total FRVS PD:		**9.3195**

(1) 80% Capital ($2,034,754) amortized at 10.0000% for 20 years Principal & Interest of $235,630 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $6.8970
(2) 20% ROE ($508,688) times the ROE factor (0.014580) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.2171
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.7574**	**35.7574**	**1.5385**	**34.2189**	
Patient Care					
Direct Care	**74.6475**	**74.6475**	**3.2118**	**71.4357**	
Indirect Care	**43.1366**	**43.1366**	**1.8560**	**41.2806**	
Property	**7.3700**	**9.3195**	**0.4010**	**8.9185**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8774**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**160.9115**	**162.8610**	**7.0073**	**186.4245**	

***Medicaid Trend Adjustment :**

0 228567-00 - 2014/01

188.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
Hudson FL 34667		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**39,915**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,394**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,286**		
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	**55.83365%**
Occupancy:	**91.13014%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.30014%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	810,577	1,697,357	945,747	324,707	0	3,778,388
1a	Audit Adjustments						
2	Cost Per Diem	36.3716	76.1625	42.4368	**14.5700**		169.5409
3	Cost Per Diem Inflated	37.5524	77.7998	43.8145			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.5524**	**77.7998**	**43.8145**	**14.5700**		173.7367
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0179		51.8788			
7	Provider Target Rate	**44.2263**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.5524**	**77.7998**	**43.8145**	**13.6500**		172.8167
12/13	Medicaid Adjustment Rate		0.5106	0.2875			
14	Prospective Per Diem 11	**37.5524**	**78.3104**	**44.1020**	**13.6500**		**173.6148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228567-00 - 2014/01

188.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,970,361**
FRVS Base Asset:	**1,625,866**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**304,097**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,376,289**	**7.7143**
20% ROE(2):	**594,072**	**0.2261**
Insurance Cost(3):	**49,373**	**1.2370**
Taxes Cost(3):	**38,769**	**0.9713**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**15,925**	**0.0000**
Total FRVS PD:		**10.1487**

(1) 80% Capital ($2,376,289) amortized at 11.5000% for 20 years Principal & Interest of $304,097 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7143
(2) 20% ROE ($594,072) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2261
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.5524**	**37.5524**	**1.6157**	**35.9367**	
Patient Care					
Direct Care	**78.3104**	**78.3104**	**3.3694**	**74.9410**	
Indirect Care	**44.1020**	**44.1020**	**1.8975**	**42.2045**	
Property	**13.6500**	**10.1487**	**0.4367**	**9.7120**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4708**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.6148**	**170.1135**	**7.3193**	**188.9584**	

***Medicaid Trend Adjustment :**

0 228575-00 - 2014/01

195.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
Dade City FL 33525		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**39,056**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,030**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,381**		
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	**70.10703%**
Occupancy:	**89.16895%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.86184%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	909,643	2,119,528	1,140,355	487,929	0	4,657,455
1a	Audit Adjustments						
2	Cost Per Diem	33.2217	77.4087	41.6477	**17.8200**		170.0981
3	Cost Per Diem Inflated	34.3002	79.0728	42.9998			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3002**	**79.0728**	**42.9998**	**17.8200**		174.1928
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.7614		51.8788			
7	Provider Target Rate	**46.0187**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.3002**	**79.0728**	**42.9998**	**13.6500**		170.0228
12/13	Medicaid Adjustment Rate		1.7887	0.9727			
14	Prospective Per Diem 11	**34.3002**	**80.8615**	**43.9725**	**13.6500**		**172.7842**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228575-00 - 2014/01

195.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,200,835**
FRVS Base Asset:	**2,272,821**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**430,070**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,360,668**	**10.9099**
20% ROE(2):	**840,167**	**0.3197**
Insurance Cost(3):	**45,779**	**1.1721**
Taxes Cost(3):	**53,513**	**1.3702**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,266**	**0.0000**
Total FRVS PD:		**13.7719**

(1) 80% Capital ($3,360,668) amortized at 11.5000% for 20 years Principal & Interest of $430,070 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9099
(2) 20% ROE ($840,167) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3197
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3002**	**34.3002**	**1.4758**	**32.8244**	
Patient Care					
Direct Care	**80.8615**	**80.8615**	**3.4792**	**77.3823**	
Indirect Care	**43.9725**	**43.9725**	**1.8920**	**42.0805**	
Property	**13.6500**	**13.7719**	**0.5926**	**13.1793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8970**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.7842**	**172.9061**	**7.4396**	**195.0569**	

***Medicaid Trend Adjustment :**

0 228591-00 - 2014/01

196.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**366**	Maximum:	**43,920**	Standard:	**172**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**9**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**35,313**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,183**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,752**		
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	**75.75680%**
Occupancy:	**80.40301%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.96333%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,015,099	1,911,059	1,160,956	323,432	0	4,410,546
1a	Audit Adjustments						
2	Cost Per Diem	37.9448	71.4361	43.3970	**12.0900**		164.8679
3	Cost Per Diem Inflated	40.1678	73.7544	45.9395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1678**	**73.7544**	**45.9395**	**12.0900**		171.9517
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1678**	**73.7544**	**45.9395**	**12.0900**		171.9517
12/13	Medicaid Adjustment Rate		2.0309	1.2650			
14	Prospective Per Diem 11	**40.1678**	**75.7853**	**47.2045**	**12.0900**		**175.2476**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228591-00 - 2014/01

196.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,949,668**
FRVS Base Asset:	**1,706,576**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**301,979**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,359,734**	**7.6606**
20% ROE(2):	**589,934**	**0.2510**
Insurance Cost(3):	**37,262**	**1.0552**
Taxes Cost(3):	**51,515**	**1.4588**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**15,348**	**0.0000**
Total FRVS PD:		**10.4256**

(1) 80% Capital ($2,359,734) amortized at 11.5000% for 20 years Principal & Interest of $301,979 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.6606
(2) 20% ROE ($589,934) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2510
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1678**	**40.1678**	**1.7283**	**38.4395**	
Patient Care					
Direct Care	**75.7853**	**75.7853**	**3.2608**	**72.5245**	
Indirect Care	**47.2045**	**47.2045**	**2.0310**	**45.1735**	
Property	**12.0900**	**10.4256**	**0.4486**	**9.9770**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4253**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.2476**	**173.5832**	**7.4687**	**196.2332**	

***Medicaid Trend Adjustment :**

0 228621-00 - 2014/01

272.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34236		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**18,885**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,474**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,931**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.28335532**
Open Date:	**2/22/2001**					Semester Index:	**1.34444818**
Acquired Date:	**2/22/2001**					Cost:	**1.04760401**
Entered Medicaid	**6/20/2001**					Target:	**1.01966300**
Med # Active Date:	**6/20/2001**					**DC FY Index:**	**1.20250000**
Previous Med #						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02744283**
						PS Target:	**1.02809000**

Medicaid Utilization		**15.52025%**
Occupancy:		**85.99727%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**106.91856%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	169,617	385,970	258,980	109,385	0	923,952
1a	Audit Adjustments						
2	Cost Per Diem	57.8700	131.6854	88.3589	**37.3200**		315.2343
3	Cost Per Diem Inflated	60.6248	135.2992	92.5651			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.6248**	**135.2992**	**92.5651**	**37.3200**		325.8091
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.8450		102.9562			
7	Provider Target Rate	**64.6103**		**105.8482**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**60.6248**	**105.0880**	**79.1810**	**13.6500**		258.5438
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**60.6248**	**105.0880**	**79.1810**	**13.6500**		**258.5438**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228621-00 - 2014/01

272.06

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3868**
Insurance Cost(3):	**89,724**	**4.7511**
Taxes Cost(3):	**104,400**	**5.5282**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**57,504**	**0.0000**
Total FRVS PD:		**20.1764**

(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 (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3868
(3) 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:	**51,248**
		Effective PBS Limitation	**2,417,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**60.6248**	**60.6248**	**2.6085**	**58.0163**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**20.1764**	**0.8681**	**19.3083**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.6988**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**258.5438**	**265.0702**	**11.4050**	**272.0574**	

***Medicaid Trend Adjustment :**

0 228702-00 - 2014/01

198.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**144**	Superior:	**0**
Winter Haven FL 33881		Days In CR	**365**	Maximum:	**52,560**	Standard:	**181**
County: **Polk[53]**		First Used:	**2014/01**	Max Annualized:	**52,560**	Conditional:	**0**
Region: **Central[3]**	Area: **6**	Last Used:	**2014/01**	Total Patient:	**47,117**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**6,812**		
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**37,659**		
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	**79.92657%**
Occupancy:	**89.64422%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.45273%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,484,651	2,432,158	1,861,560	983,653	0	6,762,022
1a	Audit Adjustments						
2	Cost Per Diem	39.4235	64.5837	49.4320	**26.1200**		179.5592
3	Cost Per Diem Inflated	40.8096	66.0266	51.1700			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8096**	**66.0266**	**51.1700**	**26.1200**		184.1262
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8096**	**66.0266**	**51.1700**	**13.6500**		171.6562
12/13	Medicaid Adjustment Rate		2.2229	1.7228			
14	Prospective Per Diem 11	**40.8096**	**68.2495**	**52.8928**	**13.6500**		**175.6019**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228702-00 - 2014/01

198.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,309,570**
FRVS Base Asset:	**1,887,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**427,036**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,447,656**	**9.0275**
20% ROE(2):	**861,914**	**0.2620**
Insurance Cost(3):	**190,304**	**4.0390**
Taxes Cost(3):	**29,329**	**0.6225**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**363,941**	**0.0000**
Total FRVS PD:		**13.9510**

(1) 80% Capital ($3,447,656) amortized at 11.0000% for 20 years Principal & Interest of $427,036 divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $9.0275
(2) 20% ROE ($861,914) times the ROE factor (0.014380) divided by annual available days (52,560) divided by Occup. Adj. (0.9000) = $0.2620
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,104,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8096**	**40.8096**	**1.7559**	**39.0537**	
Patient Care					
Direct Care	**68.2495**	**68.2495**	**2.9365**	**65.3130**	
Indirect Care	**52.8928**	**52.8928**	**2.2758**	**50.6170**	
Property	**13.6500**	**13.9510**	**0.6003**	**13.3507**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3594**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.6019**	**175.9029**	**7.5685**	**198.3872**	

***Medicaid Trend Adjustment :**

0 228711-00 - 2014/01

173.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hernando FL 34442		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**43,625**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,971**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,695**	FY Index:	**1.28335532**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**58.89971%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**99.32833%**	Cost:	**1.04760401**
Open Date:	**5/10/2001**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/10/2001**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**7/12/2001**	Low Occupancy Adjustment Factor:			**123.49278%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**7/12/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02744283**
Previous Med #						**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	905,848	1,651,305	849,488	695,050	0	4,101,691
1a	Audit Adjustments						
2	Cost Per Diem	35.2539	64.2656	33.0604	**27.0500**		159.6299
3	Cost Per Diem Inflated	36.9321	66.0292	34.6342			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.9321**	**66.0292**	**34.6342**	**27.0500**		164.6455
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.8359		49.8062			
7	Provider Target Rate	**51.2358**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.9321**	**66.0292**	**34.6342**	**13.6500**		151.2455
12/13	Medicaid Adjustment Rate		0.6611	0.3468			
14	Prospective Per Diem 11	**36.9321**	**66.6903**	**34.9810**	**13.6500**		**152.2534**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228711-00 - 2014/01

173.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,529,267**
FRVS Base Asset:	**5,529,267**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**311,406**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,423,414**	**7.8997**
20% ROE(2):	**1,105,853**	**0.4090**
Insurance Cost(3):	**44,297**	**1.0154**
Taxes Cost(3):	**99,062**	**2.2708**
Home Office(3):	**10,469**	**0.2400**
Replacement(3&4):	**46,299**	**0.0000**
Total FRVS PD:		**11.8349**

(1) 80% Capital ($4,423,414) amortized at 3.6300% for 20 years Principal & Interest of $311,406 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.8997
(2) 20% ROE ($1,105,853) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4090
(3) 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:	**51,248**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.9321**	**36.9321**	**1.5890**	**35.3431**	
Patient Care					
Direct Care	**66.6903**	**66.6903**	**2.8694**	**63.8209**	
Indirect Care	**34.9810**	**34.9810**	**1.5051**	**33.4759**	
Property	**13.6500**	**11.8349**	**0.5092**	**11.3257**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9852**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**152.2534**	**150.4383**	**6.4727**	**173.6442**	

***Medicaid Trend Adjustment :**

0 228788-00 - 2014/01

234.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Miami Fl 33157		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**20,095**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,886**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,920**		
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	**19.50734%**
Occupancy:	**91.50729%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.76904%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	260,988	331,300	356,760	33,790	0	982,838
1a	Audit Adjustments						
2	Cost Per Diem	66.5786	84.5153	91.0102	**8.6199**		250.7240
3	Cost Per Diem Inflated	69.7480	86.8346	95.3427			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.7480**	**86.8346**	**95.3427**	**8.6199**		260.5452
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.3023		83.1420			
7	Provider Target Rate	**66.1086**		**85.4775**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**86.8346**	**79.1810**	**8.6199**		237.9668
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**63.3313**	**86.8346**	**79.1810**	**8.6199**		**237.9668**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228788-00 - 2014/01

234.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2806**
Insurance Cost(3):	**14,412**	**0.7172**
Taxes Cost(3):	**1,101**	**0.0548**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**685,343**	**0.0000**
Total FRVS PD:		**6.1910**

(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 (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2806
(3) 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:	**51,248**
		Effective PBS Limitation	**1,896,540**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**86.8346**	**86.8346**	**3.7362**	**83.0984**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**8.6199**	**6.1910**	**0.2664**	**5.9246**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**237.9668**	**235.5379**	**10.1344**	**234.0969**	

***Medicaid Trend Adjustment :**

0 228940-00 - 2014/01

196.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**08/01/2011-07/31/2012**	Number of Beds: **120**	Superior: **0**
Crystal River FL 34429	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Citrus[9]**	First Used: **2013/07**	Max Annualized: **43,800**	Conditional: **0**
Region: **North [1]** Area: **3**	Last Used: **2014/01**	Total Patient: **38,313**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **7,905**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **20,984**	
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	**54.76992%**
Occupancy:	**87.23361%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.45567%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,692	1,548,155	908,601	363,023	0	3,570,471
1a	Audit Adjustments						
2	Cost Per Diem	35.7745	73.7779	43.2997	**17.3000**		170.1521
3	Cost Per Diem Inflated	37.8704	76.1722	45.8365			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.8704**	**76.1722**	**45.8365**	**17.3000**		177.1791
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.0652		49.8062			
7	Provider Target Rate	**46.3311**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.8704**	**76.1722**	**45.8365**	**13.6500**		173.5291
12/13	Medicaid Adjustment Rate		0.4088	0.2460			
14	Prospective Per Diem 11	**37.8704**	**76.5810**	**46.0825**	**13.6500**		**174.1839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

8

0 228940-00 - 2014/01

196.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,698,106**
FRVS Base Asset:	**2,736,744**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**480,979**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,758,485**	**12.2014**
20% ROE(2):	**939,621**	**0.3997**
Insurance Cost(3):	**74,706**	**1.9499**
Taxes Cost(3):	**36,459**	**0.9516**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**208,451**	**0.0000**
Total FRVS PD:		**15.5026**

(1) 80% Capital ($3,758,485) amortized at 11.5000% for 20 years Principal & Interest of $480,979 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2014
(2) 20% ROE ($939,621) times the ROE factor (0.016770) divided by annual available days (43,800) 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.8704**	**37.8704**	**1.6294**	**36.2410**	
Patient Care					
Direct Care	**76.5810**	**76.5810**	**3.2950**	**73.2860**	
Indirect Care	**46.0825**	**46.0825**	**1.9828**	**44.0997**	
Property	**13.6500**	**15.5026**	**0.6670**	**14.8356**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.9168**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**174.1839**	**176.0365**	**7.5742**	**196.0725**	

***Medicaid Trend Adjustment :**

8

0 228958-00 - 2014/01

185.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**180**	Superior:	**0**
Brooksville FL 34601		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**52,048**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,897**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,533**		
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	**62.50576%**
Occupancy:	**79.00425%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.22429%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,119,136	2,325,706	1,325,496	429,761	0	5,200,099
1a	Audit Adjustments						
2	Cost Per Diem	34.4000	71.4876	40.7431	**13.2100**		159.8407
3	Cost Per Diem Inflated	36.4154	73.8076	43.1301			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4154**	**73.8076**	**43.1301**	**13.2100**		166.5631
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.9826		49.8062			
7	Provider Target Rate	**42.1338**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4154**	**73.8076**	**43.1301**	**13.2100**		166.5631
12/13	Medicaid Adjustment Rate		1.0384	0.6068			
14	Prospective Per Diem 11	**36.4154**	**74.8460**	**43.7369**	**13.2100**		**168.2083**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228958-00 - 2014/01

185.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,254,496**
FRVS Base Asset:	**2,777,784**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**537,941**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,203,597**	**9.0976**
20% ROE(2):	**1,050,899**	**0.2980**
Insurance Cost(3):	**60,975**	**1.1715**
Taxes Cost(3):	**57,885**	**1.1121**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**539,277**	**0.0000**
Total FRVS PD:		**11.6792**

(1) 80% Capital ($4,203,597) amortized at 11.5000% for 20 years Principal & Interest of $537,941 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.0976
(2) 20% ROE ($1,050,899) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.2980
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4154**	**36.4154**	**1.5668**	**34.8486**	
Patient Care					
Direct Care	**74.8460**	**74.8460**	**3.2203**	**71.6257**	
Indirect Care	**43.7369**	**43.7369**	**1.8818**	**41.8551**	
Property	**13.2100**	**11.6792**	**0.5025**	**11.1767**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5555**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**168.2083**	**166.6775**	**7.1714**	**185.7550**	

***Medicaid Trend Adjustment :**

0 228966-00 - 2014/01

202.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Leesburg FL 34748		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**38,983**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,762**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**14,926**		
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	**38.28848%**
Occupancy:	**88.75911%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.35229%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	789,114	1,144,090	1,037,585	207,621	0	3,178,410
1a	Audit Adjustments						
2	Cost Per Diem	52.8684	76.6508	69.5153	**13.9100**		212.9445
3	Cost Per Diem Inflated	55.3851	78.7543	72.8245			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.3851**	**78.7543**	**72.8245**	**13.9100**		220.8739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.2367		61.4616			
7	Provider Target Rate	**50.6198**		**63.1881**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**78.7543**	**59.2527**	**13.6500**		201.4612
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**78.7543**	**59.2527**	**13.6500**		**201.4612**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 228966-00 - 2014/01

202.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,349,814**
FRVS Base Asset:	**1,810,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**452,427**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,279,851**	**11.4771**
20% ROE(2):	**1,069,963**	**0.3957**
Insurance Cost(3):	**39,457**	**1.0122**
Taxes Cost(3):	**75,661**	**1.9409**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**448,590**	**0.0000**
Total FRVS PD:		**14.8259**

(1) 80% Capital ($4,279,851) amortized at 8.7063% for 20 years Principal & Interest of $452,427 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4771
(2) 20% ROE ($1,069,963) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3957
(3) 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:	**51,248**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**78.7543**	**78.7543**	**3.3885**	**75.3658**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**14.8259**	**0.6379**	**14.1880**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.4612**	**202.6371**	**8.7187**	**202.6118**	

***Medicaid Trend Adjustment :**

0 229164-00 - 2014/01

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 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Clearwater FL 33759		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**21,408**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,694**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,439**		
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	**20.73524%**
Occupancy:	**97.48634%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.20267%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	242,190	357,335	310,629	54,511	0	964,665
1a	Audit Adjustments						
2	Cost Per Diem	54.5596	80.4990	69.9772	**12.2800**		217.3158
3	Cost Per Diem Inflated	57.1569	82.7081	73.3084			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.1569**	**82.7081**	**73.3084**	**12.2800**		225.4534
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.7002		60.3576			
7	Provider Target Rate	**55.2086**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.2086**	**82.7081**	**62.0530**	**12.2800**		212.2497
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.2086**	**82.7081**	**62.0530**	**12.2800**		**212.2497**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229164-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3534**
Insurance Cost(3):	**40,013**	**1.8691**
Taxes Cost(3):	**46,276**	**2.1616**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**635,525**	**0.0000**
Total FRVS PD:		**15.0390**

(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 (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3534
(3) 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:	**51,248**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.2086**	**55.2086**	**2.3754**	**52.8332**	
Patient Care					
Direct Care	**82.7081**	**82.7081**	**3.5586**	**79.1495**	
Indirect Care	**62.0530**	**62.0530**	**2.6699**	**59.3831**	
Property	**12.2800**	**15.0390**	**0.6471**	**14.3919**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.2497**	**215.0087**	**9.2510**	**214.4511**	

***Medicaid Trend Adjustment :**

0 229202-00 - 2014/01

212.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Lee[36]**		First Used:	**2013/01**	Max Annualized:	**79,935**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**64,360**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.82959%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	43.1912	100.6822	78.3806			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1912**	**100.6822**	**78.3806**	**39.1200**		261.3740
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7881		81.9451			
7	Provider Target Rate	**54.2709**		**84.2469**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1912**	**97.3934**	**63.0224**	**13.6500**		217.2570
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.1912**	**97.3934**	**63.0224**	**13.6500**		**217.2570**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229202-00 - 2014/01

212.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,739,588**
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:	**379,959**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,591,670**	**5.2815**
20% ROE(2):	**1,147,918**	**0.2842**
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:		**9.4501**

(1) 80% Capital ($4,591,670) amortized at 5.5300% for 20 years Principal & Interest of $379,959 divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = $5.2815
(2) 20% ROE ($1,147,918) times the ROE factor (0.017810) divided by annual available days (79,935) divided by Occup. Adj. (0.9000) = $0.2842
(3) 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:	**51,248**
		Effective PBS Limitation	**1,846,980**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1912**	**43.1912**	**1.8584**	**41.3328**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**9.4501**	**0.4066**	**9.0435**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.2570**	**213.0571**	**9.1671**	**212.5834**	

***Medicaid Trend Adjustment :**

0 229288-00 - 2014/01

219.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Alachua[1]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**60,580**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.32577%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	46.6795	80.5666	48.9442			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6795**	**80.5666**	**48.9442**	**24.1000**		200.2903
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.4054		49.8062			
7	Provider Target Rate	**51.8213**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.6795**	**80.5666**	**48.9442**	**13.6500**		189.8403
12/13	Medicaid Adjustment Rate		1.6901	1.0267			
14	Prospective Per Diem 11	**46.6795**	**82.2567**	**49.9709**	**13.6500**		**192.5571**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229288-00 - 2014/01

219.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,777,135**
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:	**1,109,534**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,021,708**	**18.7643**
20% ROE(2):	**1,755,427**	**0.4732**
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:		**20.0497**

(1) 80% Capital ($7,021,708) amortized at 15.0000% for 20 years Principal & Interest of $1,109,534 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $18.7643
(2) 20% ROE ($1,755,427) times the ROE factor (0.015940) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**180**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6795**	**46.6795**	**2.0084**	**44.6711**	
Patient Care					
Direct Care	**82.2567**	**82.2567**	**3.5392**	**78.7175**	
Indirect Care	**49.9709**	**49.9709**	**2.1501**	**47.8208**	
Property	**13.6500**	**20.0497**	**0.8627**	**19.1870**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0955**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.5571**	**198.9568**	**8.5604**	**219.1853**	

***Medicaid Trend Adjustment :**

0 229610-00 - 2014/01

226.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**40,307**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.10024%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	47.4724	88.3283	70.5091			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4724**	**88.3283**	**70.5091**	**26.1900**		232.4998
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9808		54.5432			
7	Provider Target Rate	**47.2724**		**56.0753**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2724**	**88.3283**	**56.0753**	**13.6500**		205.3260
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.2724**	**88.3283**	**56.0753**	**13.6500**		**205.3260**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229610-00 - 2014/01

226.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,725,681**
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:	**634,210**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,580,545**	**16.0885**
20% ROE(2):	**1,145,136**	**0.4235**
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:		**20.7160**

(1) 80% Capital ($4,580,545) amortized at 12.7500% for 20 years Principal & Interest of $634,210 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.0885
(2) 20% ROE ($1,145,136) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4235
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2724**	**47.2724**	**2.0340**	**45.2384**	
Patient Care					
Direct Care	**88.3283**	**88.3283**	**3.8004**	**84.5279**	
Indirect Care	**56.0753**	**56.0753**	**2.4127**	**53.6626**	
Property	**13.6500**	**20.7160**	**0.8913**	**19.8247**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6150**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.3260**	**212.3920**	**9.1384**	**226.5620**	

***Medicaid Trend Adjustment :**

0 229628-00 - 2014/01

227.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Menorah House

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Boca Raton FL 33428		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**40,109**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,156**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**26,167**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/14/1989**						
Acquired Date:	**12/14/1989**						
Entered Medicaid	**10/1/1990**						
Med # Active Date:	**9/20/2001**						
Previous Med #	**201413**						

Medicaid Utilization	**65.23972%**
Occupancy:	**91.32286%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.53974%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,175,740	2,069,838	1,454,557	467,866	0	5,168,001
1a	Audit Adjustments						
2	Cost Per Diem	44.9322	79.1011	55.5875	**17.8800**		197.5008
3	Cost Per Diem Inflated	47.0712	81.2719	58.2337			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0712**	**81.2719**	**58.2337**	**17.8800**		204.4568
5a	Interim Adjustment	0.0600	0.0161	0.0640			
5b	Interim Adjusted Per Diem	**47.1312**	**81.2880**	**58.2977**			
6	Prior Semester: Provider Target Base	45.7442		56.8814			
7	Provider Target Rate	**47.0292**		**58.4792**			
7a	Interim Adjustment	0.0600		0.0640			
7b	Interim Adjusted Provider Target Rate	**47.0892**		**58.5432**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0892**	**81.2880**	**58.2977**	**13.6500**		200.3249
12/13	Medicaid Adjustment Rate		1.3937	0.9995			
14	Prospective Per Diem 11	**47.0892**	**82.6817**	**59.2972**	**13.6500**		**202.7181**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229628-00 - 2014/01

227.83

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,052,002**
FRVS Base Asset:	**3,578,520**
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:	**15.0000**	**%**
Chase Rate:	**6.5000**	**%**
Amortization Rate:	**9.5000**	**%**
Interest Only:	**False**	
Yearly Payment:	**541,561**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,841,602**	**13.7382**
20% ROE(2):	**1,210,400**	**0.4477**
Insurance Cost(3):	**64,895**	**1.6180**
Taxes Cost(3):	**84,154**	**2.0981**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**80,419**	**0.0000**
Total FRVS PD:		**17.9020**

(1) 80% Capital ($4,841,602) amortized at 9.5000% for 20 years Principal & Interest of $541,561 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.7382
(2) 20% ROE ($1,210,400) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4477
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0892**	**47.0892**	**2.0261**	**45.0631**	
Patient Care					
Direct Care	**82.6817**	**82.6817**	**3.5575**	**79.1242**	
Indirect Care	**59.2972**	**59.2972**	**2.5513**	**56.7459**	
Property	**13.6500**	**17.9020**	**0.7703**	**17.1317**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0679**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.7181**	**206.9701**	**8.9052**	**227.8262**	

***Medicaid Trend Adjustment :**

0 229849-00 - 2014/01

233.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**42,702**	Total:	**181**
Control **Government Non-Prof**		**Unaudited [3]**		Medicare:	**2,112**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**15,246**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.26665332**
Open Date: **6/18/2001**						Semester Index:	**1.34444818**
Acquired Date: **6/18/2001**						Cost:	**1.06141764**
Entered Medicaid **9/6/2001**						Target:	**1.01966300**
Med # Active Date: **9/6/2001**						**DC FY Index:**	**1.19500000**
Previous Med #						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03389121**
						PS Target:	**1.02809000**

Medicaid Utilization	**35.70325%**	Statewide Low Occupancy Threshold:	**80.43250%**
Occupancy:	**97.22677%**	Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.87996%**	Weighted Low Occ Adjustment Factor:	**100.00000%**

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	51.4924	112.6565	51.8456			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4924**	**112.6565**	**51.8456**	**17.0000**		232.9945
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.4316		62.1870			
7	Provider Target Rate	**63.1572**		**63.9338**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4924**	**97.3934**	**51.8456**	**13.6500**		214.3814
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.4924**	**97.3934**	**51.8456**	**13.6500**		**214.3814**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 229849-00 - 2014/01

233.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,439,536**
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:	**279,626**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,351,629**	**7.0935**
20% ROE(2):	**1,087,907**	**0.4915**
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:		**8.9269**

(1) 80% Capital ($4,351,629) amortized at 6.5000% for 20 years Interest of $279,626 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.0935
(2) 20% ROE ($1,087,907) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4915
(3) 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:	**51,248**
		Effective PBS Limitation	**4,835,040**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4924**	**51.4924**	**2.2155**	**49.2769**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**51.8456**	**51.8456**	**2.2307**	**49.6149**	
Property	**13.6500**	**8.9269**	**0.3841**	**8.5428**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.6665**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.3814**	**209.6583**	**9.0208**	**232.9974**	

***Medicaid Trend Adjustment :**

0 250988-00 - 2014/01

244.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**36,305**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.77146%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	52.1310	98.6134	64.0732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.1310**	**98.6134**	**64.0732**	**16.2800**		231.0976
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.3613		66.0180			
7	Provider Target Rate	**62.0568**		**67.8724**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.1310**	**97.3934**	**63.0224**	**13.6500**		226.1968
12/13	Medicaid Adjustment Rate		1.9615	1.2693			
14	Prospective Per Diem 11	**52.1310**	**99.3549**	**64.2917**	**13.6500**		**229.4276**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 250988-00 - 2014/01

244.17

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,121,683**
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:	**340,480**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,497,346**	**8.6372**
20% ROE(2):	**624,337**	**0.2525**
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:		**11.8747**

(1) 80% Capital ($2,497,346) amortized at 12.5000% for 20 years Principal & Interest of $340,480 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6372
(2) 20% ROE ($624,337) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2525
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.1310**	**52.1310**	**2.2430**	**49.8880**	
Patient Care					
Direct Care	**99.3549**	**99.3549**	**4.2749**	**95.0800**	
Indirect Care	**64.2917**	**64.2917**	**2.7662**	**61.5255**	
Property	**13.6500**	**11.8747**	**0.5109**	**11.3638**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6173**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.4276**	**227.6523**	**9.7950**	**244.1680**	

***Medicaid Trend Adjustment :**

0 251399-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33884		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,937**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,428**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**34,869**		
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	**87.31001%**
Occupancy:	**91.18037%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.36260%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,247,710	2,636,881	1,540,564	607,069	0	6,032,224
1a	Audit Adjustments						
2	Cost Per Diem	35.7828	75.6225	44.1815	**17.4100**		172.9968
3	Cost Per Diem Inflated	36.9445	77.2482	45.6158			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.9445**	**77.2482**	**45.6158**	**17.4100**		177.2185
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.5806		51.8788			
7	Provider Target Rate	**49.9452**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.9445**	**77.2482**	**45.6158**	**13.6500**		173.4585
12/13	Medicaid Adjustment Rate		3.2424	1.9147			
14	Prospective Per Diem 11	**36.9445**	**80.4906**	**47.5305**	**13.6500**		**178.6156**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251399-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**3,664,398**
FRVS Base Asset:	**2,117,770**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**305,659**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,931,518**	**7.7539**
20% ROE(2):	**732,880**	**0.2789**
Insurance Cost(3):	**47,509**	**1.1896**
Taxes Cost(3):	**37,331**	**0.9347**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**27,255**	**0.0000**
Total FRVS PD:		**10.1571**

(1) 80% Capital ($2,931,518) amortized at 10.5000% for 20 years Interest of $305,659 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.7539
(2) 20% ROE ($732,880) times the ROE factor (0.015000) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2789
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.9445**	**36.9445**	**1.5896**	**35.3549**	
Patient Care					
Direct Care	**80.4906**	**80.4906**	**3.4632**	**77.0274**	
Indirect Care	**47.5305**	**47.5305**	**2.0451**	**45.4854**	
Property	**13.6500**	**10.1571**	**0.4370**	**9.7201**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.7966**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.6156**	**175.1227**	**7.5349**	**199.0778**	

***Medicaid Trend Adjustment :**

0 251666-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**39**	Superior:	**0**
St. Petersburg FL 33701		Days In CR	**365**	Maximum:	**14,235**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**14,235**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**11,281**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,137**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**9,710**		
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	**86.07393%**
Occupancy:	**79.24833%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.52775%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	553,016	701,669	579,859	219,349	0	2,053,893
1a	Audit Adjustments						
2	Cost Per Diem	56.9532	72.2625	59.7177	**22.5900**		211.5234
3	Cost Per Diem Inflated	58.9556	73.8770	61.8173			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.9556**	**73.8770**	**61.8173**	**22.5900**		217.2399
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6955		60.3576			
7	Provider Target Rate	**63.4285**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**58.9556**	**73.8770**	**61.8173**	**13.6500**		208.2999
12/13	Medicaid Adjustment Rate		2.9982	2.5087			
14	Prospective Per Diem 11	**58.9556**	**76.8752**	**64.3260**	**13.6500**		**213.8068**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251666-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**718,058**
FRVS Base Asset:	**288,882**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**71,419**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**574,446**	**5.5746**
20% ROE(2):	**143,612**	**0.1612**
Insurance Cost(3):	**50,218**	**4.4516**
Taxes Cost(3):	**7,967**	**0.7062**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**27,423**	**0.0000**
Total FRVS PD:		**10.8936**

(1) 80% Capital ($574,446) amortized at 12.5000% for 20 years Interest of $71,419 divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $5.5746
(2) 20% ROE ($143,612) times the ROE factor (0.014380) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $0.1612
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,111,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.9556**	**58.9556**	**2.5366**	**56.4190**	
Patient Care					
Direct Care	**76.8752**	**76.8752**	**3.3076**	**73.5676**	
Indirect Care	**64.3260**	**64.3260**	**2.7677**	**61.5583**	
Property	**13.6500**	**10.8936**	**0.4687**	**10.4249**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.8068**	**211.0504**	**9.0806**	**210.6632**	

***Medicaid Trend Adjustment :**

0 251721-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**59,083**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,895**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**32,291**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1984**						
Acquired Date:	**5/1/1984**						
Entered Medicaid	**5/1/1984**						
Med # Active Date:	**10/1/2001**						
Previous Med #	**201707**						

Medicaid Utilization	**54.65362%**
Occupancy:	**89.68276%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.50064%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	39.0098	84.1818	48.2914			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0098**	**84.1818**	**48.2914**	**15.6800**	**1.5871**	188.7501
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.3108		54.1801			
7	Provider Target Rate	**42.4712**		**55.7020**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.0098**	**84.1818**	**48.2914**	**13.6500**	**1.5871**	186.7201
12/13	Medicaid Adjustment Rate		0.4407	0.2528			
14	Prospective Per Diem 11	**39.0098**	**84.6225**	**48.5442**	**13.6500**	**1.5871**	**187.4136**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251721-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**7,591,740**
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:	**703,315**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,073,392**	**11.8944**
20% ROE(2):	**1,518,348**	**0.4306**
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:		**15.0475**

(1) 80% Capital ($6,073,392) amortized at 10.0000% for 20 years Principal & Interest of $703,315 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $11.8944
(2) 20% ROE ($1,518,348) times the ROE factor (0.016770) divided by annual available days (65,700) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0098**	**39.0098**	**1.6784**	**37.3314**	
Patient Care					
Direct Care	**84.6225**	**84.6225**	**3.6410**	**80.9815**	
Indirect Care	**48.5442**	**48.5442**	**2.0887**	**46.4555**	
Property	**13.6500**	**15.0475**	**0.5873**	**13.0627**	
ROE	**1.5871**	**0.1321**	**0.0683**	**1.5188**	
ROE Adjustment	**-0.1321**	**-0.1321**	**-0.0057**	**-0.1264**	
Quality Assess-Medicaid Share				**$14.7589**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.2815**	**187.2240**	**8.0580**	**202.6758**	

***Medicaid Trend Adjustment :**

0 251739-00 - 2014/01

170.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Starke FL 32091		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Bradford[4]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**42,984**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,706**	**Inflation**	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**33,298**	FY Index:	**1.28335532**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**77.46603%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**97.86885%**	Cost:	**1.04760401**
Open Date:	**2/1/1981**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**2/1/1981**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20250000**
Entered Medicaid	**5/1/1983**	Low Occupancy Adjustment Factor:			**121.67825%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**9/1/2001**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02744283**
Previous Med #	**251691**					**PS Target:**	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	920,137	2,028,218	1,019,430	538,096	0	4,505,881
1a	Audit Adjustments						
2	Cost Per Diem	27.6334	60.9111	30.6154	**16.1600**		135.3199
3	Cost Per Diem Inflated	28.9489	62.5827	32.0728			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**28.9489**	**62.5827**	**32.0728**	**16.1600**		139.7644
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**28.9489**	**62.5827**	**32.0728**	**13.6500**		137.2544
12/13	Medicaid Adjustment Rate		1.9338	0.9910			
14	Prospective Per Diem 11	**28.9489**	**64.5165**	**33.0638**	**13.6500**		**140.1792**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 251739-00 - 2014/01

170.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,454,590**
FRVS Base Asset:	**3,086,187**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**619,463**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,363,672**	**15.7144**
20% ROE(2):	**1,090,918**	**0.4035**
Insurance Cost(3):	**31,301**	**0.7282**
Taxes Cost(3):	**30,955**	**0.7202**
Home Office(3):	**10,350**	**0.2408**
Replacement(3&4):	**24,919**	**0.0000**
Total FRVS PD:		**17.8071**

(1) 80% Capital ($4,363,672) amortized at 13.1600% for 20 years Principal & Interest of $619,463 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.7144
(2) 20% ROE ($1,090,918) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4035
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**28.9489**	**28.9489**	**1.2456**	**27.7033**	
Patient Care					
Direct Care	**64.5165**	**64.5165**	**2.7759**	**61.7406**	
Indirect Care	**33.0638**	**33.0638**	**1.4226**	**31.6412**	
Property	**13.6500**	**17.8071**	**0.7662**	**17.0409**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.3320**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**140.1792**	**144.3363**	**6.2103**	**170.1514**	

***Medicaid Trend Adjustment :**

0 252018-00 - 2014/01

235.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**110**	Superior:	**0**
Melbourne FL 32901		Days In CR	**365**	Maximum:	**40,150**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**30,567**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,836**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,633**		
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	**74.04390%**
Occupancy:	**76.13201%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**94.65329%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,122,230	1,945,743	1,442,356	141,456	0	4,651,785
1a	Audit Adjustments						
2	Cost Per Diem	49.5838	85.9693	63.7280	**6.2500**		205.5311
3	Cost Per Diem Inflated	51.4473	87.9629	66.1231			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4473**	**87.9629**	**66.1231**	**6.2500**		211.7833
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4928		63.0896			
7	Provider Target Rate	**52.9392**		**64.8618**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4473**	**87.9629**	**61.0784**	**6.2500**		206.7386
12/13	Medicaid Adjustment Rate		2.3793	1.6521			
14	Prospective Per Diem 11	**51.4473**	**90.3422**	**62.7305**	**6.2500**		**210.7700**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252018-00 - 2014/01

235.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2468**
Insurance Cost(3):	**35,204**	**1.1517**
Taxes Cost(3):	**39,708**	**1.2990**
Home Office(3):	**26,042**	**0.8520**
Replacement(3&4):	**5,492**	**0.0000**
Total FRVS PD:		**12.2806**

(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 (0.014060) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.2468
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4473**	**51.4473**	**2.2136**	**49.2337**	
Patient Care					
Direct Care	**90.3422**	**90.3422**	**3.8871**	**86.4551**	
Indirect Care	**62.7305**	**62.7305**	**2.6991**	**60.0314**	
Property	**6.2500**	**12.2806**	**0.5284**	**11.7522**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7757**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.7700**	**216.8006**	**9.3282**	**235.9415**	

***Medicaid Trend Adjustment :**

0 252034-00 - 2014/01

226.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**133**	Superior:	**0**
Ormond Beach FL 32807		Days In CR	**365**	Maximum:	**48,545**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**48,545**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**37,219**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,031**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,432**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1968**						
Acquired Date:	**9/1/1968**						
Entered Medicaid	**10/1/1980**						
Med # Active Date:	**10/1/2000**						
Previous Med #	**214175**						

Medicaid Utilization	**65.64389%**
Occupancy:	**76.66907%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.32101%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,601	2,186,425	1,634,394	119,717	0	5,022,137
1a	Audit Adjustments						
2	Cost Per Diem	44.2699	89.4902	66.8956	**4.9000**		205.5557
3	Cost Per Diem Inflated	45.9337	91.5654	69.4097			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9337**	**91.5654**	**69.4097**	**4.9000**		211.8088
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8059		60.8469			
7	Provider Target Rate	**45.0364**		**62.5561**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.0364**	**91.5654**	**59.2527**	**4.9000**		200.7545
12/13	Medicaid Adjustment Rate		1.6115	1.0428			
14	Prospective Per Diem 11	**45.0364**	**93.1769**	**60.2955**	**4.9000**		**203.4088**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252034-00 - 2014/01

226.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2294**
Insurance Cost(3):	**39,590**	**1.0637**
Taxes Cost(3):	**26,022**	**0.6992**
Home Office(3):	**34,983**	**0.9399**
Replacement(3&4):	**18,961**	**0.0000**
Total FRVS PD:		**11.0474**

(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 (0.014060) divided by annual available days (48,545) divided by Occup. Adj. (0.9000) = $0.2294
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,790,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0364**	**45.0364**	**1.9377**	**43.0987**	
Patient Care					
Direct Care	**93.1769**	**93.1769**	**4.0090**	**89.1679**	
Indirect Care	**60.2955**	**60.2955**	**2.5943**	**57.7012**	
Property	**4.9000**	**11.0474**	**0.4753**	**10.5721**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9811**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.4088**	**209.5562**	**9.0163**	**226.2144**	

***Medicaid Trend Adjustment :**

0 252042-00 - 2014/01

218.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**116**	Superior:	**0**
Mount Dora FL 32757		Days In CR	**365**	Maximum:	**42,340**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**38,192**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,417**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,755**		
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	**64.81724%**
Occupancy:	**90.20312%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.14761%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	981,288	2,118,055	1,418,697	110,407	0	4,628,447
1a	Audit Adjustments						
2	Cost Per Diem	39.6400	85.5607	57.3095	**4.4600**		186.9702
3	Cost Per Diem Inflated	41.1298	87.5448	59.4634			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.1298**	**87.5448**	**59.4634**	**4.4600**		192.5980
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.8271		61.3899			
7	Provider Target Rate	**50.1987**		**63.1143**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.1298**	**87.5448**	**59.2527**	**4.4600**		192.3873
12/13	Medicaid Adjustment Rate		1.4593	0.9877			
14	Prospective Per Diem 11	**41.1298**	**89.0041**	**60.2404**	**4.4600**		**194.8343**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252042-00 - 2014/01

218.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2190**
Insurance Cost(3):	**36,196**	**0.9477**
Taxes Cost(3):	**28,741**	**0.7525**
Home Office(3):	**32,781**	**0.8583**
Replacement(3&4):	**44,506**	**0.0000**
Total FRVS PD:		**10.5248**

(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 (0.014060) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.2190
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,306,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.1298**	**41.1298**	**1.7697**	**39.3601**	
Patient Care					
Direct Care	**89.0041**	**89.0041**	**3.8295**	**85.1746**	
Indirect Care	**60.2404**	**60.2404**	**2.5919**	**57.6485**	
Property	**4.4600**	**10.5248**	**0.4528**	**10.0720**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1523**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.8343**	**200.8991**	**8.6439**	**218.1009**	

***Medicaid Trend Adjustment :**

0 252662-00 - 2014/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**41,042**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.18087%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	41.7091	92.3323	51.4104			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7091**	**92.3323**	**51.4104**	**24.3500**		209.8018
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		55.7917			
7	Provider Target Rate	**46.4166**		**57.3589**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7091**	**92.3323**	**51.4104**	**13.6500**		199.1018
12/13	Medicaid Adjustment Rate		0.0516	0.0287			
14	Prospective Per Diem 11	**41.7091**	**92.3839**	**51.4391**	**13.6500**		**199.1821**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252662-00 - 2014/01

217.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,009,973**
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:	**458,088**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,007,978**	**11.6207**
20% ROE(2):	**1,001,995**	**0.4263**
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:		**14.6945**

(1) 80% Capital ($4,007,978) amortized at 11.5000% for 20 years Interest of $458,088 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6207
(2) 20% ROE ($1,001,995) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4263
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7091**	**41.7091**	**1.7946**	**39.9145**	
Patient Care					
Direct Care	**92.3839**	**92.3839**	**3.9749**	**88.4090**	
Indirect Care	**51.4391**	**51.4391**	**2.2132**	**49.2259**	
Property	**13.6500**	**14.6945**	**0.6322**	**14.0623**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7767**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.1821**	**200.2266**	**8.6149**	**217.0818**	

***Medicaid Trend Adjustment :**

0 252671-00 - 2014/01

196.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Sebring FL 33870		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**37,880**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,784**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,062**		
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	**45.04224%**
Occupancy:	**86.24772%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.22995%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	665,324	1,384,757	732,260	283,229	0	3,065,570
1a	Audit Adjustments						
2	Cost Per Diem	38.9945	81.1603	42.9176	**16.6000**		179.6724
3	Cost Per Diem Inflated	40.8508	83.3876	44.9606			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.8508**	**83.3876**	**44.9606**	**16.6000**		185.7990
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5375		66.9017			
7	Provider Target Rate	**55.0414**		**68.7810**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.8508**	**83.3876**	**44.9606**	**13.6500**		182.8490
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.8508**	**83.3876**	**44.9606**	**13.6500**		**182.8490**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252671-00 - 2014/01

196.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2976**
Insurance Cost(3):	**19,400**	**0.5121**
Taxes Cost(3):	**54,861**	**1.4483**
Home Office(3):	**21,436**	**0.5659**
Replacement(3&4):	**27,613**	**0.0000**
Total FRVS PD:		**11.4829**

(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 (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2976
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,539,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.8508**	**40.8508**	**1.7577**	**39.0931**	
Patient Care					
Direct Care	**83.3876**	**83.3876**	**3.5879**	**79.7997**	
Indirect Care	**44.9606**	**44.9606**	**1.9345**	**43.0261**	
Property	**13.6500**	**11.4829**	**0.4941**	**10.9888**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.6488**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.8490**	**180.6819**	**7.7742**	**196.2499**	

***Medicaid Trend Adjustment :**

0 252689-00 - 2014/01

214.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-07/31/2012**		Number of Beds:	**120**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**39,443**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,138**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,240**		
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	**58.92047%**
Occupancy:	**89.80647%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.65445%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	872,475	1,890,839	1,261,016	361,847	34,952	4,421,129
1a	Audit Adjustments						
2	Cost Per Diem	37.5420	81.3614	54.2606	**15.5700**	**1.5040**	190.2380
3	Cost Per Diem Inflated	39.7414	84.0018	57.4395			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.7414**	**84.0018**	**57.4395**	**15.5700**	**1.5040**	198.2567
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9680		73.1735			
7	Provider Target Rate	**46.2312**		**75.2289**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7414**	**84.0018**	**57.4395**	**13.6500**	**1.5040**	196.3367
12/13	Medicaid Adjustment Rate		0.8430	0.5764			
14	Prospective Per Diem 11	**39.7414**	**84.8448**	**58.0159**	**13.6500**	**1.5040**	**197.7561**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 252689-00 - 2014/01

214.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,867,526**
FRVS Base Asset:	**2,095,491**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016770**

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:	**390,854**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,894,021**	**9.9151**
20% ROE(2):	**973,505**	**0.4141**
Insurance Cost(3):	**10,859**	**0.2753**
Taxes Cost(3):	**77,294**	**1.9596**
Home Office(3):	**32,793**	**0.8314**
Replacement(3&4):	**3,117,841**	**0.0000**
Total FRVS PD:		**13.3955**

(1) 80% Capital ($3,894,021) amortized at 8.0000% for 20 years Principal & Interest of $390,854 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9151
(2) 20% ROE ($973,505) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4141
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7414**	**39.7414**	**1.7099**	**38.0315**	
Patient Care					
Direct Care	**84.8448**	**84.8448**	**3.6505**	**81.1943**	
Indirect Care	**58.0159**	**58.0159**	**2.4962**	**55.5197**	
Property	**13.6500**	**13.3955**	**0.5873**	**13.0627**	
ROE	**1.5040**	**0.0651**	**0.0647**	**1.4393**	
ROE Adjustment	**-0.0651**	**-0.0651**	**-0.0028**	**-0.0623**	
Quality Assess-Medicaid Share				**$16.8690**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.6910**	**195.9976**	**8.5058**	**214.7476**	

***Medicaid Trend Adjustment :**

0 253014-00 - 2014/01

203.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**41,939**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1982**						
Acquired Date:	**5/1/1982**						
Entered Medicaid	**5/1/1982**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**212270**						

Medicaid Utilization	**79.61325%**
Occupancy:	**95.48953%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.72008%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	37.7801	87.1841	38.9414			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7801**	**87.1841**	**38.9414**	**19.3400**		183.2456
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6261		53.9942			
7	Provider Target Rate	**51.0201**		**55.5109**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7801**	**87.1841**	**38.9414**	**13.6500**		177.5556
12/13	Medicaid Adjustment Rate		2.9045	1.2973			
14	Prospective Per Diem 11	**37.7801**	**90.0886**	**40.2387**	**13.6500**		**181.7574**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253014-00 - 2014/01

203.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,352,379**
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:	**345,597**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,481,903**	**8.7670**
20% ROE(2):	**870,476**	**0.3703**
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:		**11.3842**

(1) 80% Capital ($3,481,903) amortized at 10.0000% for 20 years Interest of $345,597 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7670
(2) 20% ROE ($870,476) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3703
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7801**	**37.7801**	**1.6255**	**36.1546**	
Patient Care					
Direct Care	**90.0886**	**90.0886**	**3.8762**	**86.2124**	
Indirect Care	**40.2387**	**40.2387**	**1.7313**	**38.5074**	
Property	**13.6500**	**11.3842**	**0.4898**	**10.8944**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.3175**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.7574**	**179.4916**	**7.7228**	**203.7797**	

***Medicaid Trend Adjustment :**

0 253146-00 - 2014/01

189.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Osceola[49]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,739**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,501**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,773**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1986**						
Acquired Date:	**2/1/1986**						
Entered Medicaid	**2/24/1986**						
Med # Active Date:	**7/2/2001**						
Previous Med #	**208868**						

Medicaid Utilization	**69.88852%**
Occupancy:	**90.48042%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.49236%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	35.1329	74.5761	43.8852			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.1329**	**74.5761**	**43.8852**	**8.9800**	**2.1172**	164.6914
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.8226		51.8788			
7	Provider Target Rate	**45.0536**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.1329**	**74.5761**	**43.8852**	**8.9800**	**2.1172**	164.6914
12/13	Medicaid Adjustment Rate		1.6686	0.9819			
14	Prospective Per Diem 11	**35.1329**	**76.2447**	**44.8671**	**8.9800**	**2.1172**	**167.3419**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253146-00 - 2014/01

189.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,536,601**
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:	**380,793**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,429,281**	**9.6599**
20% ROE(2):	**1,107,320**	**0.4711**
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:		**12.7496**

(1) 80% Capital ($4,429,281) amortized at 6.0000% for 20 years Principal & Interest of $380,793 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6599
(2) 20% ROE ($1,107,320) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4711
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.1329**	**35.1329**	**1.5116**	**33.6213**	
Patient Care					
Direct Care	**76.2447**	**76.2447**	**3.2805**	**72.9642**	
Indirect Care	**44.8671**	**44.8671**	**1.9305**	**42.9366**	
Property	**8.9800**	**12.7496**	**0.3864**	**8.5936**	
ROE	**2.1172**	**1.0244**	**0.0911**	**2.0261**	
ROE Adjustment	**-1.0244**	**-1.0244**	**-0.0441**	**-0.9803**	
Quality Assess-Medicaid Share				**$21.7143**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.3175**	**168.9943**	**7.1560**	**189.5692**	

***Medicaid Trend Adjustment :**

0 253421-00 - 2014/01

199.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Osceola[49]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,868**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.51909%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	41.4327	70.5238	47.8366			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4327**	**70.5238**	**47.8366**	**23.7800**		183.5731
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.4327**	**70.5238**	**47.8366**	**13.6500**		173.4431
12/13	Medicaid Adjustment Rate		1.2109	0.8214			
14	Prospective Per Diem 11	**41.4327**	**71.7347**	**48.6580**	**13.6500**		**175.4754**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253421-00 - 2014/01

199.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,465,780**
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:	**542,676**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,372,624**	**13.7665**
20% ROE(2):	**1,093,156**	**0.4650**
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:		**17.1524**

(1) 80% Capital ($4,372,624) amortized at 11.0300% for 20 years Principal & Interest of $542,676 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.7665
(2) 20% ROE ($1,093,156) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4650
(3) 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:	**51,248**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4327**	**41.4327**	**1.7827**	**39.6500**	
Patient Care					
Direct Care	**71.7347**	**71.7347**	**3.0865**	**68.6482**	
Indirect Care	**48.6580**	**48.6580**	**2.0936**	**46.5644**	
Property	**13.6500**	**17.1524**	**0.7380**	**16.4144**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8054**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.4754**	**178.9778**	**7.7008**	**199.7758**	

***Medicaid Trend Adjustment :**

0 253430-00 - 2014/01

193.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**42,061**	Total:	**181**
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**						

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

Medicaid Utilization		**58.67431%**
Occupancy:		**95.76730%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**119.06543%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	38.2462	83.3091	40.4534			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2462**	**83.3091**	**40.4534**	**38.8600**		200.8687
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.3739		51.8788			
7	Provider Target Rate	**44.5923**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2462**	**83.3091**	**40.4534**	**13.6500**		175.6587
12/13	Medicaid Adjustment Rate		0.8130	0.3948			
14	Prospective Per Diem 11	**38.2462**	**84.1221**	**40.8482**	**13.6500**		**176.8665**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253430-00 - 2014/01

193.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,691,392**
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:	**336,129**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,953,114**	**8.5269**
20% ROE(2):	**738,278**	**0.3141**
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:		**11.0483**

(1) 80% Capital ($2,953,114) amortized at 9.7500% for 20 years Principal & Interest of $336,129 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5269
(2) 20% ROE ($738,278) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3141
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2462**	**38.2462**	**1.6456**	**36.6006**	
Patient Care					
Direct Care	**84.1221**	**84.1221**	**3.6195**	**80.5026**	
Indirect Care	**40.8482**	**40.8482**	**1.7575**	**39.0907**	
Property	**13.6500**	**11.0483**	**0.4754**	**10.5729**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2944**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.8665**	**174.2648**	**7.4980**	**193.7546**	

***Medicaid Trend Adjustment :**

0 253448-00 - 2014/01

208.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**39,906**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,412**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,749**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1982**						
Acquired Date:	**9/1/1982**						
Entered Medicaid	**9/1/1982**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**201782**						

Medicaid Utilization	**72.04180%**
Occupancy:	**90.86065%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.96510%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	42.2242	87.2931	43.6691			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.2242**	**87.2931**	**43.6691**	**29.0600**		202.2464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.9059		52.9193			
7	Provider Target Rate	**47.1954**		**54.4058**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.2242**	**87.2931**	**43.6691**	**13.6500**		186.8364
12/13	Medicaid Adjustment Rate		2.1646	1.0829			
14	Prospective Per Diem 11	**42.2242**	**89.4577**	**44.7520**	**13.6500**		**190.0839**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253448-00 - 2014/01

208.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,961,528**
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:	**318,104**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,169,222**	**8.0696**
20% ROE(2):	**792,306**	**0.3371**
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:		**10.6961**

(1) 80% Capital ($3,169,222) amortized at 8.0000% for 20 years Principal & Interest of $318,104 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.0696
(2) 20% ROE ($792,306) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3371
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.2242**	**42.2242**	**1.8167**	**40.4075**	
Patient Care					
Direct Care	**89.4577**	**89.4577**	**3.8490**	**85.6087**	
Indirect Care	**44.7520**	**44.7520**	**1.9255**	**42.8265**	
Property	**13.6500**	**10.6961**	**0.4602**	**10.2359**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8709**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.0839**	**187.1300**	**8.0514**	**208.6429**	

***Medicaid Trend Adjustment :**

0 253456-00 - 2014/01

204.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Hawthorne Health & 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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Ocala FL 32674		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**40,344**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,594**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,466**		
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	**58.16478%**
Occupancy:	**92.10959%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.51788%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,557	1,822,536	1,005,220	518,129	0	4,293,442
1a	Audit Adjustments						
2	Cost Per Diem	40.3800	77.6671	42.8373	**22.0800**		182.9644
3	Cost Per Diem Inflated	41.7997	79.4023	44.3434			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7997**	**79.4023**	**44.3434**	**22.0800**		187.6254
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.3967		57.9140			
7	Provider Target Rate	**45.6438**		**59.5408**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7997**	**79.4023**	**44.3434**	**13.6500**		179.1954
12/13	Medicaid Adjustment Rate		0.7293	0.4073			
14	Prospective Per Diem 11	**41.7997**	**80.1316**	**44.7507**	**13.6500**		**180.3320**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253456-00 - 2014/01

204.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hawthorne Health & 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	**5,932,825**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**533,298**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,746,260**	**13.5286**
20% ROE(2):	**1,186,565**	**0.4328**
Insurance Cost(3):	**72,484**	**1.7966**
Taxes Cost(3):	**53,381**	**1.3231**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**315,802**	**0.0000**
Total FRVS PD:		**17.0811**

(1) 80% Capital ($4,746,260) amortized at 9.5645% for 20 years Principal & Interest of $533,298 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.5286
(2) 20% ROE ($1,186,565) times the ROE factor (0.014380) divided by annual available days (43,800) 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:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7997**	**41.7997**	**1.7985**	**40.0012**	
Patient Care					
Direct Care	**80.1316**	**80.1316**	**3.4478**	**76.6838**	
Indirect Care	**44.7507**	**44.7507**	**1.9255**	**42.8252**	
Property	**13.6500**	**17.0811**	**0.7349**	**16.3462**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2466**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.3320**	**183.7631**	**7.9067**	**204.7964**	

***Medicaid Trend Adjustment :**

0 253464-00 - 2014/01

202.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,474**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,375**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,648**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/1/1982**						
Acquired Date:	**9/1/1982**						
Entered Medicaid	**9/1/1982**						
Med # Active Date:	**11/1/2001**						
Previous Med #	**201693**						

Medicaid Utilization	**66.66345%**
Occupancy:	**94.43078%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.40377%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	38.2841	87.4556	40.7805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2841**	**87.4556**	**40.7805**	**30.8200**		197.3402
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		55.4360			
7	Provider Target Rate	**44.1212**		**56.9932**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2841**	**87.4556**	**40.7805**	**13.6500**		180.1702
12/13	Medicaid Adjustment Rate		1.6395	0.7645			
14	Prospective Per Diem 11	**38.2841**	**89.0951**	**41.5450**	**13.6500**		**182.5742**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253464-00 - 2014/01

202.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,687,025**
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:	**426,789**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,749,620**	**10.8267**
20% ROE(2):	**937,405**	**0.3988**
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:		**13.4065**

(1) 80% Capital ($3,749,620) amortized at 9.7500% for 20 years Principal & Interest of $426,789 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8267
(2) 20% ROE ($937,405) times the ROE factor (0.016770) divided by annual available days (43,800) 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2841**	**38.2841**	**1.6472**	**36.6369**	
Patient Care					
Direct Care	**89.0951**	**89.0951**	**3.8334**	**85.2617**	
Indirect Care	**41.5450**	**41.5450**	**1.7875**	**39.7575**	
Property	**13.6500**	**13.4065**	**0.5768**	**12.8297**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2533**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.5742**	**182.3307**	**7.8449**	**202.4325**	

***Medicaid Trend Adjustment :**

0 253481-00 - 2014/01

259.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**0**
Deerfield Beach FL 33442		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**18,360**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,689**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**8,548**		
Class at 1/94:	**South Small [3]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.29878490**
Open Date:	**3/30/1990**					Semester Index:	**1.34444818**
Acquired Date:	**3/30/1990**					Cost:	**1.03515846**
Entered Medicaid	**6/4/1990**					Target:	**1.01966300**
Med # Active Date:	**1/11/2002**					**DC FY Index:**	**1.20850000**
Previous Med #	**211460**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02234175**
						PS Target:	**1.02809000**

Medicaid Utilization	**46.55773%**	
Occupancy:	**83.83561%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**104.23102%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	449,885	777,504	800,421	428,511	0	2,456,321
1a	Audit Adjustments						
2	Cost Per Diem	52.6304	90.9574	93.6384	**50.1300**		287.3562
3	Cost Per Diem Inflated	54.4808	92.9895	96.9306			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.4808**	**92.9895**	**96.9306**	**50.1300**		294.5309
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	96.2452		83.7372			
7	Provider Target Rate	**98.9487**		**86.0894**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.4808**	**92.9895**	**79.1810**	**13.6500**		240.3013
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.4808**	**92.9895**	**79.1810**	**13.6500**		**240.3013**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253481-00 - 2014/01

259.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,678,186**
FRVS Base Asset:	**1,801,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**283,096**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,142,549**	**14.3631**
20% ROE(2):	**535,637**	**0.3908**
Insurance Cost(3):	**36,533**	**1.9898**
Taxes Cost(3):	**52,078**	**2.8365**
Home Office(3):	**5,377**	**0.2929**
Replacement(3&4):	**1,297,834**	**0.0000**
Total FRVS PD:		**19.8731**

(1) 80% Capital ($2,142,549) amortized at 12.0000% for 20 years Principal & Interest of $283,096 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $14.3631
(2) 20% ROE ($535,637) times the ROE factor (0.014380) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3908
(3) 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:	**51,248**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.4808**	**54.4808**	**2.3441**	**52.1367**	
Patient Care					
Direct Care	**92.9895**	**92.9895**	**4.0010**	**88.9885**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**19.8731**	**0.8551**	**19.0180**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4704**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**240.3013**	**246.5244**	**10.6071**	**259.0811**	

***Medicaid Trend Adjustment :**

0 253707-00 - 2014/01

227.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Wakulla[65]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**38,589**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.23697%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	45.1178	98.4720	54.0675			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1178**	**98.4720**	**54.0675**	**16.3200**		213.9773
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5257		68.6879			
7	Provider Target Rate	**46.8045**		**70.6173**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1178**	**94.1508**	**54.0675**	**13.6500**		206.9861
12/13	Medicaid Adjustment Rate		1.8477	1.0611			
14	Prospective Per Diem 11	**45.1178**	**95.9985**	**55.1286**	**13.6500**		**209.8949**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253707-00 - 2014/01

227.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1178**	**45.1178**	**1.9412**	**43.1766**	
Patient Care					
Direct Care	**95.9985**	**95.9985**	**4.1305**	**91.8680**	
Indirect Care	**55.1286**	**55.1286**	**2.3720**	**52.7566**	
Property	**13.6500**	**11.6247**	**0.5002**	**11.1245**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5639**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.8949**	**207.8696**	**8.9439**	**227.1830**	

***Medicaid Trend Adjustment :**

0 253723-00 - 2014/01

249.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**40,948**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.23236%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

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	69.3053	108.9120	67.2018			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**69.3053**	**108.9120**	**67.2018**	**39.6400**		285.0591
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.4063		64.3884			
7	Provider Target Rate	**50.7941**		**66.1971**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7941**	**97.3934**	**63.0224**	**13.6500**		224.8599
12/13	Medicaid Adjustment Rate		1.9876	1.2861			
14	Prospective Per Diem 11	**50.7941**	**99.3810**	**64.3085**	**13.6500**		**228.1336**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 253723-00 - 2014/01

249.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,651,441**
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:	**550,801**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,521,153**	**13.9726**
20% ROE(2):	**1,130,288**	**0.4212**
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:		**18.2719**

(1) 80% Capital ($4,521,153) amortized at 10.7500% for 20 years Principal & Interest of $550,801 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9726
(2) 20% ROE ($1,130,288) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4212
(3) 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:	**51,248**
		Effective PBS Limitation	**4,781,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7941**	**50.7941**	**2.1855**	**48.6086**	
Patient Care					
Direct Care	**99.3810**	**99.3810**	**4.2760**	**95.1050**	
Indirect Care	**64.3085**	**64.3085**	**2.7670**	**61.5415**	
Property	**13.6500**	**18.2719**	**0.7862**	**17.4857**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3519**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.1336**	**232.7555**	**10.0147**	**249.7861**	

***Medicaid Trend Adjustment :**

0 254177-00 - 2014/01

213.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 N.E. 26th Street		**07/01/2012-06/30/2013**		Number of Beds:	**206**	Superior:	**0**
Ft. Lauderdale FL 33305		Days In CR	**365**	Maximum:	**75,190**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**75,190**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**46,878**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,340**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,026**		
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	**42.71940%**
Occupancy:	**62.34606%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**77.51352%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	970,998	1,632,932	1,003,637	310,804	0	3,918,371
1a	Audit Adjustments						
2	Cost Per Diem	48.4869	81.5406	50.1167	**15.5200**		195.6642
3	Cost Per Diem Inflated	50.1916	83.3624	51.8787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.1916**	**83.3624**	**51.8787**	**15.5200**		200.9527
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.5983		54.2637			
7	Provider Target Rate	**58.1881**		**55.7880**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.1916**	**83.3624**	**51.8787**	**13.6500**		199.0827
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.1916**	**83.3624**	**51.8787**	**13.6500**		**199.0827**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254177-00 - 2014/01

213.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,568,684**
FRVS Base Asset:	**2,568,684**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**173,102**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,054,947**	**2.5580**
20% ROE(2):	**513,737**	**0.1092**
Insurance Cost(3):	**141,875**	**3.0265**
Taxes Cost(3):	**196,038**	**4.1819**
Home Office(3):	**69,702**	**1.4869**
Replacement(3&4):	**104,363**	**0.0000**
Total FRVS PD:		**11.3625**

(1) 80% Capital ($2,054,947) amortized at 8.5000% for 20 years Interest of $173,102 divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $2.5580
(2) 20% ROE ($513,737) times the ROE factor (0.014380) divided by annual available days (75,190) divided by Occup. Adj. (0.9000) = $0.1092
(3) 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:	**51,248**
		Effective PBS Limitation	**2,113,766**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.1916**	**50.1916**	**2.1596**	**48.0320**	
Patient Care					
Direct Care	**83.3624**	**83.3624**	**3.5868**	**79.7756**	
Indirect Care	**51.8787**	**51.8787**	**2.2321**	**49.6466**	
Property	**13.6500**	**11.3625**	**0.4889**	**10.8736**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3185**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.0827**	**196.7952**	**8.4674**	**213.3397**	

***Medicaid Trend Adjustment :**

0 254291-00 - 2014/01

258.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**98**	Superior:	**0**
North Miami FL 33161		Days In CR	**365**	Maximum:	**35,770**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**35,770**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**31,132**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,456**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**25,357**		
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	**81.44996%**
Occupancy:	**87.03383%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.20729%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,498,199	2,280,477	1,784,981	589,804	0	6,153,461
1a	Audit Adjustments						
2	Cost Per Diem	59.0842	89.9348	70.3940	**23.2600**		242.6730
3	Cost Per Diem Inflated	61.0024	91.8681	72.6793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.0024**	**91.8681**	**72.6793**	**23.2600**		248.8098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.8568**	**91.8681**	**67.7484**	**13.6500**		231.1233
12/13	Medicaid Adjustment Rate		3.2504	2.3970			
14	Prospective Per Diem 11	**57.8568**	**95.1185**	**70.1454**	**13.6500**		**236.7707**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254291-00 - 2014/01

258.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,488,831**
FRVS Base Asset:	**1,103,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**437,490**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,591,065**	**13.5896**
20% ROE(2):	**897,766**	**0.4183**
Insurance Cost(3):	**31,154**	**1.0007**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**19,821**	**0.6367**
Replacement(3&4):	**426,992**	**0.0000**
Total FRVS PD:		**15.6453**

(1) 80% Capital ($3,591,065) amortized at 10.7500% for 20 years Principal & Interest of $437,490 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $13.5896
(2) 20% ROE ($897,766) times the ROE factor (0.015000) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.4183
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,363,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.8568**	**57.8568**	**2.4894**	**55.3674**	
Patient Care					
Direct Care	**95.1185**	**95.1185**	**4.0926**	**91.0259**	
Indirect Care	**70.1454**	**70.1454**	**3.0181**	**67.1273**	
Property	**13.6500**	**15.6453**	**0.6732**	**14.9721**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.2722**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**236.7707**	**238.7660**	**10.2733**	**258.4583**	

***Medicaid Trend Adjustment :**

0 254762-00 - 2014/01

207.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Seminole FL 33778		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**19,020**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,980**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**7,715**		
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	**40.56257%**
Occupancy:	**86.61202%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.68287%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	297,182	569,544	419,403	212,703	0	1,498,832
1a	Audit Adjustments						
2	Cost Per Diem	38.5200	73.8229	54.3620	**27.5701**		194.2750
3	Cost Per Diem Inflated	40.3537	75.8488	56.9498			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.3537**	**75.8488**	**56.9498**	**27.5701**		200.7224
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.0214		60.3576			
7	Provider Target Rate	**53.4827**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.3537**	**75.8488**	**56.9498**	**13.6500**		186.8023
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**40.3537**	**75.8488**	**56.9498**	**13.6500**		**186.8023**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254762-00 - 2014/01

207.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,623,999**
FRVS Base Asset:	**2,472,420**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**206,800**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,099,199**	**10.4921**
20% ROE(2):	**524,800**	**0.3882**
Insurance Cost(3):	**81,176**	**4.2679**
Taxes Cost(3):	**18,509**	**0.9731**
Home Office(3):	**7,630**	**0.4012**
Replacement(3&4):	**41,113**	**0.0000**
Total FRVS PD:		**16.5225**

(1) 80% Capital ($2,099,199) amortized at 7.7500% for 20 years Principal & Interest of $206,800 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.4921
(2) 20% ROE ($524,800) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3882
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,472,420**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.3537**	**40.3537**	**1.7363**	**38.6174**	
Patient Care					
Direct Care	**75.8488**	**75.8488**	**3.2635**	**72.5853**	
Indirect Care	**56.9498**	**56.9498**	**2.4503**	**54.4995**	
Property	**13.6500**	**16.5225**	**0.7109**	**15.8116**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7532**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.8023**	**189.6748**	**8.1610**	**207.9604**	

***Medicaid Trend Adjustment :**

0 254878-00 - 2014/01

197.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Jacksonville FL 32208		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**20,704**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,626**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**15,856**		
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	**76.58423%**
Occupancy:	**94.28051%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.21693%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	642,638	1,052,169	688,508	302,850	0	2,686,165
1a	Audit Adjustments						
2	Cost Per Diem	40.5296	66.3578	43.4226	**19.1000**		169.4100
3	Cost Per Diem Inflated	42.4590	68.1788	45.4897			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4590**	**68.1788**	**45.4897**	**19.1000**		175.2275
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4590**	**68.1788**	**45.4897**	**13.6500**		169.7775
12/13	Medicaid Adjustment Rate		2.0390	1.3605			
14	Prospective Per Diem 11	**42.4590**	**70.2178**	**46.8502**	**13.6500**		**173.1770**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 254878-00 - 2014/01

197.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,863,858**
FRVS Base Asset:	**1,765,380**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**247,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,291,086**	**12.5501**
20% ROE(2):	**572,772**	**0.4237**
Insurance Cost(3):	**11,783**	**0.5691**
Taxes Cost(3):	**33,583**	**1.6221**
Home Office(3):	**2,967**	**0.1433**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**15.3083**

(1) 80% Capital ($2,291,086) amortized at 9.0000% for 20 years Principal & Interest of $247,362 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.5501
(2) 20% ROE ($572,772) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4237
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4590**	**42.4590**	**1.8268**	**40.6322**	
Patient Care					
Direct Care	**70.2178**	**70.2178**	**3.0212**	**67.1966**	
Indirect Care	**46.8502**	**46.8502**	**2.0158**	**44.8344**	
Property	**13.6500**	**15.3083**	**0.6587**	**14.6496**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7278**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.1770**	**174.8353**	**7.5225**	**197.7340**	

***Medicaid Trend Adjustment :**

0 255572-00 - 2014/01

169.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Gainesville Fl 32607		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Alachua[1]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**43,153**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,733**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**24,152**		
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	**55.96830%**
Occupancy:	**98.25364%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**122.15664%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	804,394	1,504,568	816,646	706,688	0	3,832,296
1a	Audit Adjustments						
2	Cost Per Diem	33.3055	62.2958	33.8128	**29.2600**		158.6741
3	Cost Per Diem Inflated	34.8910	64.0054	35.4224			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8910**	**64.0054**	**35.4224**	**29.2600**		163.5788
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8910**	**64.0054**	**35.4224**	**13.6500**		147.9688
12/13	Medicaid Adjustment Rate		0.4298	0.2378			
14	Prospective Per Diem 11	**34.8910**	**64.4352**	**35.6602**	**13.6500**		**148.6364**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 255572-00 - 2014/01

169.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,618,809**
FRVS Base Asset:	**4,944,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**363,174**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,495,047**	**9.2129**
20% ROE(2):	**1,123,762**	**0.4156**
Insurance Cost(3):	**37,391**	**0.8665**
Taxes Cost(3):	**104,239**	**2.4156**
Home Office(3):	**10,433**	**0.2418**
Replacement(3&4):	**17,013**	**0.0000**
Total FRVS PD:		**13.1524**

(1) 80% Capital ($4,495,047) amortized at 5.2400% for 20 years Principal & Interest of $363,174 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2129
(2) 20% ROE ($1,123,762) 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:	**7/1/2001**	Used Per Bed Standard:	**41,207**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,944,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8910**	**34.8910**	**1.5012**	**33.3898**	
Patient Care					
Direct Care	**64.4352**	**64.4352**	**2.7724**	**61.6628**	
Indirect Care	**35.6602**	**35.6602**	**1.5343**	**34.1259**	
Property	**13.6500**	**13.1524**	**0.5659**	**12.5865**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3023**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**148.6364**	**148.1388**	**6.3738**	**169.7607**	

***Medicaid Trend Adjustment :**

0 256269-00 - 2014/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lecanto FL 34461		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Citrus[9]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**38,866**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,037**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**18,337**		
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	**47.18005%**
Occupancy:	**88.49272%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.02109%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	817,658	1,585,578	1,266,953	561,846	0	4,232,035
1a	Audit Adjustments						
2	Cost Per Diem	44.5906	86.4688	69.0927	**30.6400**		230.7921
3	Cost Per Diem Inflated	46.7133	88.8417	72.3818			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7133**	**88.8417**	**72.3818**	**30.6400**		238.5768
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		57.7774			
7	Provider Target Rate	**41.8258**		**59.4004**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8258**	**88.8417**	**59.2527**	**13.6500**		203.5702
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.8258**	**88.8417**	**59.2527**	**13.6500**		**203.5702**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256269-00 - 2014/01

220.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,131,156**
FRVS Base Asset:	**1,778,760**
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:	**413,174**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,904,925**	**10.4813**
20% ROE(2):	**1,226,231**	**0.4535**
Insurance Cost(3):	**67,155**	**1.7279**
Taxes Cost(3):	**79,971**	**2.0576**
Home Office(3):	**9,240**	**0.2377**
Replacement(3&4):	**75,904**	**0.0000**
Total FRVS PD:		**14.9580**

(1) 80% Capital ($4,904,925) amortized at 8.5000% for 20 years Interest of $413,174 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4813
(2) 20% ROE ($1,226,231) times the ROE factor (0.014580) 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:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8258**	**41.8258**	**1.7996**	**40.0262**	
Patient Care					
Direct Care	**88.8417**	**88.8417**	**3.8225**	**85.0192**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**14.9580**	**0.6436**	**14.3144**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5665**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.5702**	**204.8782**	**8.8151**	**220.3230**	

***Medicaid Trend Adjustment :**

0 256277-00 - 2014/01

249.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Bradenton FL 34209		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**18,908**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,234**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**5,894**		
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	**31.17199%**
Occupancy:	**86.10200%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.04877%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	306,178	699,917	534,633	229,277	0	1,770,005
1a	Audit Adjustments						
2	Cost Per Diem	51.9474	118.7508	90.7080	**38.9001**		300.3063
3	Cost Per Diem Inflated	54.4203	122.0097	95.0261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.4203**	**122.0097**	**95.0261**	**38.9001**		310.3562
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		72.3764			
7	Provider Target Rate	**52.6481**		**74.4095**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6481**	**98.8202**	**71.4442**	**13.6500**		236.5625
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6481**	**98.8202**	**71.4442**	**13.6500**		**236.5625**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256277-00 - 2014/01

249.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,059,878**
FRVS Base Asset:	**1,778,760**
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:	**206,203**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,447,902**	**10.4618**
20% ROE(2):	**611,976**	**0.4527**
Insurance Cost(3):	**45,411**	**2.4017**
Taxes Cost(3):	**39,154**	**2.0708**
Home Office(3):	**4,543**	**0.2403**
Replacement(3&4):	**43,873**	**0.0000**
Total FRVS PD:		**15.6273**

(1) 80% Capital ($2,447,902) amortized at 8.5000% for 20 years Interest of $206,203 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.4618
(2) 20% ROE ($611,976) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4527
(3) 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:	**51,248**
		Effective PBS Limitation	**1,778,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6481**	**52.6481**	**2.2652**	**50.3829**	
Patient Care					
Direct Care	**98.8202**	**98.8202**	**4.2519**	**94.5683**	
Indirect Care	**71.4442**	**71.4442**	**3.0740**	**68.3702**	
Property	**13.6500**	**15.6273**	**0.6724**	**14.9549**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.1285**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**236.5625**	**238.5398**	**10.2635**	**249.0982**	

***Medicaid Trend Adjustment :**

0 256757-00 - 2014/01

205.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**44,530**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**37,639**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.80105%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	39.7087	82.1157	49.6662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.7087**	**82.1157**	**49.6662**	**21.0600**		192.5506
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	41.0907		49.8062			
7	Provider Target Rate	**42.2449**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.7087**	**82.1157**	**49.6662**	**13.6500**		185.1406
12/13	Medicaid Adjustment Rate		1.1633	0.7036			
14	Prospective Per Diem 11	**39.7087**	**83.2790**	**50.3698**	**13.6500**		**187.0075**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256757-00 - 2014/01

205.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,252,256**
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:	**421,335**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,001,805**	**10.5131**
20% ROE(2):	**1,250,451**	**0.4549**
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:		**14.0722**

(1) 80% Capital ($5,001,805) amortized at 8.5000% for 20 years Interest of $421,335 divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $10.5131
(2) 20% ROE ($1,250,451) times the ROE factor (0.014580) divided by annual available days (44,530) divided by Occup. Adj. (0.9000) = $0.4549
(3) 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:	**51,248**
		Effective PBS Limitation	**2,222,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.7087**	**39.7087**	**1.7085**	**38.0002**	
Patient Care					
Direct Care	**83.2790**	**83.2790**	**3.5832**	**79.6958**	
Indirect Care	**50.3698**	**50.3698**	**2.1672**	**48.2026**	
Property	**13.6500**	**14.0722**	**0.6055**	**13.4667**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7579**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.0075**	**187.4297**	**8.0644**	**205.8166**	

***Medicaid Trend Adjustment :**

0 256846-00 - 2014/01

204.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Collier[11]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**41,409**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.21977%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	37.1844	84.0586	47.6474			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.1844**	**84.0586**	**47.6474**	**23.7300**		192.6204
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2344		53.9513			
7	Provider Target Rate	**49.5893**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.1844**	**84.0586**	**47.6474**	**13.6500**		182.5404
12/13	Medicaid Adjustment Rate		1.5898	0.9012			
14	Prospective Per Diem 11	**37.1844**	**85.6484**	**48.5486**	**13.6500**		**185.0314**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256846-00 - 2014/01

204.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,316,222**
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:	**394,655**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,452,978**	**10.0115**
20% ROE(2):	**863,244**	**0.3672**
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:		**11.8151**

(1) 80% Capital ($3,452,978) amortized at 11.5000% for 20 years Interest of $394,655 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0115
(2) 20% ROE ($863,244) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3672
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.1844**	**37.1844**	**1.5999**	**35.5845**	
Patient Care					
Direct Care	**85.6484**	**85.6484**	**3.6851**	**81.9633**	
Indirect Care	**48.5486**	**48.5486**	**2.0889**	**46.4597**	
Property	**13.6500**	**11.8151**	**0.5084**	**11.3067**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3583**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.0314**	**183.1965**	**7.8823**	**204.3659**	

***Medicaid Trend Adjustment :**

0 256935-00 - 2014/01

218.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Manor Oaks Nursing & Rehab Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**28,208**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,429**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**19,153**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1966**						
Acquired Date:	**7/1/1974**						
Entered Medicaid	**12/1/2002**						
Med # Active Date:	**12/1/2002**						
Previous Med #							

Medicaid Utilization	**67.89918%**
Occupancy:	**66.44055%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**82.60412%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	53.5281	74.0130	55.8915			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5281**	**74.0130**	**55.8915**	**17.0000**		200.4326
5a	Interim Adjustment	1.1522	0.3251	0.9751			
5b	Interim Adjusted Per Diem	**54.6803**	**74.3381**	**56.8666**			
6	Prior Semester: Provider Target Base	67.8576		57.2411			
7	Provider Target Rate	**69.7637**		**58.8490**			
7a	Interim Adjustment	1.1522		0.9751			
7b	Interim Adjusted Provider Target Rate	**70.9159**		**59.8241**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**74.3381**	**56.8666**	**13.6500**		198.8770
12/13	Medicaid Adjustment Rate		1.4969	1.1451			
14	Prospective Per Diem 11	**54.0223**	**75.8350**	**58.0117**	**13.6500**		**201.5190**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 256935-00 - 2014/01

218.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,675,221**
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:	**56,117**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,340,177**	**1.4727**
20% ROE(2):	**335,044**	**0.1402**
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:		**9.7878**

(1) 80% Capital ($1,340,177) amortized at 4.2500% for 20 years Interest of $56,117 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $1.4727
(2) 20% ROE ($335,044) times the ROE factor (0.015940) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.1402
(3) 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:	**51,248**
		Effective PBS Limitation	**1,518,208**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**75.8350**	**75.8350**	**3.2629**	**72.5721**	
Indirect Care	**58.0117**	**58.0117**	**2.4960**	**55.5157**	
Property	**13.6500**	**9.7878**	**0.4211**	**9.3667**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1467**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.5190**	**197.6568**	**8.5044**	**218.9925**	

***Medicaid Trend Adjustment :**

0 257249-00 - 2014/01

196.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Lucie[56]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**41,254**	Total:	**181**
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]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.06141764**
Open Date:	**2/25/1988**					Target:	**1.01966300**
Acquired Date:	**2/25/1988**					**DC FY Index:**	**1.19500000**
Entered Medicaid	**2/25/1988**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**6/29/2002**					**DC Inflation:**	**1.03389121**
Previous Med #	**216801**					**PS Target:**	**1.02809000**

Medicaid Utilization	**67.32923%**	
Occupancy:	**93.92987%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**116.78100%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

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	36.9560	75.0874	47.6018			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.9560**	**75.0874**	**47.6018**	**34.0800**		193.7252
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.7813		53.9513			
7	Provider Target Rate	**47.0673**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.9560**	**75.0874**	**47.6018**	**13.6500**		173.2952
12/13	Medicaid Adjustment Rate		1.4639	0.9280			
14	Prospective Per Diem 11	**36.9560**	**76.5513**	**48.5298**	**13.6500**		**175.6871**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257249-00 - 2014/01

196.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,689,799**
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:	**391,330**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,551,839**	**9.9272**
20% ROE(2):	**1,137,960**	**0.5141**
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:		**13.8312**

(1) 80% Capital ($4,551,839) amortized at 6.0000% for 20 years Principal & Interest of $391,330 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9272
(2) 20% ROE ($1,137,960) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5141
(3) 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:	**51,248**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.9560**	**36.9560**	**1.5901**	**35.3659**	
Patient Care					
Direct Care	**76.5513**	**76.5513**	**3.2937**	**73.2576**	
Indirect Care	**48.5298**	**48.5298**	**2.0881**	**46.4417**	
Property	**13.6500**	**13.8312**	**0.5951**	**13.2361**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8470**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.6871**	**175.8683**	**7.5670**	**196.8417**	

***Medicaid Trend Adjustment :**

0 257257-00 - 2014/01

192.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**64,240**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**59,125**	Total:	**181**
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]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.26665332**
Open Date:	**4/20/1988**					Semester Index:	**1.34444818**
Acquired Date:	**4/20/1988**					Cost:	**1.06141764**
Entered Medicaid	**4/20/1988**					Target:	**1.01966300**
Med # Active Date:	**6/29/2002**					**DC FY Index:**	**1.19500000**
Previous Med #	**216798**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03389121**
						PS Target:	**1.02809000**

Medicaid Utilization	**57.92135%**	
Occupancy:	**91.78620%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**114.11581%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

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	33.7130	77.0219	40.8456			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.7130**	**77.0219**	**40.8456**	**34.9400**		186.5205
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.7130**	**77.0219**	**40.8456**	**13.6500**		165.2305
12/13	Medicaid Adjustment Rate		0.6864	0.3640			
14	Prospective Per Diem 11	**33.7130**	**77.7083**	**41.2096**	**13.6500**		**166.2809**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257257-00 - 2014/01

192.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,648,942**
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:	**721,604**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,919,154**	**12.4810**
20% ROE(2):	**1,729,788**	**0.5329**
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:		**17.5426**

(1) 80% Capital ($6,919,154) amortized at 8.5200% for 20 years Principal & Interest of $721,604 divided by annual available days (64,240) divided by Occup. Adj. (0.9000) = $12.4810
(2) 20% ROE ($1,729,788) times the ROE factor (0.017810) divided by annual available days (64,240) 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:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.7130**	**33.7130**	**1.4505**	**32.2625**	
Patient Care					
Direct Care	**77.7083**	**77.7083**	**3.3435**	**74.3648**	
Indirect Care	**41.2096**	**41.2096**	**1.7731**	**39.4365**	
Property	**13.6500**	**17.5426**	**0.7548**	**16.7878**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4880**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.2809**	**170.1735**	**7.3219**	**192.0330**	

***Medicaid Trend Adjustment :**

0 257265-00 - 2014/01

188.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**151**
County:	**Alachua[1]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**30**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,845**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.45399%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	36.5240	69.5965	48.5972			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5240**	**69.5965**	**48.5972**	**34.4700**		189.1877
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4096		60.0893			
7	Provider Target Rate	**45.6571**		**61.7772**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5240**	**69.5965**	**48.5972**	**13.6500**		168.3677
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.5240**	**69.5965**	**48.5972**	**13.6500**		**168.3677**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257265-00 - 2014/01

188.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,925,595**
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:	**456,877**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,740,476**	**11.5900**
20% ROE(2):	**1,185,119**	**0.5354**
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:		**16.5847**

(1) 80% Capital ($4,740,476) amortized at 7.4600% for 20 years Principal & Interest of $456,877 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.5900
(2) 20% ROE ($1,185,119) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5354
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5240**	**36.5240**	**1.5715**	**34.9525**	
Patient Care					
Direct Care	**69.5965**	**69.5965**	**2.9945**	**66.6020**	
Indirect Care	**48.5972**	**48.5972**	**2.0910**	**46.5062**	
Property	**13.6500**	**16.5847**	**0.7136**	**15.8711**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7674**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**168.3677**	**171.3024**	**7.3706**	**188.3926**	

***Medicaid Trend Adjustment :**

0 257273-00 - 2014/01

197.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Duval[16]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,936**	Total:	**181**
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]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.26665332**
Open Date: **3/2/1990**						Semester Index:	**1.34444818**
Acquired Date: **3/2/1990**						Cost:	**1.06141764**
Entered Medicaid **3/14/1990**						Target:	**1.01966300**
Med # Active Date: **6/29/2002**						**DC FY Index:**	**1.19500000**
Previous Med # **215724**						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03389121**
						PS Target:	**1.02809000**

Medicaid Utilization		**63.46099%**
Occupancy:		**95.48270%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**118.71159%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

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	41.2904	69.5517	44.7899			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.2904**	**69.5517**	**44.7899**	**32.8600**		188.4920
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.4185		55.0917			
7	Provider Target Rate	**45.6662**		**56.6392**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.2904**	**69.5517**	**44.7899**	**13.6500**		169.2820
12/13	Medicaid Adjustment Rate		1.0533	0.6783			
14	Prospective Per Diem 11	**41.2904**	**70.6050**	**45.4682**	**13.6500**		**171.0136**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257273-00 - 2014/01

197.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,105,778**
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:	**580,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,884,622**	**14.7357**
20% ROE(2):	**1,221,156**	**0.5517**
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:		**18.4077**

(1) 80% Capital ($4,884,622) amortized at 10.3900% for 20 years Principal & Interest of $580,880 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.7357
(2) 20% ROE ($1,221,156) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5517
(3) 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:	**51,248**
		Effective PBS Limitation	**3,182,438**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.2904**	**41.2904**	**1.7766**	**39.5138**	
Patient Care					
Direct Care	**70.6050**	**70.6050**	**3.0379**	**67.5671**	
Indirect Care	**45.4682**	**45.4682**	**1.9563**	**43.5119**	
Property	**13.6500**	**18.4077**	**0.7920**	**17.6157**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3632**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**171.0136**	**175.7713**	**7.5628**	**197.2651**	

***Medicaid Trend Adjustment :**

0 257290-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Marion[42]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**62,324**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,585**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**39,942**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1987**						
Acquired Date:	**6/1/1987**						
Entered Medicaid	**6/1/1987**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**215732**						

Medicaid Utilization	**64.08767%**
Occupancy:	**94.60230%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.61701%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	39.1278	71.0399	47.7206			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.1278**	**71.0399**	**47.7206**	**33.4800**		191.3683
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.0115		53.2088			
7	Provider Target Rate	**44.2197**		**54.7034**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.1278**	**71.0399**	**47.7206**	**13.6500**		171.5383
12/13	Medicaid Adjustment Rate		1.1259	0.7563			
14	Prospective Per Diem 11	**39.1278**	**72.1658**	**48.4769**	**13.6500**		**173.4205**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257290-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**9,040,675**
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:	**812,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,232,540**	**13.7393**
20% ROE(2):	**1,808,135**	**0.5446**
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:		**17.3708**

(1) 80% Capital ($7,232,540) amortized at 9.5600% for 20 years Principal & Interest of $812,405 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $13.7393
(2) 20% ROE ($1,808,135) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5446
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.1278**	**39.1278**	**1.6835**	**37.4443**	
Patient Care					
Direct Care	**72.1658**	**72.1658**	**3.1050**	**69.0608**	
Indirect Care	**48.4769**	**48.4769**	**2.0858**	**46.3911**	
Property	**13.6500**	**17.3708**	**0.7474**	**16.6234**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8155**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.4205**	**177.1413**	**7.6217**	**196.0285**	

***Medicaid Trend Adjustment :**

3

0 257303-00 - 2014/01

200.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,350**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.05275%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	38.2241	73.6090	49.8361			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2241**	**73.6090**	**49.8361**	**33.2200**		194.8892
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2479		57.1556			
7	Provider Target Rate	**51.6594**		**58.7611**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.2241**	**73.6090**	**49.8361**	**13.6500**		175.3192
12/13	Medicaid Adjustment Rate		1.1591	0.7848			
14	Prospective Per Diem 11	**38.2241**	**74.7681**	**50.6209**	**13.6500**		**177.2631**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 257303-00 - 2014/01

200.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,038,351**
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:	**501,595**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,830,681**	**12.7244**
20% ROE(2):	**1,207,670**	**0.5456**
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:		**16.5875**

(1) 80% Capital ($4,830,681) amortized at 8.4600% for 20 years Principal & Interest of $501,595 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.7244
(2) 20% ROE ($1,207,670) times the ROE factor (0.017810) divided by annual available days (43,800) 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:	**1/1/1987**	Used Per Bed Standard:	**29,195**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2241**	**38.2241**	**1.6446**	**36.5795**	
Patient Care					
Direct Care	**74.7681**	**74.7681**	**3.2170**	**71.5511**	
Indirect Care	**50.6209**	**50.6209**	**2.1780**	**48.4429**	
Property	**13.6500**	**16.5875**	**0.7137**	**15.8738**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8182**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.2631**	**180.2006**	**7.7533**	**200.9589**	

***Medicaid Trend Adjustment :**

2

0 257311-00 - 2014/01

189.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Indian River[31]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**61,450**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.96762%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	35.0473	68.5327	44.4626			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0473**	**68.5327**	**44.4626**	**34.4200**		182.4626
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.3775		53.9513			
7	Provider Target Rate	**48.7083**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.0473**	**68.5327**	**44.4626**	**13.6500**		161.6926
12/13	Medicaid Adjustment Rate		1.9708	1.2786			
14	Prospective Per Diem 11	**35.0473**	**70.5035**	**45.7412**	**13.6500**		**164.9420**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257311-00 - 2014/01

189.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,840,559**
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:	**737,591**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,072,447**	**12.4741**
20% ROE(2):	**1,768,112**	**0.5326**
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:		**16.1392**

(1) 80% Capital ($7,072,447) amortized at 8.5200% for 20 years Principal & Interest of $737,591 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.4741
(2) 20% ROE ($1,768,112) times the ROE factor (0.017810) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5326
(3) 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:	**51,248**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0473**	**35.0473**	**1.5080**	**33.5393**	
Patient Care					
Direct Care	**70.5035**	**70.5035**	**3.0335**	**67.4700**	
Indirect Care	**45.7412**	**45.7412**	**1.9681**	**43.7731**	
Property	**13.6500**	**16.1392**	**0.6944**	**15.4448**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1492**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**164.9420**	**167.4312**	**7.2040**	**189.0698**	

***Medicaid Trend Adjustment :**

0 257320-00 - 2014/01

186.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Polk[53]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,915**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.82136%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	34.3297	63.4126	48.1491			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.3297**	**63.4126**	**48.1491**	**34.2000**		180.0914
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		57.7678			
7	Provider Target Rate	**44.1212**		**59.3905**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.3297**	**63.4126**	**48.1491**	**13.6500**		159.5414
12/13	Medicaid Adjustment Rate		1.5301	1.1618			
14	Prospective Per Diem 11	**34.3297**	**64.9427**	**49.3109**	**13.6500**		**162.2333**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257320-00 - 2014/01

186.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,058,520**
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:	**515,839**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,846,816**	**13.0857**
20% ROE(2):	**1,211,704**	**0.5474**
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:		**17.0921**

(1) 80% Capital ($4,846,816) amortized at 8.8000% for 20 years Principal & Interest of $515,839 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0857
(2) 20% ROE ($1,211,704) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5474
(3) 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:	**51,248**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.3297**	**34.3297**	**1.4771**	**32.8526**	
Patient Care					
Direct Care	**64.9427**	**64.9427**	**2.7942**	**62.1485**	
Indirect Care	**49.3109**	**49.3109**	**2.1217**	**47.1892**	
Property	**13.6500**	**17.0921**	**0.7354**	**16.3567**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4888**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**162.2333**	**165.6754**	**7.1284**	**186.7292**	

***Medicaid Trend Adjustment :**

0 257419-00 - 2014/01

230.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**111**	Superior:	**0**
Inverness FL 34452		Days In CR	**365**	Maximum:	**40,515**	Standard:	**181**
County: **Citrus[9]**		First Used:	**2014/01**	Max Annualized:	**40,515**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2014/01**	Total Patient:	**34,400**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**8,676**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,383**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/29/1994**						
Acquired Date:	**7/29/1994**						
Entered Medicaid	**7/29/1994**						
Med # Active Date:	**4/11/2002**						
Previous Med #	**211087**						

Medicaid Utilization	**65.06686%**
Occupancy:	**84.90682%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.56283%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,257,240	1,942,650	1,323,031	389,688	0	4,912,609
1a	Audit Adjustments						
2	Cost Per Diem	56.1694	86.7913	59.1087	**17.4100**		219.4794
3	Cost Per Diem Inflated	58.2804	88.8039	61.3302			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.2804**	**88.8039**	**61.3302**	**17.4100**		225.8245
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.4627		59.4195			
7	Provider Target Rate	**53.9364**		**61.0886**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**88.8039**	**59.2527**	**13.6500**		211.5108
12/13	Medicaid Adjustment Rate		1.5052	1.0043			
14	Prospective Per Diem 11	**49.8042**	**90.3091**	**60.2570**	**13.6500**		**214.0203**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257419-00 - 2014/01

230.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,486,818**
FRVS Base Asset:	**3,754,020**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**278,605**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,389,454**	**7.6407**
20% ROE(2):	**1,097,364**	**0.4231**
Insurance Cost(3):	**50,322**	**1.4628**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**84,460**	**2.4552**
Replacement(3&4):	**139,111**	**0.0000**
Total FRVS PD:		**11.9818**

(1) 80% Capital ($4,389,454) amortized at 2.4800% for 20 years Principal & Interest of $278,605 divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $7.6407
(2) 20% ROE ($1,097,364) times the ROE factor (0.014060) divided by annual available days (40,515) divided by Occup. Adj. (0.9000) = $0.4231
(3) 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:	**51,248**
		Effective PBS Limitation	**3,754,020**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**90.3091**	**90.3091**	**3.8857**	**86.4234**	
Indirect Care	**60.2570**	**60.2570**	**2.5926**	**57.6644**	
Property	**13.6500**	**11.9818**	**0.5155**	**11.4663**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4922**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.0203**	**212.3521**	**9.1367**	**230.4010**	

***Medicaid Trend Adjustment :**

0 257460-00 - 2014/01

201.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,672**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.96426%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	37.9787	73.8282	51.0797			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.9787**	**73.8282**	**51.0797**	**32.7300**		195.6166
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.2239		58.3612			
7	Provider Target Rate	**51.6347**		**60.0006**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9787**	**73.8282**	**51.0797**	**13.6500**		176.5366
12/13	Medicaid Adjustment Rate		0.5100	0.3529			
14	Prospective Per Diem 11	**37.9787**	**74.3382**	**51.4326**	**13.6500**		**177.3995**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257460-00 - 2014/01

201.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,995,322**
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:	**594,077**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,796,258**	**15.0704**
20% ROE(2):	**1,199,064**	**0.5417**
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:		**18.7073**

(1) 80% Capital ($4,796,258) amortized at 11.0000% for 20 years Principal & Interest of $594,077 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.0704
(2) 20% ROE ($1,199,064) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5417
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9787**	**37.9787**	**1.6341**	**36.3446**	
Patient Care					
Direct Care	**74.3382**	**74.3382**	**3.1985**	**71.1397**	
Indirect Care	**51.4326**	**51.4326**	**2.2129**	**49.2197**	
Property	**13.6500**	**18.7073**	**0.8049**	**17.9024**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2065**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.3995**	**182.4568**	**7.8504**	**201.5063**	

***Medicaid Trend Adjustment :**

0 257478-00 - 2014/01

203.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**51,100**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**48,145**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.81820%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	36.4142	78.0194	48.0514			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4142**	**78.0194**	**48.0514**	**33.9300**		196.4150
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0256		66.8417			
7	Provider Target Rate	**48.3465**		**68.7193**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4142**	**78.0194**	**48.0514**	**13.6500**		176.1350
12/13	Medicaid Adjustment Rate		1.1045	0.6803			
14	Prospective Per Diem 11	**36.4142**	**79.1239**	**48.7317**	**13.6500**		**177.9198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257478-00 - 2014/01

203.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,041,701**
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:	**697,763**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,633,361**	**15.1721**
20% ROE(2):	**1,408,340**	**0.5454**
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:		**19.0513**

(1) 80% Capital ($5,633,361) amortized at 11.0000% for 20 years Principal & Interest of $697,763 divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $15.1721
(2) 20% ROE ($1,408,340) times the ROE factor (0.017810) divided by annual available days (51,100) divided by Occup. Adj. (0.9000) = $0.5454
(3) 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:	**51,248**
		Effective PBS Limitation	**2,277,210**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4142**	**36.4142**	**1.5668**	**34.8474**	
Patient Care					
Direct Care	**79.1239**	**79.1239**	**3.4044**	**75.7195**	
Indirect Care	**48.7317**	**48.7317**	**2.0967**	**46.6350**	
Property	**13.6500**	**19.0513**	**0.8197**	**18.2316**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.0941**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.9198**	**183.3211**	**7.8876**	**203.2210**	

***Medicaid Trend Adjustment :**

0 257494-00 - 2014/01

212.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**40,863**	Total:	**181**
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]**							
Operating Ex **> 18 months [1]**							
Open Date:	**7/13/1988**						
Acquired Date:	**7/13/1988**						
Entered Medicaid	**7/13/1988**						
Med # Active Date:	**6/29/2002**						
Previous Med #	**216780**						

Medicaid Utilization	**57.35996%**
Occupancy:	**93.03962%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.67416%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	40.7702	77.7661	57.5572			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.7702**	**77.7661**	**57.5572**	**36.2200**		212.3135
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3334		67.9788			
7	Provider Target Rate	**50.7192**		**69.8883**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.7702**	**77.7661**	**57.5572**	**13.6500**		189.7435
12/13	Medicaid Adjustment Rate		0.6439	0.4766			
14	Prospective Per Diem 11	**40.7702**	**78.4100**	**58.0338**	**13.6500**		**190.8640**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257494-00 - 2014/01

212.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,670,994**
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:	**438,910**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,536,795**	**11.1342**
20% ROE(2):	**1,134,199**	**0.5124**
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:		**16.9503**

(1) 80% Capital ($4,536,795) amortized at 7.5100% for 20 years Principal & Interest of $438,910 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1342
(2) 20% ROE ($1,134,199) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5124
(3) 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:	**51,248**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.7702**	**40.7702**	**1.7542**	**39.0160**	
Patient Care					
Direct Care	**78.4100**	**78.4100**	**3.3737**	**75.0363**	
Indirect Care	**58.0338**	**58.0338**	**2.4970**	**55.5368**	
Property	**13.6500**	**16.9503**	**0.7293**	**16.2210**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6574**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.8640**	**194.1643**	**8.3542**	**212.1609**	

***Medicaid Trend Adjustment :**

0 257508-00 - 2014/01

203.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**39,492**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.79316%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	35.3817	76.3748	49.9121			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.3817**	**76.3748**	**49.9121**	**34.6300**		196.2986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2115		51.8788			
7	Provider Target Rate	**45.4534**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.3817**	**76.3748**	**49.9121**	**13.6500**		175.3186
12/13	Medicaid Adjustment Rate		1.1124	0.7270			
14	Prospective Per Diem 11	**35.3817**	**77.4872**	**50.6391**	**13.6500**		**177.1580**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

5

0 257508-00 - 2014/01

203.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,123,471**
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:	**582,564**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,898,777**	**14.7784**
20% ROE(2):	**1,224,694**	**0.5533**
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:		**18.7649**

(1) 80% Capital ($4,898,777) amortized at 10.3900% for 20 years Principal & Interest of $582,564 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.7784
(2) 20% ROE ($1,224,694) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5533
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.3817**	**35.3817**	**1.5223**	**33.8594**	
Patient Care					
Direct Care	**77.4872**	**77.4872**	**3.3340**	**74.1532**	
Indirect Care	**50.6391**	**50.6391**	**2.1788**	**48.4603**	
Property	**13.6500**	**18.7649**	**0.8074**	**17.9575**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2757**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.1580**	**182.2729**	**7.8425**	**203.3995**	

***Medicaid Trend Adjustment :**

5

0 257516-00 - 2014/01

205.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

PG of Sun City

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
3850 Upper Creek Drive		**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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,800**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.49582%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	41.6958	79.3491	47.3121			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6958**	**79.3491**	**47.3121**	**34.2400**		202.5970
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3641		55.2605			
7	Provider Target Rate	**49.7226**		**56.8128**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6958**	**79.3491**	**47.3121**	**13.6500**		182.0070
12/13	Medicaid Adjustment Rate		0.3905	0.2329			
14	Prospective Per Diem 11	**41.6958**	**79.7396**	**47.5450**	**13.6500**		**182.6304**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 257516-00 - 2014/01

205.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

PG of Sun City

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	**6,090,404**
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:	**579,418**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,872,323**	**14.6986**
20% ROE(2):	**1,218,081**	**0.5503**
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:		**18.6043**

(1) 80% Capital ($4,872,323) amortized at 10.3900% for 20 years Principal & Interest of $579,418 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6986
(2) 20% ROE ($1,218,081) 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:	**7/1/1990**	Used Per Bed Standard:	**30,352**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6958**	**41.6958**	**1.7940**	**39.9018**	
Patient Care					
Direct Care	**79.7396**	**79.7396**	**3.4309**	**76.3087**	
Indirect Care	**47.5450**	**47.5450**	**2.0457**	**45.4993**	
Property	**13.6500**	**18.6043**	**0.8005**	**17.8038**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4406**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.6304**	**187.5847**	**8.0711**	**205.6476**	

***Medicaid Trend Adjustment :**

4

0 257524-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**41,557**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.63872%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	38.6223	78.6671	47.4613			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6223**	**78.6671**	**47.4613**	**33.1000**		197.8507
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3428		55.4234			
7	Provider Target Rate	**49.7007**		**56.9802**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6223**	**78.6671**	**47.4613**	**13.6500**		178.4007
12/13	Medicaid Adjustment Rate		1.6033	0.9673			
14	Prospective Per Diem 11	**38.6223**	**80.2704**	**48.4286**	**13.6500**		**180.9713**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 257524-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,663,941**
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:	**561,240**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,531,153**	**14.2374**
20% ROE(2):	**1,132,788**	**0.5118**
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:		**17.6958**

(1) 80% Capital ($4,531,153) amortized at 11.0000% for 20 years Principal & Interest of $561,240 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.2374
(2) 20% ROE ($1,132,788) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5118
(3) 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:	**51,248**
		Effective PBS Limitation	**3,007,085**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6223**	**38.6223**	**1.6618**	**36.9605**	
Patient Care					
Direct Care	**80.2704**	**80.2704**	**3.4537**	**76.8167**	
Indirect Care	**48.4286**	**48.4286**	**2.0837**	**46.3449**	
Property	**13.6500**	**17.6958**	**0.7614**	**16.9344**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1652**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.9713**	**185.0171**	**7.9606**	**205.9151**	

***Medicaid Trend Adjustment :**

0 258342-00 - 2014/01

196.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Largo FL 33774		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**58,580**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,477**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**38,002**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1990**						
Acquired Date:	**7/1/1990**						
Entered Medicaid	**8/8/1990**						
Med # Active Date:	**9/1/2002**						
Previous Med #	**223875**						

Medicaid Utilization	**64.87197%**
Occupancy:	**88.91925%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.55139%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,236,914	2,878,036	1,647,118	924,589	0	6,686,657
1a	Audit Adjustments						
2	Cost Per Diem	32.5487	75.7338	43.3429	**24.3300**		175.9554
3	Cost Per Diem Inflated	34.0981	77.8121	45.4062			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.0981**	**77.8121**	**45.4062**	**24.3300**		181.6464
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1471		51.8788			
7	Provider Target Rate	**44.3591**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.0981**	**77.8121**	**45.4062**	**13.6500**		170.9664
12/13	Medicaid Adjustment Rate		1.3019	0.7597			
14	Prospective Per Diem 11	**34.0981**	**79.1140**	**46.1659**	**13.6500**		**173.0280**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258342-00 - 2014/01

196.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,399,569**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**625,169**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,719,655**	**10.5728**
20% ROE(2):	**1,679,914**	**0.4142**
Insurance Cost(3):	**181,261**	**3.0942**
Taxes Cost(3):	**86,302**	**1.4732**
Home Office(3):	**17,357**	**0.2963**
Replacement(3&4):	**129,936**	**0.0000**
Total FRVS PD:		**15.8507**

(1) 80% Capital ($6,719,655) amortized at 7.0000% for 20 years Principal & Interest of $625,169 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.5728
(2) 20% ROE ($1,679,914) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4142
(3) 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:	**51,248**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.0981**	**34.0981**	**1.4671**	**32.6310**	
Patient Care					
Direct Care	**79.1140**	**79.1140**	**3.4040**	**75.7100**	
Indirect Care	**46.1659**	**46.1659**	**1.9863**	**44.1796**	
Property	**13.6500**	**15.8507**	**0.6820**	**15.1687**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8535**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.0280**	**175.2287**	**7.5394**	**196.2362**	

***Medicaid Trend Adjustment :**

0 258750-00 - 2014/01

227.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**63,145**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**53,104**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.27219%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	48.3122	85.0117	55.4262			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3122**	**85.0117**	**55.4262**	**15.6100**		204.3601
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.6655		61.3050			
7	Provider Target Rate	**49.0044**		**63.0271**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.3122**	**85.0117**	**55.4262**	**13.6500**		202.4001
12/13	Medicaid Adjustment Rate		1.4672	0.9566			
14	Prospective Per Diem 11	**48.3122**	**86.4789**	**56.3828**	**13.6500**		**204.8239**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 258750-00 - 2014/01

227.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,164,376**
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:	**717,838**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,531,501**	**12.6312**
20% ROE(2):	**1,632,875**	**0.5117**
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:		**15.1790**

(1) 80% Capital ($6,531,501) amortized at 9.2500% for 20 years Principal & Interest of $717,838 divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $12.6312
(2) 20% ROE ($1,632,875) times the ROE factor (0.017810) divided by annual available days (63,145) divided by Occup. Adj. (0.9000) = $0.5117
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3122**	**48.3122**	**2.0787**	**46.2335**	
Patient Care					
Direct Care	**86.4789**	**86.4789**	**3.7209**	**82.7580**	
Indirect Care	**56.3828**	**56.3828**	**2.4259**	**53.9569**	
Property	**13.6500**	**15.1790**	**0.6531**	**14.5259**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.3999**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.8239**	**206.3529**	**8.8786**	**227.5676**	

***Medicaid Trend Adjustment :**

0 258831-00 - 2014/01

219.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Escambia[17]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**41,788**	Total:	**181**
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]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.26665332**
Open Date:	**11/8/2001**					Semester Index:	**1.34444818**
Acquired Date:	**11/8/2001**					Cost:	**1.06141764**
Entered Medicaid	**11/8/2001**					Target:	**1.01966300**
Med # Active Date:	**11/8/2001**					**DC FY Index:**	**1.19500000**
Previous Med #	**227684**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03389121**
						PS Target:	**1.02809000**

Medicaid Utilization	**32.15756%**	
Occupancy:	**95.14572%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**118.29263%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

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	57.6870	99.0960	73.2031			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.6870**	**99.0960**	**73.2031**	**11.7900**		241.7761
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.7729		49.8062			
7	Provider Target Rate	**53.2272**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**51.2053**	**11.7900**		206.9503
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**51.2053**	**11.7900**		**206.9503**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 258831-00 - 2014/01

219.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,766,963**
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:	**227,549**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,613,570**	**5.7724**
20% ROE(2):	**1,153,393**	**0.5211**
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:		**7.6077**

(1) 80% Capital ($4,613,570) amortized at 5.0000% for 20 years Interest of $227,549 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7724
(2) 20% ROE ($1,153,393) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5211
(3) 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:	**51,248**
		Effective PBS Limitation	**4,897,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**51.2053**	**51.2053**	**2.2032**	**49.0021**	
Property	**11.7900**	**7.6077**	**0.3273**	**7.2804**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.0107**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.9503**	**202.7680**	**8.7244**	**219.7477**	

***Medicaid Trend Adjustment :**

0 259080-00 - 2014/01

229.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**39,282**	Total:	**181**
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]**							
Operating Ex **> 18 months [1]**							
Open Date:	**12/26/2002**						
Acquired Date:	**12/26/2002**						
Entered Medicaid	**1/30/2003**						
Med # Active Date:	**1/30/2003**						
Previous Med #							

Medicaid Utilization	**45.81997%**
Occupancy:	**89.43989%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.19870%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	53.5527	84.9608	67.0065			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5527**	**84.9608**	**67.0065**	**47.7500**		253.2700
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.6880		57.4768			
7	Provider Target Rate	**70.6174**		**59.0913**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.5527**	**84.9608**	**59.0913**	**13.6500**		211.2548
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.5527**	**84.9608**	**59.0913**	**13.6500**		**211.2548**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259080-00 - 2014/01

229.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,796,326**
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:	**374,959**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,637,061**	**9.5119**
20% ROE(2):	**1,159,265**	**0.4688**
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:		**18.2967**

(1) 80% Capital ($4,637,061) amortized at 5.2500% for 20 years Principal & Interest of $374,959 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5119
(2) 20% ROE ($1,159,265) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4688
(3) 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:	**51,248**
		Effective PBS Limitation	**4,995,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.5527**	**53.5527**	**2.3042**	**51.2485**	
Patient Care					
Direct Care	**84.9608**	**84.9608**	**3.6555**	**81.3053**	
Indirect Care	**59.0913**	**59.0913**	**2.5425**	**56.5488**	
Property	**13.6500**	**18.2967**	**0.7872**	**17.5095**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.2033**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.2548**	**215.9015**	**9.2894**	**229.5088**	

***Medicaid Trend Adjustment :**

1

0 259225-00 - 2014/01

218.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**20**	Superior:	**181**
Altoona FL 32702		Days In CR	**366**	Maximum:	**7,320**	Standard:	**0**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**7,300**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**5,673**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,637**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**785**		
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	**13.83748%**
Occupancy:	**77.50000%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**96.35409%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	66,191	72,548	68,268	19,696	0	226,703
1a	Audit Adjustments						
2	Cost Per Diem	84.3197	92.4178	86.9656	**25.0904**		288.7935
3	Cost Per Diem Inflated	88.3337	94.9540	91.1055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**88.3337**	**94.9540**	**91.1055**	**25.0904**		299.4836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.4985		67.2599			
7	Provider Target Rate	**69.3945**		**69.1492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**65.1932**	**13.6500**		225.0318
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**92.5525**	**65.1932**	**13.6500**		**225.0318**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259225-00 - 2014/01

218.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2269**
Insurance Cost(3):	**4,357**	**0.7680**
Taxes Cost(3):	**2,537**	**0.4472**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**7.6216**

(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 (0.014580) divided by annual available days (7,300) divided by Occup. Adj. (0.9000) = $0.2269
(3) 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:	**51,248**
		Effective PBS Limitation	**470,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**92.5525**	**92.5525**	**3.9822**	**88.5703**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**13.6500**	**7.6216**	**0.3279**	**7.2937**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.0318**	**219.0034**	**9.4229**	**218.2739**	

***Medicaid Trend Adjustment :**

0 259331-00 - 2014/01

194.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Santa Rosa[57]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**41,433**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.28771%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	39.3032	71.9467	43.8801			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.3032**	**71.9467**	**43.8801**	**15.0200**		170.1500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		50.0423			
7	Provider Target Rate	**41.8258**		**51.4480**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.3032**	**71.9467**	**43.8801**	**13.6500**		168.7800
12/13	Medicaid Adjustment Rate		1.0429	0.6361			
14	Prospective Per Diem 11	**39.3032**	**72.9896**	**44.5162**	**13.6500**		**170.4590**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259331-00 - 2014/01

194.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,925,254**
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:	**449,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,740,203**	**11.4050**
20% ROE(2):	**1,185,051**	**0.5354**
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:		**15.3919**

(1) 80% Capital ($4,740,203) amortized at 7.2500% for 20 years Principal & Interest of $449,585 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.4050
(2) 20% ROE ($1,185,051) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5354
(3) 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:	**51,248**
		Effective PBS Limitation	**5,037,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.3032**	**39.3032**	**1.6911**	**37.6121**	
Patient Care					
Direct Care	**72.9896**	**72.9896**	**3.1405**	**69.8491**	
Indirect Care	**44.5162**	**44.5162**	**1.9154**	**42.6008**	
Property	**13.6500**	**15.3919**	**0.6623**	**14.7296**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5899**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**170.4590**	**172.2009**	**7.4093**	**194.0749**	

***Medicaid Trend Adjustment :**

0 259357-00 - 2014/01

212.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pasco[51]**	First Used:	**2013/07**	Max Annualized:	**41,245**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**36,921**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,003**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**11,457**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/29/2003**						
Acquired Date:	**1/29/2003**						
Entered Medicaid	**2/11/2003**						
Med # Active Date:	**2/11/2003**						
Previous Med #							

Medicaid Utilization	**31.03112%**
Occupancy:	**89.27172%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.98962%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	47.4656	85.7854	56.8817			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.4656**	**85.7854**	**56.8817**	**32.4900**		222.6227
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.0750		51.8788			
7	Provider Target Rate	**59.7063**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.4656**	**85.7854**	**53.3361**	**13.6500**		200.2371
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.4656**	**85.7854**	**53.3361**	**13.6500**		**200.2371**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259357-00 - 2014/01

212.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Life Care Center of New Port Richey

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	**5,305,349**
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:	**402,241**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,244,279**	**10.8361**
20% ROE(2):	**1,061,070**	**0.4556**
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:		**15.6497**

(1) 80% Capital ($4,244,279) amortized at 7.2400% for 20 years Principal & Interest of $402,241 divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $10.8361
(2) 20% ROE ($1,061,070) times the ROE factor (0.015940) divided by annual available days (41,245) divided by Occup. Adj. (0.9000) = $0.4556
(3) 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:	**51,248**
		Effective PBS Limitation	**4,743,514**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.4656**	**47.4656**	**2.0423**	**45.4233**	
Patient Care					
Direct Care	**85.7854**	**85.7854**	**3.6910**	**82.0944**	
Indirect Care	**53.3361**	**53.3361**	**2.2948**	**51.0413**	
Property	**13.6500**	**15.6497**	**0.6733**	**14.9764**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.7728**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.2371**	**202.2368**	**8.7014**	**212.0016**	

***Medicaid Trend Adjustment :**

0 259462-00 - 2014/01

220.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Tampa FL 33612	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **39,200**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,877**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **21,371**	
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	**54.51786%**
Occupancy:	**89.25319%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.96658%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,147,585	1,987,364	1,358,600	468,666	0	4,962,215
1a	Audit Adjustments						
2	Cost Per Diem	53.6982	92.9935	63.5721	**21.9300**		232.1938
3	Cost Per Diem Inflated	56.2544	95.5455	66.5984			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.2544**	**95.5455**	**66.5984**	**21.9300**		240.3283
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.3669		61.6219			
7	Provider Target Rate	**53.8379**		**63.3529**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**95.5455**	**61.0784**	**13.6500**		222.1871
12/13	Medicaid Adjustment Rate		0.4856	0.3104			
14	Prospective Per Diem 11	**51.9132**	**96.0311**	**61.3888**	**13.6500**		**222.9831**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 259462-00 - 2014/01

220.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,567,064**
FRVS Base Asset:	**1,558,338**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**367,362**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,453,651**	**9.3192**
20% ROE(2):	**1,113,413**	**0.4118**
Insurance Cost(3):	**50,973**	**1.3003**
Taxes Cost(3):	**25,291**	**0.6452**
Home Office(3):	**13,905**	**0.3547**
Replacement(3&4):	**5,609**	**0.0000**
Total FRVS PD:		**12.0312**

(1) 80% Capital ($4,453,651) amortized at 5.4910% for 20 years Principal & Interest of $367,362 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.3192
(2) 20% ROE ($1,113,413) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4118
(3) 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:	**51,248**
		Effective PBS Limitation	**1,801,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**96.0311**	**96.0311**	**4.1319**	**91.8992**	
Indirect Care	**61.3888**	**61.3888**	**2.6413**	**58.7475**	
Property	**13.6500**	**12.0312**	**0.5177**	**11.5135**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.9831**	**221.3643**	**9.5245**	**220.5332**	

***Medicaid Trend Adjustment :**

4

0 259586-00 - 2014/01

250.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**37,242**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**8,529**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**17,481**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/28/1984**						
Acquired Date:	**12/28/1984**						
Entered Medicaid	**12/28/1984**						
Med # Active Date:	**11/30/2002**						
Previous Med #	**217361**						

Medicaid Utilization	**46.93894%**
Occupancy:	**84.79508%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.42390%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	57.8507	104.1991	64.4090			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.8507**	**104.1991**	**64.4090**	**30.2200**		256.6788
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.3641		63.3424			
7	Provider Target Rate	**55.8912**		**65.1217**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**		228.0881
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**63.0224**	**13.6500**		**228.0881**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259586-00 - 2014/01

250.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,959,307**
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:	**610,098**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,767,446**	**15.4769**
20% ROE(2):	**1,191,861**	**0.4819**
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:		**20.5569**

(1) 80% Capital ($4,767,446) amortized at 11.5000% for 20 years Principal & Interest of $610,098 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.4769
(2) 20% ROE ($1,191,861) times the ROE factor (0.015940) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4819
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**20.5569**	**0.8845**	**19.6724**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1174**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**228.0881**	**234.9950**	**10.1110**	**250.6948**	

***Medicaid Trend Adjustment :**

0 259870-00 - 2014/01

221.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**131**	Superior:	**0**
St. Cloud FL 34769		Days In CR	**365**	Maximum:	**47,815**	Standard:	**181**
County:	**Osceola[49]**	First Used:	**2014/01**	Max Annualized:	**47,815**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,113**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,051**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,280**		
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	**76.08299%**
Occupancy:	**85.98348%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.90142%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,176,824	2,681,591	1,812,760	155,149	0	5,826,324
1a	Audit Adjustments						
2	Cost Per Diem	37.6223	85.7286	57.9527	**4.9600**		186.2636
3	Cost Per Diem Inflated	39.0363	87.7166	60.1307			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.0363**	**87.7166**	**60.1307**	**4.9600**		191.8436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.7533		72.1771			
7	Provider Target Rate	**51.1509**		**74.2046**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.0363**	**87.7166**	**60.1307**	**4.9600**		191.8436
12/13	Medicaid Adjustment Rate		2.5739	1.7644			
14	Prospective Per Diem 11	**39.0363**	**90.2905**	**61.8951**	**4.9600**		**196.1819**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259870-00 - 2014/01

221.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014060**

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**	**0.2291**
Insurance Cost(3):	**40,226**	**0.9784**
Taxes Cost(3):	**54,200**	**1.3183**
Home Office(3):	**35,685**	**0.8680**
Replacement(3&4):	**26,531**	**0.0000**
Total FRVS PD:		**11.4974**

(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 (0.014060) divided by annual available days (47,815) divided by Occup. Adj. (0.9000) = $0.2291
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,733,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.0363**	**39.0363**	**1.6796**	**37.3567**	
Patient Care					
Direct Care	**90.2905**	**90.2905**	**3.8849**	**86.4056**	
Indirect Care	**61.8951**	**61.8951**	**2.6631**	**59.2320**	
Property	**4.9600**	**11.4974**	**0.4947**	**11.0027**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.2660**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.1819**	**202.7193**	**8.7223**	**221.9564**	

***Medicaid Trend Adjustment :**

0 259942-00 - 2014/01

226.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**38,584**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,272**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,009**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1972**						
Acquired Date:	**12/1/1972**						
Entered Medicaid	**12/1/1972**						
Med # Active Date:	**4/28/2003**						
Previous Med #	**204960**						

Medicaid Utilization	**70.00052%**
Occupancy:	**95.83706%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.15215%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	56.8012	79.5288	55.6468			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.8012**	**79.5288**	**55.6468**	**22.2200**		214.1968
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0045		60.7949			
7	Provider Target Rate	**51.4091**		**62.5026**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4091**	**79.5288**	**55.6468**	**13.6500**		200.2347
12/13	Medicaid Adjustment Rate		1.7894	1.2521			
14	Prospective Per Diem 11	**51.4091**	**81.3182**	**56.8989**	**13.6500**		**203.2762**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 259942-00 - 2014/01

226.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4091**	**51.4091**	**2.2119**	**49.1972**	
Patient Care					
Direct Care	**81.3182**	**81.3182**	**3.4988**	**77.8194**	
Indirect Care	**56.8989**	**56.8989**	**2.4481**	**54.4508**	
Property	**13.6500**	**15.9766**	**0.6874**	**15.2892**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8885**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.2762**	**205.6028**	**8.8462**	**226.3385**	

***Medicaid Trend Adjustment :**

0 260355-00 - 2014/01

217.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Sarasota Memorial Nursing & Rehab Facility

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Government Non-Profit [4] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5640 Rand Blvd.		**10/01/2011-09/30/2012**		Number of Beds:	**120**	Superior:	**0**
Sarasota FL 34238		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**39,883**	Total:	**181**
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:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.80829%**	Cost:	**1.05294555**
Open Date:	**7/1/1987**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**7/1/1987**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20000000**
Entered Medicaid	**7/1/1987**	Low Occupancy Adjustment Factor:			**112.89999%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**1/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02958333**
Previous Med #	**212547**					**PS Target:**	**1.02809000**

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	37.2769	109.4554	53.2855			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.2769**	**109.4554**	**53.2855**	**10.6800**		210.6978
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.2769**	**97.3934**	**53.2855**	**10.6800**		198.6358
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.2769**	**97.3934**	**53.2855**	**10.6800**		**198.6358**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260355-00 - 2014/01

217.60

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Sarasota Memorial Nursing & Rehab Facility

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	**5,769,399**
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:	**481,243**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,615,519**	**12.2081**
20% ROE(2):	**1,153,880**	**0.4514**
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:		**12.6595**

(1) 80% Capital ($4,615,519) amortized at 10.5000% for 20 years Interest of $481,243 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2081
(2) 20% ROE ($1,153,880) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4514
(3) 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:	**51,248**
		Effective PBS Limitation	**3,503,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.2769**	**37.2769**	**1.6039**	**35.6730**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**53.2855**	**53.2855**	**2.2927**	**50.9928**	
Property	**10.6800**	**12.6595**	**0.4595**	**10.2205**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8173**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.6358**	**200.6153**	**8.5466**	**217.5999**	

***Medicaid Trend Adjustment :**

6

0 260371-00 - 2014/01

222.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**139**	Superior:	**0**
Ormond Beach FL 32174		Days In CR	**366**	Maximum:	**50,874**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**50,735**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,798**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,930**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**36,187**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1982**						
Acquired Date:	**2/1/1982**						
Entered Medicaid	**2/1/1982**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**206539**						

Medicaid Utilization	**86.57591%**
Occupancy:	**82.15985%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.14758%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,497,007	2,980,293	1,825,335	1,225,292	0	7,527,927
1a	Audit Adjustments						
2	Cost Per Diem	41.3686	82.3581	50.4417	**33.8600**		208.0284
3	Cost Per Diem Inflated	43.3379	84.6182	52.8429			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.3379**	**84.6182**	**52.8429**	**33.8600**		214.6590
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9786		55.4367			
7	Provider Target Rate	**44.1859**		**56.9939**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.3379**	**84.6182**	**52.8429**	**13.6500**		194.4490
12/13	Medicaid Adjustment Rate		3.4819	2.1744			
14	Prospective Per Diem 11	**43.3379**	**88.1001**	**55.0173**	**13.6500**		**200.1053**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260371-00 - 2014/01

222.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,940,893**
FRVS Base Asset:	**3,114,685**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**416,867**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,752,714**	**9.1295**
20% ROE(2):	**1,188,179**	**0.3794**
Insurance Cost(3):	**57,130**	**1.3668**
Taxes Cost(3):	**43,902**	**1.0503**
Home Office(3):	**55,956**	**1.3387**
Replacement(3&4):	**88,787**	**0.0000**
Total FRVS PD:		**13.2647**

(1) 80% Capital ($4,752,714) amortized at 6.2500% for 20 years Principal & Interest of $416,867 divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $9.1295
(2) 20% ROE ($1,188,179) times the ROE factor (0.014580) divided by annual available days (50,735) divided by Occup. Adj. (0.9000) = $0.3794
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,075,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.3379**	**43.3379**	**1.8647**	**41.4732**	
Patient Care					
Direct Care	**88.1001**	**88.1001**	**3.7906**	**84.3095**	
Indirect Care	**55.0173**	**55.0173**	**2.3672**	**52.6501**	
Property	**13.6500**	**13.2647**	**0.5707**	**12.6940**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.0825**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.1053**	**199.7200**	**8.5932**	**222.9027**	

***Medicaid Trend Adjustment :**

0 260444-00 - 2014/01

214.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Eustis FL 32726		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**39,066**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,734**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**30,791**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**2/1/1983**						
Acquired Date:	**2/1/1983**						
Entered Medicaid	**2/1/1983**						
Med # Active Date:	**5/1/2003**						
Previous Med #	**207209**						

Medicaid Utilization	**78.81790%**
Occupancy:	**88.94809%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.58725%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,257,439	2,309,787	1,625,822	962,219	0	6,155,267
1a	Audit Adjustments						
2	Cost Per Diem	40.8379	75.0150	52.8019	**31.2500**		199.9048
3	Cost Per Diem Inflated	42.7819	77.0736	55.3155			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.7819**	**77.0736**	**55.3155**	**31.2500**		206.4210
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.9067		56.5303			
7	Provider Target Rate	**53.3648**		**58.1182**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.7819**	**77.0736**	**55.3155**	**13.6500**		188.8210
12/13	Medicaid Adjustment Rate		2.4987	1.7933			
14	Prospective Per Diem 11	**42.7819**	**79.5723**	**57.1088**	**13.6500**		**193.1130**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260444-00 - 2014/01

214.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,023,374**
FRVS Base Asset:	**2,863,939**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**352,486**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,018,699**	**8.9418**
20% ROE(2):	**1,004,675**	**0.3716**
Insurance Cost(3):	**51,730**	**1.3242**
Taxes Cost(3):	**48,612**	**1.2444**
Home Office(3):	**50,350**	**1.2888**
Replacement(3&4):	**73,890**	**0.0000**
Total FRVS PD:		**13.1708**

(1) 80% Capital ($4,018,699) amortized at 6.2500% for 20 years Principal & Interest of $352,486 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.9418
(2) 20% ROE ($1,004,675) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3716
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.7819**	**42.7819**	**1.8407**	**40.9412**	
Patient Care					
Direct Care	**79.5723**	**79.5723**	**3.4237**	**76.1486**	
Indirect Care	**57.1088**	**57.1088**	**2.4572**	**54.6516**	
Property	**13.6500**	**13.1708**	**0.5667**	**12.6041**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8166**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.1130**	**192.6338**	**8.2883**	**214.8555**	

***Medicaid Trend Adjustment :**

0 260452-00 - 2014/01

216.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**138**	Superior:	**0**
Eustis FL 32726		Days In CR	**366**	Maximum:	**50,508**	Standard:	**181**
County:	**Lake[35]**	First Used:	**2014/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**47,041**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,197**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**28,538**		
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	**60.66623%**
Occupancy:	**93.13574%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.79367%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,129,608	2,335,136	1,609,366	524,243	0	5,598,353
1a	Audit Adjustments						
2	Cost Per Diem	39.5826	81.8255	56.3938	**18.3700**		196.1719
3	Cost Per Diem Inflated	41.4669	84.0710	59.0784			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.4669**	**84.0710**	**59.0784**	**18.3700**		202.9863
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.4799		62.2277			
7	Provider Target Rate	**48.8136**		**63.9757**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.4669**	**84.0710**	**59.0784**	**13.6500**		198.2663
12/13	Medicaid Adjustment Rate		1.0088	0.7089			
14	Prospective Per Diem 11	**41.4669**	**85.0798**	**59.7873**	**13.6500**		**199.9840**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260452-00 - 2014/01

216.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,230,138**
FRVS Base Asset:	**1,464,156**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**365,373**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,384,110**	**8.0598**
20% ROE(2):	**846,028**	**0.2721**
Insurance Cost(3):	**59,490**	**1.2646**
Taxes Cost(3):	**56,551**	**1.2022**
Home Office(3):	**65,703**	**1.3967**
Replacement(3&4):	**74,600**	**0.0000**
Total FRVS PD:		**12.1954**

(1) 80% Capital ($3,384,110) amortized at 9.0000% for 20 years Principal & Interest of $365,373 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $8.0598
(2) 20% ROE ($846,028) times the ROE factor (0.014580) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.2721
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,847,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.4669**	**41.4669**	**1.7842**	**39.6827**	
Patient Care					
Direct Care	**85.0798**	**85.0798**	**3.6607**	**81.4191**	
Indirect Care	**59.7873**	**59.7873**	**2.5724**	**57.2149**	
Property	**13.6500**	**12.1954**	**0.5247**	**11.6707**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1614**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.9840**	**198.5294**	**8.5420**	**216.8422**	

***Medicaid Trend Adjustment :**

0 260568-00 - 2014/01

211.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Largo FL 33771		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,304**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,976**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**35,626**		
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	**86.25315%**
Occupancy:	**94.04371%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.92253%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,415,468	2,766,548	1,735,689	1,057,736	0	6,975,441
1a	Audit Adjustments						
2	Cost Per Diem	39.7313	77.6553	48.7197	**29.6900**		195.7963
3	Cost Per Diem Inflated	41.6227	79.7864	51.0390			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6227**	**79.7864**	**51.0390**	**29.6900**		202.1381
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.1640		55.3245			
7	Provider Target Rate	**51.5731**		**56.8786**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6227**	**79.7864**	**51.0390**	**13.6500**		186.0981
12/13	Medicaid Adjustment Rate		3.2541	2.0816			
14	Prospective Per Diem 11	**41.6227**	**83.0405**	**53.1206**	**13.6500**		**191.4338**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260568-00 - 2014/01

211.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,451,133**
FRVS Base Asset:	**1,907,752**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**242,163**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,760,906**	**6.1432**
20% ROE(2):	**690,227**	**0.2553**
Insurance Cost(3):	**49,320**	**1.1941**
Taxes Cost(3):	**44,790**	**1.0844**
Home Office(3):	**52,993**	**1.2830**
Replacement(3&4):	**50,312**	**0.0000**
Total FRVS PD:		**9.9600**

(1) 80% Capital ($2,760,906) amortized at 6.2500% for 20 years Principal & Interest of $242,163 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.1432
(2) 20% ROE ($690,227) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2553
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6227**	**41.6227**	**1.7909**	**39.8318**	
Patient Care					
Direct Care	**83.0405**	**83.0405**	**3.5729**	**79.4676**	
Indirect Care	**53.1206**	**53.1206**	**2.2856**	**50.8350**	
Property	**13.6500**	**9.9600**	**0.4285**	**9.5315**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.0961**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.4338**	**187.7438**	**8.0779**	**211.4554**	

***Medicaid Trend Adjustment :**

0 260576-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**179**	Superior:	**0**
Lakeland FL 33813		Days In CR	**366**	Maximum:	**65,514**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**63,138**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,517**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**36,261**		
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	**57.43134%**
Occupancy:	**96.37330%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.81885%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,337,919	2,982,329	2,003,369	1,065,711	0	7,389,328
1a	Audit Adjustments						
2	Cost Per Diem	36.8969	82.2462	55.2486	**29.3900**		203.7817
3	Cost Per Diem Inflated	38.6533	84.5033	57.8787			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6533**	**84.5033**	**57.8787**	**29.3900**		210.4253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	76.4895		64.1873			
7	Provider Target Rate	**78.6381**		**65.9903**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6533**	**84.5033**	**57.8787**	**13.6500**		194.6853
12/13	Medicaid Adjustment Rate		0.7065	0.4839			
14	Prospective Per Diem 11	**38.6533**	**85.2098**	**58.3626**	**13.6500**		**195.8757**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260576-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**8,456,288**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**593,370**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,765,030**	**10.0911**
20% ROE(2):	**1,691,258**	**0.4194**
Insurance Cost(3):	**90,725**	**1.4369**
Taxes Cost(3):	**83,355**	**1.3202**
Home Office(3):	**89,179**	**1.4124**
Replacement(3&4):	**43,603**	**0.0000**
Total FRVS PD:		**14.6800**

(1) 80% Capital ($6,765,030) amortized at 6.2500% for 20 years Principal & Interest of $593,370 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $10.0911
(2) 20% ROE ($1,691,258) times the ROE factor (0.014580) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.4194
(3) 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:	**51,248**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6533**	**38.6533**	**1.6631**	**36.9902**	
Patient Care					
Direct Care	**85.2098**	**85.2098**	**3.6663**	**81.5435**	
Indirect Care	**58.3626**	**58.3626**	**2.5111**	**55.8515**	
Property	**13.6500**	**14.6800**	**0.6316**	**14.0484**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.6500**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.8757**	**196.9057**	**8.4721**	**214.7770**	

***Medicaid Trend Adjustment :**

4

0 260649-00 - 2014/01

227.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Ormond Beach FL 32074		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**37,095**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,366**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,492**		
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	**60.63351%**
Occupancy:	**84.46038%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.00778%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,072	1,972,314	1,226,661	759,780	0	4,905,827
1a	Audit Adjustments						
2	Cost Per Diem	42.1071	87.6896	54.5377	**33.7800**		218.1144
3	Cost Per Diem Inflated	44.1116	90.0961	57.1339			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.1116**	**90.0961**	**57.1339**	**33.7800**		225.1216
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3405		61.0188			
7	Provider Target Rate	**51.7546**		**62.7328**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1116**	**90.0961**	**57.1339**	**13.6500**		204.9916
12/13	Medicaid Adjustment Rate		1.0778	0.6835			
14	Prospective Per Diem 11	**44.1116**	**91.1739**	**57.8174**	**13.6500**		**206.7529**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260649-00 - 2014/01

227.54

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,149,760**
FRVS Base Asset:	**1,751,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**431,523**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,919,808**	**10.9468**
20% ROE(2):	**1,229,952**	**0.4549**
Insurance Cost(3):	**60,074**	**1.6195**
Taxes Cost(3):	**55,987**	**1.5093**
Home Office(3):	**54,037**	**1.4567**
Replacement(3&4):	**253,826**	**0.0000**
Total FRVS PD:		**15.9872**

(1) 80% Capital ($4,919,808) amortized at 6.2500% for 20 years Principal & Interest of $431,523 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9468
(2) 20% ROE ($1,229,952) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4549
(3) 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:	**51,248**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1116**	**44.1116**	**1.8980**	**42.2136**	
Patient Care					
Direct Care	**91.1739**	**91.1739**	**3.9229**	**87.2510**	
Indirect Care	**57.8174**	**57.8174**	**2.4877**	**55.3297**	
Property	**13.6500**	**15.9872**	**0.6879**	**15.2993**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7483**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.7529**	**209.0901**	**8.9965**	**227.5353**	

***Medicaid Trend Adjustment :**

0 260657-00 - 2014/01

220.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Longwood FL 32750		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,517**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,410**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,678**		
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	**66.66667%**
Occupancy:	**94.52869%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.52549%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,132,881	2,271,987	1,460,388	826,188	0	5,691,444
1a	Audit Adjustments						
2	Cost Per Diem	40.9307	82.0864	52.7635	**29.8500**		205.6306
3	Cost Per Diem Inflated	42.8792	84.3391	55.2753			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8792**	**84.3391**	**55.2753**	**29.8500**		212.3436
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.4202		58.6062			
7	Provider Target Rate	**46.6961**		**60.2524**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8792**	**84.3391**	**55.2753**	**13.6500**		196.1436
12/13	Medicaid Adjustment Rate		1.5814	1.0364			
14	Prospective Per Diem 11	**42.8792**	**85.9205**	**56.3117**	**13.6500**		**198.7614**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260657-00 - 2014/01

220.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,698,470**
FRVS Base Asset:	**3,527,874**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**399,857**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,558,776**	**10.1435**
20% ROE(2):	**1,139,694**	**0.4215**
Insurance Cost(3):	**49,321**	**1.1880**
Taxes Cost(3):	**63,242**	**1.5233**
Home Office(3):	**58,384**	**1.4063**
Replacement(3&4):	**176,101**	**0.0000**
Total FRVS PD:		**14.6826**

(1) 80% Capital ($4,558,776) amortized at 6.2500% for 20 years Principal & Interest of $399,857 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1435
(2) 20% ROE ($1,139,694) times the ROE factor (0.014580) divided by annual available days (43,800) 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:	**7/1/1988**	Used Per Bed Standard:	**29,646**
Comparison Bed	**119**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,527,874**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8792**	**42.8792**	**1.8449**	**41.0343**	
Patient Care					
Direct Care	**85.9205**	**85.9205**	**3.6968**	**82.2237**	
Indirect Care	**56.3117**	**56.3117**	**2.4229**	**53.8888**	
Property	**13.6500**	**14.6826**	**0.6317**	**14.0509**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0550**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.7614**	**199.7940**	**8.5963**	**220.9461**	

***Medicaid Trend Adjustment :**

0 260665-00 - 2014/01

220.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**179**	Superior:	**0**
West Melbourne FL 32904		Days In CR	**366**	Maximum:	**65,514**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**65,335**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**62,054**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,545**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**43,255**		
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	**69.70542%**
Occupancy:	**94.71869%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.76172%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,693,428	3,653,084	2,177,320	1,284,241	0	8,808,073
1a	Audit Adjustments						
2	Cost Per Diem	39.1499	84.4546	50.3368	**29.6900**		203.6313
3	Cost Per Diem Inflated	41.0136	86.7723	52.7330			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0136**	**86.7723**	**52.7330**	**29.6900**		210.2089
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.1287		57.0331			
7	Provider Target Rate	**44.3402**		**58.6352**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0136**	**86.7723**	**52.7330**	**13.6500**		194.1689
12/13	Medicaid Adjustment Rate		1.9236	1.1690			
14	Prospective Per Diem 11	**41.0136**	**88.6959**	**53.9020**	**13.6500**		**197.2615**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260665-00 - 2014/01

220.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,505,741**
FRVS Base Asset:	**3,578,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**596,840**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,804,593**	**10.1501**
20% ROE(2):	**1,701,148**	**0.4218**
Insurance Cost(3):	**73,570**	**1.1856**
Taxes Cost(3):	**72,112**	**1.1621**
Home Office(3):	**81,519**	**1.3137**
Replacement(3&4):	**81,555**	**0.0000**
Total FRVS PD:		**14.2333**

(1) 80% Capital ($6,804,593) amortized at 6.2500% for 20 years Principal & Interest of $596,840 divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $10.1501
(2) 20% ROE ($1,701,148) times the ROE factor (0.014580) divided by annual available days (65,335) divided by Occup. Adj. (0.9000) = $0.4218
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0136**	**41.0136**	**1.7647**	**39.2489**	
Patient Care					
Direct Care	**88.6959**	**88.6959**	**3.8162**	**84.8797**	
Indirect Care	**53.9020**	**53.9020**	**2.3192**	**51.5828**	
Property	**13.6500**	**14.2333**	**0.6124**	**13.6209**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5839**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.2615**	**197.8448**	**8.5125**	**220.6096**	

***Medicaid Trend Adjustment :**

0 260673-00 - 2014/01

210.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**240**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**366**	Maximum:	**87,840**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**74,397**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,582**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**65,129**		
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	**87.54251%**
Occupancy:	**84.69604%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.30076%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,671,323	5,731,853	3,427,614	2,126,462	0	13,957,252
1a	Audit Adjustments						
2	Cost Per Diem	41.0159	88.0077	52.6281	**32.6500**		214.3017
3	Cost Per Diem Inflated	42.9684	90.4229	55.1334			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9684**	**90.4229**	**55.1334**	**32.6500**		221.1747
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9949		55.3075			
7	Provider Target Rate	**50.3712**		**56.8611**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9684**	**90.4229**	**55.1334**	**13.6500**		202.1747
12/13	Medicaid Adjustment Rate		3.8190	2.3286			
14	Prospective Per Diem 11	**42.9684**	**94.2419**	**57.4620**	**13.6500**		**208.3223**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260673-00 - 2014/01

210.74

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**10,255,007**
FRVS Base Asset:	**4,690,816**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**719,585**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,204,006**	**9.1272**
20% ROE(2):	**2,051,001**	**0.3793**
Insurance Cost(3):	**104,627**	**1.4063**
Taxes Cost(3):	**119,281**	**1.6033**
Home Office(3):	**93,085**	**1.2512**
Replacement(3&4):	**142,587**	**0.0000**
Total FRVS PD:		**13.7673**

(1) 80% Capital ($8,204,006) amortized at 6.2500% for 20 years Principal & Interest of $719,585 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $9.1272
(2) 20% ROE ($2,051,001) times the ROE factor (0.014580) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.3793
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**240**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9684**	**42.9684**	**1.8488**	**41.1196**	
Patient Care					
Direct Care	**94.2419**	**94.2419**	**4.0549**	**90.1870**	
Indirect Care	**57.4620**	**57.4620**	**2.4724**	**54.9896**	
Property	**13.6500**	**13.7673**	**0.5924**	**13.1749**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.5714**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.3223**	**208.4396**	**8.9685**	**210.7359**	

***Medicaid Trend Adjustment :**

0 260690-00 - 2014/01

229.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Tampa FL 33613	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Hillsborough[29]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **Central[3]** Area: **6**	Last Used: **2014/01**	Total Patient: **38,706**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **3,914**	
Current Class **Central Large [6]**	Initial CR? **False**	Medicaid: **28,305**	
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	**73.12820%**
Occupancy:	**88.12842%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.56817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,290,499	2,333,444	1,601,909	928,121	0	6,153,973
1a	Audit Adjustments						
2	Cost Per Diem	45.5926	82.4393	56.5946	**32.7900**		217.4165
3	Cost Per Diem Inflated	47.7630	84.7017	59.2887			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.7630**	**84.7017**	**59.2887**	**32.7900**		224.5434
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.1413		56.9028			
7	Provider Target Rate	**50.5217**		**58.5012**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7630**	**84.7017**	**58.5012**	**13.6500**		204.6159
12/13	Medicaid Adjustment Rate		2.2039	1.5222			
14	Prospective Per Diem 11	**47.7630**	**86.9056**	**60.0234**	**13.6500**		**208.3420**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 260690-00 - 2014/01

229.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,065,503**
FRVS Base Asset:	**2,511,048**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**355,442**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,052,402**	**9.0168**
20% ROE(2):	**1,013,101**	**0.3747**
Insurance Cost(3):	**49,321**	**1.2742**
Taxes Cost(3):	**40,829**	**1.0548**
Home Office(3):	**54,909**	**1.4186**
Replacement(3&4):	**107,108**	**0.0000**
Total FRVS PD:		**13.1391**

(1) 80% Capital ($4,052,402) amortized at 6.2500% for 20 years Principal & Interest of $355,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0168
(2) 20% ROE ($1,013,101) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3747
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7630**	**47.7630**	**2.0551**	**45.7079**	
Patient Care					
Direct Care	**86.9056**	**86.9056**	**3.7392**	**83.1664**	
Indirect Care	**60.0234**	**60.0234**	**2.5826**	**57.4408**	
Property	**13.6500**	**13.1391**	**0.5653**	**12.5738**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0807**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.3420**	**207.8311**	**8.9422**	**229.6630**	

***Medicaid Trend Adjustment :**

4

0 260771-00 - 2014/01

254.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Sinai Plaza Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information	Cost Report (CR)	Patient Days	Ratings Days
201 NE 112th Street	**08/01/2012-07/31/2013**	Number of Beds: **150**	Superior: **0**
Miami FL 33161	Days In CR **365**	Maximum: **54,750**	Standard: **181**
County: **Dade[13]**	First Used: **2014/01**	Max Annualized: **54,750**	Conditional: **0**
Region: **South[2]** Area: **11**	Last Used: **2014/01**	Total Patient: **47,549**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **8,605**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **33,263**	
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	**69.95520%**
Occupancy:	**86.84749%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.97563%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,922,531	3,521,491	2,454,345	685,550	0	8,583,917
1a	Audit Adjustments						
2	Cost Per Diem	57.7979	105.8681	73.7860	**20.6100**		258.0620
3	Cost Per Diem Inflated	59.6743	108.1440	76.1814			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.6743**	**108.1440**	**76.1814**	**20.6100**		264.6097
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.7414		67.3256			
7	Provider Target Rate	**57.3072**		**69.2168**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**63.0224**	**13.6500**		228.0881
12/13	Medicaid Adjustment Rate		2.1864	1.4148			
14	Prospective Per Diem 11	**54.0223**	**99.5798**	**64.4372**	**13.6500**		**231.6893**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 260771-00 - 2014/01

254.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Sinai Plaza Nursing and Rehab

FRVS

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

Began FRVS:	**11/2/1990**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1990/07**
Indexed Asset Value	**7,654,327**
FRVS Base Asset:	**4,526,100**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**758,468**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,123,462**	**15.3926**
20% ROE(2):	**1,530,865**	**0.4660**
Insurance Cost(3):	**27,281**	**0.5737**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**31,437**	**0.6611**
Replacement(3&4):	**77,750**	**0.0000**
Total FRVS PD:		**17.0934**

(1) 80% Capital ($6,123,462) amortized at 11.0000% for 20 years Principal & Interest of $758,468 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $15.3926
(2) 20% ROE ($1,530,865) times the ROE factor (0.015000) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.4660
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**150**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,526,100**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**99.5798**	**99.5798**	**4.2845**	**95.2953**	
Indirect Care	**64.4372**	**64.4372**	**2.7725**	**61.6647**	
Property	**13.6500**	**17.0934**	**0.7355**	**16.3579**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3887**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**231.6893**	**235.1327**	**10.1169**	**254.0979**	

***Medicaid Trend Adjustment :**

0 261254-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33710		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**19,004**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,445**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**11,468**		
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	**60.34519%**
Occupancy:	**86.53916%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.59228%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	649,254	926,181	660,858	163,992	1,599	2,401,884
1a	Audit Adjustments						
2	Cost Per Diem	56.6144	80.7622	57.6263	**14.3000**	**0.1394**	209.4423
3	Cost Per Diem Inflated	59.3095	82.9785	60.3695			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.3095**	**82.9785**	**60.3695**	**14.3000**	**0.1394**	217.0969
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.5039		61.8709			
7	Provider Target Rate	**61.1754**		**63.6089**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.3095**	**82.9785**	**60.3695**	**13.6500**	**0.1394**	216.4469
12/13	Medicaid Adjustment Rate		0.9657	0.7026			
14	Prospective Per Diem 11	**59.3095**	**83.9442**	**61.0721**	**13.6500**	**0.1394**	**218.1152**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261254-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**1,097,585**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**72,481**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**878,068**	**3.6774**
20% ROE(2):	**219,517**	**0.1624**
Insurance Cost(3):	**37,227**	**1.9589**
Taxes Cost(3):	**16,760**	**0.8819**
Home Office(3):	**15,686**	**0.8254**
Replacement(3&4):	**70,693**	**0.0000**
Total FRVS PD:		**7.5060**

(1) 80% Capital ($878,068) amortized at 5.5000% for 20 years Principal & Interest of $72,481 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $3.6774
(2) 20% ROE ($219,517) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1624
(3) 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:	**51,248**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.3095**	**59.3095**	**2.5519**	**56.7576**	
Patient Care					
Direct Care	**83.9442**	**83.9442**	**3.6118**	**80.3324**	
Indirect Care	**61.0721**	**61.0721**	**2.6277**	**58.4444**	
Property	**13.6500**	**7.5060**	**0.3230**	**7.1830**	
ROE	**0.1394**	**0.1359**	**0.0058**	**0.1301**	
ROE Adjustment	**-0.1359**	**-0.1359**	**-0.0058**	**-0.1301**	
Quality Assess-Medicaid Share				**$17.0063**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.9793**	**211.8318**	**9.1144**	**228.4171**	

***Medicaid Trend Adjustment :**

0 261611-00 - 2014/01

200.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**115**	Superior:	**0**
Orlando FL 32806		Days In CR	**366**	Maximum:	**42,090**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**41,975**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**36,664**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,095**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,546**		
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	**80.58586%**
Occupancy:	**87.10858%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.30022%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,006,401	2,069,762	1,397,376	804,242	0	5,277,781
1a	Audit Adjustments						
2	Cost Per Diem	34.0622	70.0522	47.2949	**27.2200**		178.6293
3	Cost Per Diem Inflated	35.6837	71.9746	49.5463			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.6837**	**71.9746**	**49.5463**	**27.2200**		184.4246
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.1460		53.2375			
7	Provider Target Rate	**56.6951**		**54.7329**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.6837**	**71.9746**	**49.5463**	**13.6500**		170.8546
12/13	Medicaid Adjustment Rate		2.4766	1.7048			
14	Prospective Per Diem 11	**35.6837**	**74.4512**	**51.2511**	**13.6500**		**175.0360**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261611-00 - 2014/01

200.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3083**
Insurance Cost(3):	**52,293**	**1.4263**
Taxes Cost(3):	**72,782**	**1.9851**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**25,375**	**0.0000**
Total FRVS PD:		**14.8959**

(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 (0.014580) divided by annual available days (41,975) divided by Occup. Adj. (0.9000) = $0.3083
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,277,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.6837**	**35.6837**	**1.5353**	**34.1484**	
Patient Care					
Direct Care	**74.4512**	**74.4512**	**3.2034**	**71.2478**	
Indirect Care	**51.2511**	**51.2511**	**2.2051**	**49.0460**	
Property	**13.6500**	**14.8959**	**0.6409**	**14.2550**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.9557**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.0360**	**176.2819**	**7.5847**	**200.3463**	

***Medicaid Trend Adjustment :**

0 261629-00 - 2014/01

198.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**95**	Superior:	**0**
Lake City FL 32025		Days In CR	**366**	Maximum:	**34,770**	Standard:	**181**
County:	**Columbia[12]**	First Used:	**2014/01**	Max Annualized:	**34,675**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**29,304**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,817**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**21,890**		
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	**74.69970%**
Occupancy:	**84.27955%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.78295%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	752,415	1,599,104	987,795	385,264	0	3,724,578
1a	Audit Adjustments						
2	Cost Per Diem	34.3725	73.0518	45.1254	**17.6000**		170.1497
3	Cost Per Diem Inflated	36.0088	75.0565	47.2735			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.0088**	**75.0565**	**47.2735**	**17.6000**		175.9388
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.0088**	**75.0565**	**47.2735**	**13.6500**		171.9888
12/13	Medicaid Adjustment Rate		2.0856	1.3136			
14	Prospective Per Diem 11	**36.0088**	**77.1421**	**48.5871**	**13.6500**		**175.3880**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261629-00 - 2014/01

198.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,523,723**
FRVS Base Asset:	**1,393,413**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**315,525**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,018,978**	**10.1106**
20% ROE(2):	**504,745**	**0.2358**
Insurance Cost(3):	**41,514**	**1.4167**
Taxes Cost(3):	**39,565**	**1.3502**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**35,427**	**0.0000**
Total FRVS PD:		**13.1133**

(1) 80% Capital ($2,018,978) amortized at 14.8040% for 20 years Principal & Interest of $315,525 divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $10.1106
(2) 20% ROE ($504,745) times the ROE factor (0.014580) divided by annual available days (34,675) divided by Occup. Adj. (0.9000) = $0.2358
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,707,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.0088**	**36.0088**	**1.5493**	**34.4595**	
Patient Care					
Direct Care	**77.1421**	**77.1421**	**3.3191**	**73.8230**	
Indirect Care	**48.5871**	**48.5871**	**2.0905**	**46.4966**	
Property	**13.6500**	**13.1133**	**0.5642**	**12.5491**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4631**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.3880**	**174.8513**	**7.5231**	**198.4847**	

***Medicaid Trend Adjustment :**

0 261637-00 - 2014/01

214.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Emerald Healthcare Center

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 :01/01/2014

Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Port St. Lucie FL 34952		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**40,949**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,336**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,627**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**7/1/1987**					Target:	**1.01966300**
Acquired Date:	**7/1/1987**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**11/1/1987**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**5/1/2003**					**DC Inflation:**	**1.02744283**
Previous Med #	**216011**					**PS Target:**	**1.02809000**

Medicaid Utilization	**60.14066%**
Occupancy:	**93.23543%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.91761%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	938,439	1,913,121	1,364,902	643,996	0	4,860,458
1a	Audit Adjustments						
2	Cost Per Diem	38.1061	77.6839	55.4230	**26.1500**		197.3630
3	Cost Per Diem Inflated	39.9201	79.8158	58.0614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9201**	**79.8158**	**58.0614**	**26.1500**		203.9473
5a	Interim Adjustment	0.0380	1.0759	0.1195			
5b	Interim Adjusted Per Diem	**39.9581**	**80.8917**	**58.1809**			
6	Prior Semester: Provider Target Base	45.1484		59.1861			
7	Provider Target Rate	**46.4166**		**60.8486**			
7a	Interim Adjustment	0.0380		0.1195			
7b	Interim Adjusted Provider Target Rate	**46.4546**		**60.9681**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9581**	**80.8917**	**58.1809**	**13.6500**		192.6807
12/13	Medicaid Adjustment Rate		0.9228	0.6637			
14	Prospective Per Diem 11	**39.9581**	**81.8145**	**58.8446**	**13.6500**		**194.2672**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261637-00 - 2014/01

214.53

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,066,480**
FRVS Base Asset:	**2,656,745**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**482,331**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,053,184**	**12.2357**
20% ROE(2):	**1,013,296**	**0.3748**
Insurance Cost(3):	**59,351**	**1.4494**
Taxes Cost(3):	**90,825**	**2.2180**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**34,858**	**0.0000**
Total FRVS PD:		**16.2779**

(1) 80% Capital ($4,053,184) amortized at 10.4000% for 20 years Principal & Interest of $482,331 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2357
(2) 20% ROE ($1,013,296) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3748
(3) 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:	**51,248**
		Effective PBS Limitation	**2,656,745**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9581**	**39.9581**	**1.7192**	**38.2389**	
Patient Care					
Direct Care	**81.8145**	**81.8145**	**3.5202**	**78.2943**	
Indirect Care	**58.8446**	**58.8446**	**2.5319**	**56.3127**	
Property	**13.6500**	**16.2779**	**0.7004**	**15.5775**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4134**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.2672**	**196.8951**	**8.4717**	**214.5302**	

***Medicaid Trend Adjustment :**

0 261670-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Brandon FL 33511		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**41,652**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,290**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**19,794**		
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	**47.52233%**
Occupancy:	**95.09589%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.23068%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	714,873	1,678,535	962,641	665,672	0	4,021,721
1a	Audit Adjustments						
2	Cost Per Diem	36.1156	84.8002	48.6330	**33.6300**		203.1788
3	Cost Per Diem Inflated	37.3854	86.6948	50.3429			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.3854**	**86.6948**	**50.3429**	**33.6300**		208.0531
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		52.8433			
7	Provider Target Rate	**44.1212**		**54.3277**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.3854**	**86.6948**	**50.3429**	**13.6500**		188.0731
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**37.3854**	**86.6948**	**50.3429**	**13.6500**		**188.0731**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 261670-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,044,512**
FRVS Base Asset:	**3,092,490**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**514,518**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,835,610**	**13.0522**
20% ROE(2):	**1,208,902**	**0.4410**
Insurance Cost(3):	**70,475**	**1.6920**
Taxes Cost(3):	**86,400**	**2.0743**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**88,129**	**0.0000**
Total FRVS PD:		**17.2595**

(1) 80% Capital ($4,835,610) amortized at 8.7965% for 20 years Principal & Interest of $514,518 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.0522
(2) 20% ROE ($1,208,902) times the ROE factor (0.014380) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4410
(3) 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:	**51,248**
		Effective PBS Limitation	**3,092,490**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.3854**	**37.3854**	**1.6086**	**35.7768**	
Patient Care					
Direct Care	**86.6948**	**86.6948**	**3.7301**	**82.9647**	
Indirect Care	**50.3429**	**50.3429**	**2.1661**	**48.1768**	
Property	**13.6500**	**17.2595**	**0.7426**	**16.5169**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3533**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.0731**	**191.6826**	**8.2474**	**208.4819**	

***Medicaid Trend Adjustment :**

0 263389-00 - 2014/01

214.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**40,709**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.55394%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	45.1789	86.4542	48.7441			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.1789**	**86.4542**	**48.7441**	**39.2500**		219.6272
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0662		57.0569			
7	Provider Target Rate	**54.5568**		**58.6596**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.1789**	**86.4542**	**48.7441**	**13.6500**		194.0272
12/13	Medicaid Adjustment Rate		0.7458	0.4205			
14	Prospective Per Diem 11	**45.1789**	**87.2000**	**49.1646**	**13.6500**		**195.1935**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263389-00 - 2014/01

214.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,644,106**
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:	**396,042**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,515,285**	**10.0467**
20% ROE(2):	**1,128,821**	**0.6921**
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:		**13.6986**

(1) 80% Capital ($4,515,285) amortized at 6.2500% for 20 years Principal & Interest of $396,042 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0467
(2) 20% ROE ($1,128,821) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6921
(3) 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:	**51,248**
		Effective PBS Limitation	**2,094,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.1789**	**45.1789**	**1.9439**	**43.2350**	
Patient Care					
Direct Care	**87.2000**	**87.2000**	**3.7519**	**83.4481**	
Indirect Care	**49.1646**	**49.1646**	**2.1154**	**47.0492**	
Property	**13.6500**	**13.6986**	**0.5894**	**13.1092**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7116**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.1935**	**195.2421**	**8.4006**	**214.2465**	

***Medicaid Trend Adjustment :**

2

0 263443-00 - 2014/01

197.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Bonifay Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Holmes[30]**	First Used:	**2013/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**58,387**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,386**	Inflation	
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**43,708**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.07245145**
Open Date:	**7/1/1984**					Target:	**1.01966300**
Acquired Date:	**7/1/1984**					**DC FY Index:**	**1.18950000**
Entered Medicaid	**7/1/1984**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/1/2003**					**DC Inflation:**	**1.03867171**
Previous Med #	**212377**					**PS Target:**	**1.02809000**

Medicaid Utilization	**74.85913%**
Occupancy:	**88.86910%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.48905%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

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	53.1509	73.9909	41.8375			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.1509**	**73.9909**	**41.8375**	**40.1000**		209.0793
5a	Interim Adjustment	0.0823	0.0557	0.2722			
5b	Interim Adjusted Per Diem	**53.2332**	**74.0466**	**42.1097**			
6	Prior Semester: Provider Target Base	43.6804		49.8062			
7	Provider Target Rate	**44.9074**		**51.2053**			
7a	Interim Adjustment	0.0823		0.2722			
7b	Interim Adjusted Provider Target Rate	**44.9897**		**51.4775**			
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.9897**	**74.0466**	**42.1097**	**13.6500**		174.7960
12/13	Medicaid Adjustment Rate		2.0708	1.1777			
14	Prospective Per Diem 11	**44.9897**	**76.1174**	**43.2874**	**13.6500**		**178.0445**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263443-00 - 2014/01

197.00

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,927,071**
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:	**486,066**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,541,657**	**8.2203**
20% ROE(2):	**1,385,414**	**0.5663**
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:		**11.0138**

(1) 80% Capital ($5,541,657) amortized at 6.2500% for 20 years Principal & Interest of $486,066 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.2203
(2) 20% ROE ($1,385,414) times the ROE factor (0.024170) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.5663
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.9897**	**44.9897**	**1.9357**	**43.0540**	
Patient Care					
Direct Care	**76.1174**	**76.1174**	**3.2750**	**72.8424**	
Indirect Care	**43.2874**	**43.2874**	**1.8625**	**41.4249**	
Property	**13.6500**	**11.0138**	**0.4739**	**10.5399**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4407**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.0445**	**175.4083**	**7.5471**	**196.9953**	

***Medicaid Trend Adjustment :**

0 263451-00 - 2014/01

217.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Manatee[41]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**38,763**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.03015%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	46.0820	88.7915	48.0359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0820**	**88.7915**	**48.0359**	**39.6800**		222.5894
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.6850		56.2170			
7	Provider Target Rate	**51.0807**		**57.7961**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0820**	**88.7915**	**48.0359**	**13.6500**		196.5594
12/13	Medicaid Adjustment Rate		1.9182	1.0377			
14	Prospective Per Diem 11	**46.0820**	**90.7097**	**49.0736**	**13.6500**		**199.5153**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263451-00 - 2014/01

217.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,195,540**
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:	**364,566**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,156,432**	**9.2482**
20% ROE(2):	**1,039,108**	**0.6371**
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:		**12.6576**

(1) 80% Capital ($4,156,432) amortized at 6.2500% for 20 years Principal & Interest of $364,566 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2482
(2) 20% ROE ($1,039,108) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6371
(3) 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:	**51,248**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0820**	**46.0820**	**1.9827**	**44.0993**	
Patient Care					
Direct Care	**90.7097**	**90.7097**	**3.9029**	**86.8068**	
Indirect Care	**49.0736**	**49.0736**	**2.1115**	**46.9621**	
Property	**13.6500**	**12.6576**	**0.5446**	**12.1130**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5309**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.5153**	**198.5229**	**8.5417**	**217.2055**	

***Medicaid Trend Adjustment :**

0 263460-00 - 2014/01

215.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**168**	Superior:	**0**
Boynton Beach FL 33436		Days In CR	**366**	Maximum:	**61,488**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**61,320**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**50,685**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,362**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**28,423**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1977**						
Acquired Date:	**7/1/1984**						
Entered Medicaid	**7/1/1984**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**211257**						

Medicaid Utilization	**56.07774%**
Occupancy:	**82.43072%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.48435%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,171,096	2,413,491	1,357,889	1,799,460	0	6,741,936
1a	Audit Adjustments						
2	Cost Per Diem	41.2024	84.9133	47.7743	**63.3100**		237.2000
3	Cost Per Diem Inflated	43.1638	87.2436	50.0485			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1638**	**87.2436**	**50.0485**	**63.3100**		243.7659
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6160		61.7180			
7	Provider Target Rate	**47.9254**		**63.4517**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1638**	**87.2436**	**50.0485**	**13.6500**		194.1059
12/13	Medicaid Adjustment Rate		0.5965	0.3422			
14	Prospective Per Diem 11	**43.1638**	**87.8401**	**50.3907**	**13.6500**		**195.0446**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263460-00 - 2014/01

215.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,095,828**
FRVS Base Asset:	**1,235,042**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**568,077**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,476,662**	**10.2935**
20% ROE(2):	**1,619,166**	**0.4278**
Insurance Cost(3):	**93,780**	**1.8503**
Taxes Cost(3):	**150,724**	**2.9737**
Home Office(3):	**13,670**	**0.2697**
Replacement(3&4):	**107,217**	**0.0000**
Total FRVS PD:		**15.8150**

(1) 80% Capital ($6,476,662) amortized at 6.2500% for 20 years Principal & Interest of $568,077 divided by annual available days (61,320) divided by Occup. Adj. (0.9000) = $10.2935
(2) 20% ROE ($1,619,166) times the ROE factor (0.014580) divided by annual available days (61,320) divided by Occup. Adj. (0.9000) = $0.4278
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,788,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1638**	**43.1638**	**1.8572**	**41.3066**	
Patient Care					
Direct Care	**87.8401**	**87.8401**	**3.7794**	**84.0607**	
Indirect Care	**50.3907**	**50.3907**	**2.1681**	**48.2226**	
Property	**13.6500**	**15.8150**	**0.6805**	**15.1345**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2604**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.0446**	**197.2096**	**8.4852**	**215.6782**	

***Medicaid Trend Adjustment :**

0 263478-00 - 2014/01

202.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Citrus[9]**		First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region: **North [1]**	Area: **3**	Last Used:	**2014/01**	Total Patient:	**39,356**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.56560%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	43.8944	82.8732	43.1361			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.8944**	**82.8732**	**43.1361**	**50.6200**		220.5237
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.5584		54.1563			
7	Provider Target Rate	**46.8381**		**55.6776**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.8944**	**82.8732**	**43.1361**	**13.6500**		183.5537
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.8944**	**82.8732**	**43.1361**	**13.6500**		**183.5537**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263478-00 - 2014/01

202.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,305,440**
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:	**372,278**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,244,352**	**9.7695**
20% ROE(2):	**1,061,088**	**0.6730**
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:		**13.9334**

(1) 80% Capital ($4,244,352) amortized at 6.2500% for 20 years Principal & Interest of $372,278 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $9.7695
(2) 20% ROE ($1,061,088) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6730
(3) 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:	**51,248**
		Effective PBS Limitation	**1,751,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.8944**	**43.8944**	**1.8886**	**42.0058**	
Patient Care					
Direct Care	**82.8732**	**82.8732**	**3.5657**	**79.3075**	
Indirect Care	**43.1361**	**43.1361**	**1.8560**	**41.2801**	
Property	**13.6500**	**13.9334**	**0.5995**	**13.3339**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9422**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.5537**	**183.8371**	**7.9098**	**202.5629**	

***Medicaid Trend Adjustment :**

0 263486-00 - 2014/01

231.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2012/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**18,464**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.82144%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	57.7430	83.2164	54.1637			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.7430**	**83.2164**	**54.1637**	**18.3000**		213.4231
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.6635		60.3576			
7	Provider Target Rate	**64.4237**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.7430**	**83.2164**	**54.1637**	**13.6500**		208.7731
12/13	Medicaid Adjustment Rate		2.2304	1.4517			
14	Prospective Per Diem 11	**57.7430**	**85.4468**	**55.6154**	**13.6500**		**212.4552**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263486-00 - 2014/01

231.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,811,054**
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:	**197,249**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,248,843**	**10.0076**
20% ROE(2):	**562,211**	**0.6894**
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:		**13.7359**

(1) 80% Capital ($2,248,843) amortized at 6.2500% for 20 years Principal & Interest of $197,249 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.0076
(2) 20% ROE ($562,211) times the ROE factor (0.024170) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.6894
(3) 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:	**51,248**
		Effective PBS Limitation	**2,061,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.7430**	**57.7430**	**2.4845**	**55.2585**	
Patient Care					
Direct Care	**85.4468**	**85.4468**	**3.6765**	**81.7703**	
Indirect Care	**55.6154**	**55.6154**	**2.3929**	**53.2225**	
Property	**13.6500**	**13.7359**	**0.5910**	**13.1449**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7036**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.4552**	**212.5411**	**9.1449**	**231.7932**	

***Medicaid Trend Adjustment :**

4

0 263494-00 - 2014/01

216.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Duval[16]**		First Used:	**2013/01**	Max Annualized:	**59,495**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**56,306**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,165**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**41,192**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date: **10/1/1990**							
Acquired Date: **10/1/1990**							
Entered Medicaid **10/31/1990**							
Med # Active Date: **10/1/2003**							
Previous Med # **212725**							

Medicaid Utilization	**73.15739%**
Occupancy:	**94.63989%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.66374%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	45.5574	88.4257	45.7894			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5574**	**88.4257**	**45.7894**	**23.5000**		203.2725
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1980		51.6460			
7	Provider Target Rate	**46.4676**		**53.0967**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5574**	**88.4257**	**45.7894**	**13.6500**		193.4225
12/13	Medicaid Adjustment Rate		2.3037	1.1929			
14	Prospective Per Diem 11	**45.5574**	**90.7294**	**46.9823**	**13.6500**		**196.9191**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263494-00 - 2014/01

216.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,060,527**
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:	**495,431**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,648,422**	**9.2525**
20% ROE(2):	**1,412,105**	**0.6374**
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:		**11.8460**

(1) 80% Capital ($5,648,422) amortized at 6.2500% for 20 years Principal & Interest of $495,431 divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $9.2525
(2) 20% ROE ($1,412,105) times the ROE factor (0.024170) divided by annual available days (59,495) divided by Occup. Adj. (0.9000) = $0.6374
(3) 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:	**51,248**
		Effective PBS Limitation	**3,017,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5574**	**45.5574**	**1.9602**	**43.5972**	
Patient Care					
Direct Care	**90.7294**	**90.7294**	**3.9037**	**86.8257**	
Indirect Care	**46.9823**	**46.9823**	**2.0215**	**44.9608**	
Property	**13.6500**	**11.8460**	**0.5097**	**11.3363**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9107**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.9191**	**195.1151**	**8.3951**	**216.3241**	

***Medicaid Trend Adjustment :**

0 263508-00 - 2014/01

222.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,104**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.99809%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	45.8426	93.0390	56.9732			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.8426**	**93.0390**	**56.9732**	**59.2200**		255.0748
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5712		59.6109			
7	Provider Target Rate	**50.9637**		**61.2854**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.8426**	**93.0390**	**56.9732**	**13.6500**		209.5048
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.8426**	**93.0390**	**56.9732**	**13.6500**		**209.5048**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263508-00 - 2014/01

222.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,541,953**
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:	**388,874**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,433,562**	**9.8649**
20% ROE(2):	**1,108,391**	**0.6796**
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:		**14.0618**

(1) 80% Capital ($4,433,562) amortized at 6.2500% for 20 years Principal & Interest of $388,874 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8649
(2) 20% ROE ($1,108,391) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6796
(3) 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:	**51,248**
		Effective PBS Limitation	**3,793,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.8426**	**45.8426**	**1.9724**	**43.8702**	
Patient Care					
Direct Care	**93.0390**	**93.0390**	**4.0031**	**89.0359**	
Indirect Care	**56.9732**	**56.9732**	**2.4513**	**54.5219**	
Property	**13.6500**	**14.0618**	**0.6050**	**13.4568**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2602**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.5048**	**209.9166**	**9.0318**	**222.8384**	

***Medicaid Trend Adjustment :**

0 263516-00 - 2014/01

208.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Baker[2]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,762**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.70438%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	46.5248	79.0634	45.2805			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.5248**	**79.0634**	**45.2805**	**33.3000**		204.1687
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.3818		50.5757			
7	Provider Target Rate	**50.7689**		**51.9964**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.5248**	**79.0634**	**45.2805**	**13.6500**		184.5187
12/13	Medicaid Adjustment Rate		1.8107	1.0370			
14	Prospective Per Diem 11	**46.5248**	**80.8741**	**46.3175**	**13.6500**		**187.3664**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263516-00 - 2014/01

208.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,517,383**
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:	**387,150**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,413,906**	**9.8212**
20% ROE(2):	**1,103,477**	**0.6766**
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:		**13.1892**

(1) 80% Capital ($4,413,906) amortized at 6.2500% for 20 years Principal & Interest of $387,150 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8212
(2) 20% ROE ($1,103,477) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6766
(3) 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:	**51,248**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.5248**	**46.5248**	**2.0018**	**44.5230**	
Patient Care					
Direct Care	**80.8741**	**80.8741**	**3.4797**	**77.3944**	
Indirect Care	**46.3175**	**46.3175**	**1.9929**	**44.3246**	
Property	**13.6500**	**13.1892**	**0.5675**	**12.6217**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8678**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.3664**	**186.9056**	**8.0419**	**208.4249**	

***Medicaid Trend Adjustment :**

0 263524-00 - 2014/01

211.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**33,183**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,644**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,232**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1978**						
Acquired Date:	**7/1/1978**						
Entered Medicaid	**7/1/1978**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**260096**						

Medicaid Utilization	**66.99816%**
Occupancy:	**77.70284%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**96.60628%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	53.5130	81.6372	45.9826			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.5130**	**81.6372**	**45.9826**	**9.5400**		190.6728
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9637		67.0348			
7	Provider Target Rate	**69.8728**		**68.9178**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**53.5130**	**81.6372**	**45.9826**	**9.5400**		190.6728
12/13	Medicaid Adjustment Rate		1.5611	0.8793			
14	Prospective Per Diem 11	**53.5130**	**83.1983**	**46.8619**	**9.5400**		**193.1132**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263524-00 - 2014/01

211.03

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,087,287**
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:	**146,463**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,669,830**	**3.8107**
20% ROE(2):	**417,457**	**0.2625**
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:		**6.6929**

(1) 80% Capital ($1,669,830) amortized at 6.2500% for 20 years Principal & Interest of $146,463 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $3.8107
(2) 20% ROE ($417,457) times the ROE factor (0.024170) divided by annual available days (42,705) 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	**117**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,334,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.5130**	**53.5130**	**2.3025**	**51.2105**	
Patient Care					
Direct Care	**83.1983**	**83.1983**	**3.5797**	**79.6186**	
Indirect Care	**46.8619**	**46.8619**	**2.0163**	**44.8456**	
Property	**9.5400**	**6.6929**	**0.2880**	**6.4049**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2532**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.1132**	**190.2661**	**8.1865**	**211.0262**	

***Medicaid Trend Adjustment :**

0 263532-00 - 2014/01

216.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Lucie[56]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**39,863**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.15254%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	50.7140	83.9725	47.2760			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7140**	**83.9725**	**47.2760**	**44.4400**		226.4025
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.2674		58.9100			
7	Provider Target Rate	**55.7918**		**60.5648**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.7140**	**83.9725**	**47.2760**	**13.6500**		195.6125
12/13	Medicaid Adjustment Rate		1.5140	0.8524			
14	Prospective Per Diem 11	**50.7140**	**85.4865**	**48.1284**	**13.6500**		**197.9789**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263532-00 - 2014/01

216.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,310,215**
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:	**372,613**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,248,172**	**9.4524**
20% ROE(2):	**1,062,043**	**0.6512**
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:		**13.3484**

(1) 80% Capital ($4,248,172) amortized at 6.2500% for 20 years Principal & Interest of $372,613 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4524
(2) 20% ROE ($1,062,043) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6512
(3) 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:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7140**	**50.7140**	**2.1820**	**48.5320**	
Patient Care					
Direct Care	**85.4865**	**85.4865**	**3.6782**	**81.8083**	
Indirect Care	**48.1284**	**48.1284**	**2.0708**	**46.0576**	
Property	**13.6500**	**13.3484**	**0.5743**	**12.7741**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1115**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.9789**	**197.6773**	**8.5053**	**216.9769**	

***Medicaid Trend Adjustment :**

0 263541-00 - 2014/01

226.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Metrowest Nursing and Rehab

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,606**	Total:	**181**
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:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**90.42466%**	Cost:	**1.07245145**
Open Date:	**10/21/1994**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**10/1/1995**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**10/21/1994**	Low Occupancy Adjustment Factor:			**112.42304%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/1/2003**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03867171**
Previous Med #	**212041**				**7/1/2013**	**PS Target:**	**1.02809000**

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	53.3982	86.3325	49.6001			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3982**	**86.3325**	**49.6001**	**22.3000**		211.6308
5a	Interim Adjustment	0.3361	0.2332	0.9328			
5b	Interim Adjusted Per Diem	**53.7343**	**86.5657**	**50.5329**			
6	Prior Semester: Provider Target Base	50.2764		57.8622			
7	Provider Target Rate	**51.6887**		**59.4875**			
7a	Interim Adjustment	0.3361		0.9328			
7b	Interim Adjusted Provider Target Rate	**52.0248**		**60.4203**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**86.5657**	**50.5329**	**13.6500**		202.6618
12/13	Medicaid Adjustment Rate		2.1584	1.2600			
14	Prospective Per Diem 11	**51.9132**	**88.7241**	**51.7929**	**13.6500**		**206.0802**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263541-00 - 2014/01

226.59

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,376,348**
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:	**377,254**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,301,078**	**9.5701**
20% ROE(2):	**1,075,270**	**0.6593**
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:		**13.7668**

(1) 80% Capital ($4,301,078) amortized at 6.2500% for 20 years Principal & Interest of $377,254 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.5701
(2) 20% ROE ($1,075,270) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6593
(3) 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:	**51,248**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**88.7241**	**88.7241**	**3.8175**	**84.9066**	
Indirect Care	**51.7929**	**51.7929**	**2.2285**	**49.5644**	
Property	**13.6500**	**13.7668**	**0.5923**	**13.1745**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5740**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.0802**	**206.1970**	**8.8719**	**226.5925**	

***Medicaid Trend Adjustment :**

0 263559-00 - 2014/01

211.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**St Johns[55]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,884**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/9/1986**						
Acquired Date:	**12/9/1986**						
Entered Medicaid	**12/9/1986**						
Med # Active Date:	**10/1/2003**						
Previous Med #	**212300**						

Medicaid Utilization	**53.63304%**
Occupancy:	**91.05936%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.21216%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	48.9186	83.8473	49.0730			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.9186**	**83.8473**	**49.0730**	**55.5200**		237.3589
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.8233		52.8421			
7	Provider Target Rate	**52.2509**		**54.3264**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.9186**	**83.8473**	**49.0730**	**13.6500**		195.4889
12/13	Medicaid Adjustment Rate		0.3427	0.2006			
14	Prospective Per Diem 11	**48.9186**	**84.1900**	**49.2736**	**13.6500**		**196.0322**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263559-00 - 2014/01

211.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,402,051**
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:	**379,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,321,641**	**9.6159**
20% ROE(2):	**1,080,410**	**0.6624**
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:		**12.3935**

(1) 80% Capital ($4,321,641) amortized at 6.2500% for 20 years Principal & Interest of $379,057 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6159
(2) 20% ROE ($1,080,410) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6624
(3) 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:	**51,248**
		Effective PBS Limitation	**1,724,220**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.9186**	**48.9186**	**2.1048**	**46.8138**	
Patient Care					
Direct Care	**84.1900**	**84.1900**	**3.6224**	**80.5676**	
Indirect Care	**49.2736**	**49.2736**	**2.1201**	**47.1535**	
Property	**13.6500**	**12.3935**	**0.5332**	**11.8603**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.1351**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.0322**	**194.7757**	**8.3805**	**211.2237**	

***Medicaid Trend Adjustment :**

0 263567-00 - 2014/01

217.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,002**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.54710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	46.7590	87.2926	52.9382			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7590**	**87.2926**	**52.9382**	**46.2200**		233.2098
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.3370		51.8693			
7	Provider Target Rate	**49.6948**		**53.3263**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7590**	**87.2926**	**52.9382**	**13.6500**		200.6398
12/13	Medicaid Adjustment Rate		0.4085	0.2477			
14	Prospective Per Diem 11	**46.7590**	**87.7011**	**53.1859**	**13.6500**		**201.2960**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263567-00 - 2014/01

217.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,332,828**
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:	**374,200**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,266,262**	**9.4926**
20% ROE(2):	**1,066,566**	**0.6540**
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:		**12.7608**

(1) 80% Capital ($4,266,262) amortized at 6.2500% for 20 years Principal & Interest of $374,200 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.4926
(2) 20% ROE ($1,066,566) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6540
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7590**	**46.7590**	**2.0119**	**44.7471**	
Patient Care					
Direct Care	**87.7011**	**87.7011**	**3.7734**	**83.9277**	
Indirect Care	**53.1859**	**53.1859**	**2.2884**	**50.8975**	
Property	**13.6500**	**12.7608**	**0.5490**	**12.2118**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.9624**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.2960**	**200.4068**	**8.6227**	**217.4399**	

***Medicaid Trend Adjustment :**

0 263575-00 - 2014/01

214.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,097**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.51283%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	48.7280	85.9851	48.5133			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7280**	**85.9851**	**48.5133**	**28.0500**		211.2764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2797		55.3946			
7	Provider Target Rate	**47.5797**		**56.9506**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5797**	**85.9851**	**48.5133**	**13.6500**		195.7281
12/13	Medicaid Adjustment Rate		0.6597	0.3722			
14	Prospective Per Diem 11	**47.5797**	**86.6448**	**48.8855**	**13.6500**		**196.7600**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263575-00 - 2014/01

214.08

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,137,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5797**	**47.5797**	**2.0472**	**45.5325**	
Patient Care					
Direct Care	**86.6448**	**86.6448**	**3.7280**	**82.9168**	
Indirect Care	**48.8855**	**48.8855**	**2.1034**	**46.7821**	
Property	**13.6500**	**14.7508**	**0.6347**	**14.1161**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0363**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.7600**	**197.8608**	**8.5133**	**214.0772**	

***Medicaid Trend Adjustment :**

0 263583-00 - 2014/01

204.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**40,869**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.00810%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	44.7050	82.4358	46.9279			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.7050**	**82.4358**	**46.9279**	**54.9300**		228.9987
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.7119		53.1554			
7	Provider Target Rate	**48.0240**		**54.6485**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.7050**	**82.4358**	**46.9279**	**13.6500**		187.7187
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.7050**	**82.4358**	**46.9279**	**13.6500**		**187.7187**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263583-00 - 2014/01

204.50

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Royal Oaks Nursing and Rehab

FRVS

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

Began FRVS:	**4/9/1993**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1993/01**
Indexed Asset Value	**5,174,878**
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:	**363,117**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,139,902**	**9.2115**
20% ROE(2):	**1,034,976**	**0.6346**
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:		**13.0090**

(1) 80% Capital ($4,139,902) amortized at 6.2500% for 20 years Principal & Interest of $363,117 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2115
(2) 20% ROE ($1,034,976) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6346
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**8/1/1992**	Used Per Bed Standard:	**32,183**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.7050**	**44.7050**	**1.9235**	**42.7815**	
Patient Care					
Direct Care	**82.4358**	**82.4358**	**3.5469**	**78.8889**	
Indirect Care	**46.9279**	**46.9279**	**2.0191**	**44.9088**	
Property	**13.6500**	**13.0090**	**0.5597**	**12.4493**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7767**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.7187**	**187.0777**	**8.0492**	**204.4986**	

***Medicaid Trend Adjustment :**

0 263591-00 - 2014/01

218.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Seminole[59]**	First Used:	**2012/07**	Max Annualized:	**35,770**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**32,712**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.69898%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	48.0925	88.6564	55.3435			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0925**	**88.6564**	**55.3435**	**57.1500**		249.2424
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0925**	**88.6564**	**55.3435**	**13.6500**		205.7424
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.0925**	**88.6564**	**55.3435**	**13.6500**		**205.7424**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263591-00 - 2014/01

218.32

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,938,316**
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:	**276,348**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,150,653**	**8.5841**
20% ROE(2):	**787,663**	**0.5914**
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:		**12.9228**

(1) 80% Capital ($3,150,653) amortized at 6.2500% for 20 years Principal & Interest of $276,348 divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $8.5841
(2) 20% ROE ($787,663) times the ROE factor (0.024170) divided by annual available days (35,770) divided by Occup. Adj. (0.9000) = $0.5914
(3) 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:	**51,248**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0925**	**48.0925**	**2.0692**	**46.0233**	
Patient Care					
Direct Care	**88.6564**	**88.6564**	**3.8145**	**84.8419**	
Indirect Care	**55.3435**	**55.3435**	**2.3812**	**52.9623**	
Property	**13.6500**	**12.9228**	**0.5560**	**12.3668**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.4275**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.7424**	**205.0152**	**8.8209**	**218.3152**	

***Medicaid Trend Adjustment :**

0 263605-00 - 2014/01

240.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**38,900**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.22659%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	50.3627	95.5302	75.4754			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.3627**	**95.5302**	**75.4754**	**58.3600**		279.7283
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.0872		78.1133			
7	Provider Target Rate	**51.4941**		**80.3075**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3627**	**95.5302**	**61.0784**	**13.6500**		220.6213
12/13	Medicaid Adjustment Rate		0.9311	0.5953			
14	Prospective Per Diem 11	**50.3627**	**96.4613**	**61.6737**	**13.6500**		**222.1477**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263605-00 - 2014/01

240.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,450,237**
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:	**382,438**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,360,190**	**10.0362**
20% ROE(2):	**1,090,047**	**0.6914**
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:		**16.2012**

(1) 80% Capital ($4,360,190) amortized at 6.2500% for 20 years Principal & Interest of $382,438 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $10.0362
(2) 20% ROE ($1,090,047) times the ROE factor (0.024170) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.6914
(3) 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:	**51,248**
		Effective PBS Limitation	**4,343,620**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3627**	**50.3627**	**2.1669**	**48.1958**	
Patient Care					
Direct Care	**96.4613**	**96.4613**	**4.1504**	**92.3109**	
Indirect Care	**61.6737**	**61.6737**	**2.6536**	**59.0201**	
Property	**13.6500**	**16.2012**	**0.6971**	**15.5041**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4043**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.1477**	**224.6989**	**9.6680**	**240.1286**	

***Medicaid Trend Adjustment :**

0 263613-00 - 2014/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2012/07**	Max Annualized:	**60,955**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**55,997**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.21518%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	44.6030	84.6151	46.0443			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6030**	**84.6151**	**46.0443**	**34.5200**		209.7824
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.6457		61.1043			
7	Provider Target Rate	**55.1526**		**62.8207**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6030**	**84.6151**	**46.0443**	**13.6500**		188.9124
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.6030**	**84.6151**	**46.0443**	**13.6500**		**188.9124**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263613-00 - 2014/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,173,619**
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:	**363,028**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,138,895**	**6.6174**
20% ROE(2):	**1,034,724**	**0.4559**
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:		**10.5207**

(1) 80% Capital ($4,138,895) amortized at 6.2500% for 20 years Principal & Interest of $363,028 divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $6.6174
(2) 20% ROE ($1,034,724) times the ROE factor (0.024170) divided by annual available days (60,955) divided by Occup. Adj. (0.9000) = $0.4559
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6030**	**44.6030**	**1.9191**	**42.6839**	
Patient Care					
Direct Care	**84.6151**	**84.6151**	**3.6407**	**80.9744**	
Indirect Care	**46.0443**	**46.0443**	**1.9811**	**44.0632**	
Property	**13.6500**	**10.5207**	**0.4527**	**10.0680**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2518**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.9124**	**185.7831**	**7.9936**	**203.7347**	

***Medicaid Trend Adjustment :**

0 263621-00 - 2014/01

222.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Martin[43]**	First Used:	**2012/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**41,278**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.16907%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.25362148**
Semester Index:	**1.34444818**
Cost:	**1.07245145**
Target:	**1.01966300**
DC FY Index:	**1.18950000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03867171**
PS Target:	**1.02809000**

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	48.2820	93.0061	50.0953			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.2820**	**93.0061**	**50.0953**	**55.6700**		247.0534
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9904		56.9251			
7	Provider Target Rate	**51.3946**		**58.5241**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2820**	**93.0061**	**50.0953**	**13.6500**		205.0334
12/13	Medicaid Adjustment Rate		0.5564	0.2997			
14	Prospective Per Diem 11	**48.2820**	**93.5625**	**50.3950**	**13.6500**		**205.8895**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263621-00 - 2014/01

222.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,085,033**
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:	**356,812**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,068,026**	**9.0515**
20% ROE(2):	**1,017,007**	**0.6236**
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:		**13.4887**

(1) 80% Capital ($4,068,026) amortized at 6.2500% for 20 years Principal & Interest of $356,812 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0515
(2) 20% ROE ($1,017,007) times the ROE factor (0.024170) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.6236
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1993**	Used Per Bed Standard:	**32,753**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,930,360**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2820**	**48.2820**	**2.0774**	**46.2046**	
Patient Care					
Direct Care	**93.5625**	**93.5625**	**4.0256**	**89.5369**	
Indirect Care	**50.3950**	**50.3950**	**2.1683**	**48.2267**	
Property	**13.6500**	**13.4887**	**0.5804**	**12.9083**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2869**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.8895**	**205.7282**	**8.8517**	**222.8568**	

***Medicaid Trend Adjustment :**

0 263834-00 - 2014/01

215.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,239**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**4,400**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,021**		
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	**83.73911%**
Occupancy:	**87.06512%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.24620%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,559,390	2,340,165	1,622,872	775,549	0	6,297,976
1a	Audit Adjustments						
2	Cost Per Diem	48.6990	73.0822	50.6815	**24.2200**		196.6827
3	Cost Per Diem Inflated	51.0173	75.0878	53.0941			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.0173**	**75.0878**	**53.0941**	**24.2200**		203.4192
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1212**	**75.0878**	**53.0941**	**13.6500**		185.9531
12/13	Medicaid Adjustment Rate		2.8501	2.0153			
14	Prospective Per Diem 11	**44.1212**	**77.9379**	**55.1094**	**13.6500**		**190.8185**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263834-00 - 2014/01

215.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,197,011**
FRVS Base Asset:	**3,072,207**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**440,895**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,157,609**	**11.1846**
20% ROE(2):	**1,039,402**	**0.3844**
Insurance Cost(3):	**94,524**	**2.4719**
Taxes Cost(3):	**61,291**	**1.6028**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**426,861**	**0.0000**
Total FRVS PD:		**15.6437**

(1) 80% Capital ($4,157,609) amortized at 8.7500% for 20 years Principal & Interest of $440,895 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.1846
(2) 20% ROE ($1,039,402) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3844
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1212**	**44.1212**	**1.8984**	**42.2228**	
Patient Care					
Direct Care	**77.9379**	**77.9379**	**3.3534**	**74.5845**	
Indirect Care	**55.1094**	**55.1094**	**2.3711**	**52.7383**	
Property	**13.6500**	**15.6437**	**0.6731**	**14.9706**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.0174**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.8185**	**192.8122**	**8.2960**	**215.2270**	

***Medicaid Trend Adjustment :**

0 263842-00 - 2014/01

204.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Palm Beach[50]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **9**	Last Used:	**2014/01**	Total Patient:	**36,582**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.55558%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	42.4138	77.3590	54.6284			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4138**	**77.3590**	**54.6284**	**29.9700**		204.3712
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4138**	**77.3590**	**54.6284**	**13.6500**		188.0512
12/13	Medicaid Adjustment Rate		0.6340	0.4477			
14	Prospective Per Diem 11	**42.4138**	**77.9930**	**55.0761**	**13.6500**		**189.1329**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263842-00 - 2014/01

204.39

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,686,356**
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:	**227,900**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,149,085**	**5.7813**
20% ROE(2):	**537,271**	**0.1987**
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:		**11.0138**

(1) 80% Capital ($2,149,085) amortized at 8.7500% for 20 years Principal & Interest of $227,900 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.7813
(2) 20% ROE ($537,271) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1987
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4138**	**42.4138**	**1.8249**	**40.5889**	
Patient Care					
Direct Care	**77.9930**	**77.9930**	**3.3557**	**74.6373**	
Indirect Care	**55.0761**	**55.0761**	**2.3697**	**52.7064**	
Property	**13.6500**	**11.0138**	**0.4739**	**10.5399**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2278**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**189.1329**	**186.4967**	**8.0242**	**204.3937**	

***Medicaid Trend Adjustment :**

0 263851-00 - 2014/01

205.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Deerfield Beach Health and Rehabilitation Center

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**194**	Superior:	**0**
Pompano Beach FL 33064		Days In CR	**366**	Maximum:	**71,004**	Standard:	**181**
County: **Broward[6]**		First Used:	**2014/01**	Max Annualized:	**70,810**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**59,447**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**9,152**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**39,405**		
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	**66.28594%**
Occupancy:	**83.72345%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.09157%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,409,563	2,947,490	1,973,126	1,115,950	0	7,446,129
1a	Audit Adjustments						
2	Cost Per Diem	35.7712	74.7999	50.0730	**28.3200**		188.9641
3	Cost Per Diem Inflated	37.4741	76.8526	52.4567			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.4741**	**76.8526**	**52.4567**	**28.3200**		195.1034
5a	Interim Adjustment	0.4299	0.2579	0.2827			
5b	Interim Adjusted Per Diem	**37.9040**	**77.1105**	**52.7394**			
6	Prior Semester: Provider Target Base	52.4879		61.9966			
7	Provider Target Rate	**53.9623**		**63.7381**			
7a	Interim Adjustment	0.4299		0.2827			
7b	Interim Adjusted Provider Target Rate	**54.3922**		**64.0208**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.9040**	**77.1105**	**52.7394**	**13.6500**		181.4039
12/13	Medicaid Adjustment Rate		1.4128	0.9663			
14	Prospective Per Diem 11	**37.9040**	**78.5233**	**53.7057**	**13.6500**		**183.7830**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263851-00 - 2014/01

205.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,959,362**
FRVS Base Asset:	**2,135,400**
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:	**9.7100**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**675,242**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,367,490**	**10.5955**
20% ROE(2):	**1,591,872**	**0.3642**
Insurance Cost(3):	**157,848**	**2.6553**
Taxes Cost(3):	**196,353**	**3.3030**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**107,377**	**0.0000**
Total FRVS PD:		**16.9180**

(1) 80% Capital ($6,367,490) amortized at 8.7500% for 20 years Principal & Interest of $675,242 divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $10.5955
(2) 20% ROE ($1,591,872) times the ROE factor (0.014580) divided by annual available days (70,810) divided by Occup. Adj. (0.9000) = $0.3642
(3) 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:	**51,248**
		Effective PBS Limitation	**2,135,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.9040**	**37.9040**	**1.6309**	**36.2731**	
Patient Care					
Direct Care	**78.5233**	**78.5233**	**3.3786**	**75.1447**	
Indirect Care	**53.7057**	**53.7057**	**2.3108**	**51.3949**	
Property	**13.6500**	**16.9180**	**0.7279**	**16.1901**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.1108**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.7830**	**187.0510**	**8.0482**	**205.8070**	

***Medicaid Trend Adjustment :**

0 263869-00 - 2014/01

201.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**01/01/2012-12/31/2012**	Number of Beds: **120**	Superior: **0**
Cape Coral FL 33904	Days In CR **366**	Maximum: **43,920**	Standard: **181**
County: **Lee[36]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **8**	Last Used: **2014/01**	Total Patient: **41,998**	Total: **181**
Control **Private Non-Profit [3]**	**Unaudited [3]**	Medicare: **13,416**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **23,943**	
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	**57.00986%**
Occupancy:	**95.62386%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.88710%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	863,268	1,854,697	1,254,909	639,757	0	4,612,631
1a	Audit Adjustments						
2	Cost Per Diem	36.0551	77.4630	52.4124	**26.7200**		192.6505
3	Cost Per Diem Inflated	37.7715	79.5888	54.9074			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.7715**	**79.5888**	**54.9074**	**26.7200**		198.9877
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.7715**	**79.5888**	**54.9074**	**13.6500**		185.9177
12/13	Medicaid Adjustment Rate		0.6276	0.4330			
14	Prospective Per Diem 11	**37.7715**	**80.2164**	**55.3404**	**13.6500**		**186.9783**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263869-00 - 2014/01

201.62

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,812,544**
FRVS Base Asset:	**1,715,226**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**238,606**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,250,035**	**6.0529**
20% ROE(2):	**562,509**	**0.2081**
Insurance Cost(3):	**102,539**	**2.4415**
Taxes Cost(3):	**102,158**	**2.4324**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**24,833**	**0.0000**
Total FRVS PD:		**11.1349**

(1) 80% Capital ($2,250,035) amortized at 8.7500% for 20 years Principal & Interest of $238,606 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.0529
(2) 20% ROE ($562,509) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2081
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.7715**	**37.7715**	**1.6252**	**36.1463**	
Patient Care					
Direct Care	**80.2164**	**80.2164**	**3.4514**	**76.7650**	
Indirect Care	**55.3404**	**55.3404**	**2.3811**	**52.9593**	
Property	**13.6500**	**11.1349**	**0.4791**	**10.6558**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3965**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.9783**	**184.4632**	**7.9368**	**201.6163**	

***Medicaid Trend Adjustment :**

3

0 263877-00 - 2014/01

199.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**42,216**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.50421%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	36.1493	75.5335	53.2272			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.1493**	**75.5335**	**53.2272**	**18.8400**		183.7500
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1493**	**75.5335**	**53.2272**	**13.6500**		178.5600
12/13	Medicaid Adjustment Rate		0.8901	0.6272			
14	Prospective Per Diem 11	**36.1493**	**76.4236**	**53.8544**	**13.6500**		**180.0773**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263877-00 - 2014/01

199.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,417,838**
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:	**8.7500**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**5.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**350,475**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,334,270**	**8.8908**
20% ROE(2):	**1,083,568**	**0.4008**
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:		**12.4981**

(1) 80% Capital ($4,334,270) amortized at 5.2500% for 20 years Principal & Interest of $350,475 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.8908
(2) 20% ROE ($1,083,568) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4008
(3) 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:	**51,248**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1493**	**36.1493**	**1.5554**	**34.5939**	
Patient Care					
Direct Care	**76.4236**	**76.4236**	**3.2882**	**73.1354**	
Indirect Care	**53.8544**	**53.8544**	**2.3172**	**51.5372**	
Property	**13.6500**	**12.4981**	**0.5873**	**13.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7505**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.0773**	**178.9254**	**7.7481**	**199.7731**	

***Medicaid Trend Adjustment :**

0 263885-00 - 2014/01

211.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**175**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**6**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**65,564**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**92.79863%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	42.4898	84.5919	48.5313			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.4898**	**84.5919**	**48.5313**	**27.8100**		203.4230
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.4898**	**84.5919**	**48.5313**	**13.6500**		189.2630
12/13	Medicaid Adjustment Rate		2.4422	1.4011			
14	Prospective Per Diem 11	**42.4898**	**87.0341**	**49.9324**	**13.6500**		**193.1063**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263885-00 - 2014/01

211.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,154,364**
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:	**522,113**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,923,491**	**6.6224**
20% ROE(2):	**1,230,873**	**0.2276**
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:		**11.1810**

(1) 80% Capital ($4,923,491) amortized at 8.7500% for 20 years Principal & Interest of $522,113 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.6224
(2) 20% ROE ($1,230,873) times the ROE factor (0.014580) divided by annual available days (87,600) 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	**240**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.4898**	**42.4898**	**1.8282**	**40.6616**	
Patient Care					
Direct Care	**87.0341**	**87.0341**	**3.7447**	**83.2894**	
Indirect Care	**49.9324**	**49.9324**	**2.1484**	**47.7840**	
Property	**13.6500**	**11.1810**	**0.4811**	**10.6999**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7581**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.1063**	**190.6373**	**8.2024**	**211.8864**	

***Medicaid Trend Adjustment :**

0 263893-00 - 2014/01

194.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Spring Hill FL 34608		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**42,213**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**16,099**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**23,630**		
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	**55.97802%**
Occupancy:	**96.11339%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.49571%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	790,408	1,704,141	1,270,722	524,113	0	4,289,384
1a	Audit Adjustments						
2	Cost Per Diem	33.4493	72.1177	53.7758	**22.1800**		181.5228
3	Cost Per Diem Inflated	35.0416	74.0968	56.3357			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.0416**	**74.0968**	**56.3357**	**22.1800**		187.6541
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7610		49.8062			
7	Provider Target Rate	**44.9902**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.0416**	**74.0968**	**51.2053**	**13.6500**		173.9937
12/13	Medicaid Adjustment Rate		0.4983	0.3444			
14	Prospective Per Diem 11	**35.0416**	**74.5951**	**51.5497**	**13.6500**		**174.8364**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263893-00 - 2014/01

194.40

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,549,597**
FRVS Base Asset:	**1,541,932**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**470,807**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,439,678**	**11.9434**
20% ROE(2):	**1,109,919**	**0.4105**
Insurance Cost(3):	**94,524**	**2.2392**
Taxes Cost(3):	**96,113**	**2.2769**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**17,337**	**0.0000**
Total FRVS PD:		**16.8700**

(1) 80% Capital ($4,439,678) amortized at 8.7500% for 20 years Principal & Interest of $470,807 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9434
(2) 20% ROE ($1,109,919) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4105
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.0416**	**35.0416**	**1.5077**	**33.5339**	
Patient Care					
Direct Care	**74.5951**	**74.5951**	**3.2095**	**71.3856**	
Indirect Care	**51.5497**	**51.5497**	**2.2180**	**49.3317**	
Property	**13.6500**	**16.8700**	**0.7259**	**16.1441**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3063**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**174.8364**	**178.0564**	**7.6611**	**194.3950**	

***Medicaid Trend Adjustment :**

0 263907-00 - 2014/01

197.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33756		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**36,848**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,856**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**31,678**		
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	**85.96939%**
Occupancy:	**83.89800%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.30858%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,106,527	2,378,758	1,380,103	1,020,982	0	5,886,370
1a	Audit Adjustments						
2	Cost Per Diem	34.9305	75.0918	43.5666	**32.2300**		185.8189
3	Cost Per Diem Inflated	36.5933	77.1525	45.6405			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5933**	**77.1525**	**45.6405**	**32.2300**		191.6163
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9560		51.8810			
7	Provider Target Rate	**44.1626**		**53.3383**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5933**	**77.1525**	**45.6405**	**13.6500**		173.0363
12/13	Medicaid Adjustment Rate		3.1220	1.8469			
14	Prospective Per Diem 11	**36.5933**	**80.2745**	**47.4874**	**13.6500**		**178.0052**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263907-00 - 2014/01

197.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,061,295**
FRVS Base Asset:	**1,236,839**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**174,873**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,649,036**	**4.4361**
20% ROE(2):	**412,259**	**0.1525**
Insurance Cost(3):	**123,812**	**3.3601**
Taxes Cost(3):	**56,728**	**1.5395**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**201,647**	**0.0000**
Total FRVS PD:		**9.4882**

(1) 80% Capital ($1,649,036) amortized at 8.7500% for 20 years Principal & Interest of $174,873 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.4361
(2) 20% ROE ($412,259) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1525
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5933**	**36.5933**	**1.5745**	**35.0188**	
Patient Care					
Direct Care	**80.2745**	**80.2745**	**3.4539**	**76.8206**	
Indirect Care	**47.4874**	**47.4874**	**2.0432**	**45.4442**	
Property	**13.6500**	**9.4882**	**0.4082**	**9.0800**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2912**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.0052**	**173.8434**	**7.4798**	**197.3482**	

***Medicaid Trend Adjustment :**

0 263915-00 - 2014/01

213.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**150**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**36,135**	Conditional:	**31**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**34,862**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.62018%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	45.9458	73.9748	55.1444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9458**	**73.9748**	**55.1444**	**25.8700**		200.9350
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9458**	**73.9748**	**55.1444**	**13.6500**		188.7150
12/13	Medicaid Adjustment Rate		1.1292	0.8418			
14	Prospective Per Diem 11	**45.9458**	**75.1040**	**55.9862**	**13.6500**		**190.6860**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263915-00 - 2014/01

213.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9458**	**45.9458**	**1.9769**	**43.9689**	
Patient Care					
Direct Care	**75.1040**	**75.1040**	**3.2314**	**71.8726**	
Indirect Care	**55.9862**	**55.9862**	**2.4089**	**53.5773**	
Property	**13.6500**	**18.0315**	**0.7758**	**17.2557**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.9980**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.6860**	**195.0675**	**8.3930**	**213.3659**	

***Medicaid Trend Adjustment :**

0 263923-00 - 2014/01

207.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**127**	Superior:	**0**
Pompano Beach FL 33064		Days In CR	**366**	Maximum:	**46,482**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**46,355**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**41,375**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,632**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,455**		
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	**80.85801%**
Occupancy:	**89.01295%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.66790%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,307,131	2,379,661	1,631,520	877,525	0	6,195,837
1a	Audit Adjustments						
2	Cost Per Diem	39.0713	71.1302	48.7676	**26.2300**		185.1991
3	Cost Per Diem Inflated	40.9313	73.0822	51.0891			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.9313**	**73.0822**	**51.0891**	**26.2300**		191.3326
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.9313**	**73.0822**	**51.0891**	**13.6500**		178.7526
12/13	Medicaid Adjustment Rate		2.5371	1.7736			
14	Prospective Per Diem 11	**40.9313**	**75.6193**	**52.8627**	**13.6500**		**183.0633**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263923-00 - 2014/01

207.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,441,909**
FRVS Base Asset:	**3,642,614**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**461,671**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,353,527**	**11.0661**
20% ROE(2):	**1,088,382**	**0.3804**
Insurance Cost(3):	**106,980**	**2.5856**
Taxes Cost(3):	**104,246**	**2.5195**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**185,636**	**0.0000**
Total FRVS PD:		**16.5516**

(1) 80% Capital ($4,353,527) amortized at 8.7500% for 20 years Principal & Interest of $461,671 divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $11.0661
(2) 20% ROE ($1,088,382) times the ROE factor (0.014580) divided by annual available days (46,355) divided by Occup. Adj. (0.9000) = $0.3804
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,614**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.9313**	**40.9313**	**1.7611**	**39.1702**	
Patient Care					
Direct Care	**75.6193**	**75.6193**	**3.2536**	**72.3657**	
Indirect Care	**52.8627**	**52.8627**	**2.2745**	**50.5882**	
Property	**13.6500**	**16.5516**	**0.7122**	**15.8394**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1960**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.0633**	**185.9649**	**8.0014**	**207.8529**	

***Medicaid Trend Adjustment :**

0 263931-00 - 2014/01

190.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**114**	Superior:	**0**
Sanford FL 32771		Days In CR	**366**	Maximum:	**41,724**	Standard:	**181**
County:	**Seminole[59]**	First Used:	**2014/01**	Max Annualized:	**41,610**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,123**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,458**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**27,476**		
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	**70.22979%**
Occupancy:	**93.76618%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.57747%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	925,062	2,050,751	1,247,211	695,967	0	4,918,991
1a	Audit Adjustments						
2	Cost Per Diem	33.6680	74.6379	45.3927	**25.3300**		179.0286
3	Cost Per Diem Inflated	35.2707	76.6862	47.5536			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.2707**	**76.6862**	**47.5536**	**25.3300**		184.8405
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.2707**	**76.6862**	**47.5536**	**13.6500**		173.1605
12/13	Medicaid Adjustment Rate		1.7453	1.0822			
14	Prospective Per Diem 11	**35.2707**	**78.4315**	**48.6358**	**13.6500**		**175.9880**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263931-00 - 2014/01

190.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,864,339**
FRVS Base Asset:	**952,106**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**158,164**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,491,471**	**4.2235**
20% ROE(2):	**372,868**	**0.1452**
Insurance Cost(3):	**94,427**	**2.4136**
Taxes Cost(3):	**32,790**	**0.8381**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**146,646**	**0.0000**
Total FRVS PD:		**7.6204**

(1) 80% Capital ($1,491,471) amortized at 8.7500% for 20 years Principal & Interest of $158,164 divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $4.2235
(2) 20% ROE ($372,868) times the ROE factor (0.014580) divided by annual available days (41,610) divided by Occup. Adj. (0.9000) = $0.1452
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,249,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.2707**	**35.2707**	**1.5176**	**33.7531**	
Patient Care					
Direct Care	**78.4315**	**78.4315**	**3.3746**	**75.0569**	
Indirect Care	**48.6358**	**48.6358**	**2.0926**	**46.5432**	
Property	**13.6500**	**7.6204**	**0.3279**	**7.2925**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4471**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.9880**	**169.9584**	**7.3127**	**190.7862**	

***Medicaid Trend Adjustment :**

0 263940-00 - 2014/01

196.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**174**	Superior:	**0**
Tampa FL 33614		Days In CR	**366**	Maximum:	**63,684**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**63,510**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**58,385**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**18,333**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**37,266**		
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	**63.82804%**
Occupancy:	**91.67923%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.98282%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,339,448	2,863,124	1,819,884	875,378	0	6,897,834
1a	Audit Adjustments						
2	Cost Per Diem	35.9429	76.8294	48.8350	**23.4900**		185.0973
3	Cost Per Diem Inflated	37.6539	78.9378	51.1597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**37.6539**	**78.9378**	**51.1597**	**23.4900**		191.2414
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9356		51.8795			
7	Provider Target Rate	**44.1417**		**53.3368**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**37.6539**	**78.9378**	**51.1597**	**13.6500**		181.4014
12/13	Medicaid Adjustment Rate		1.2280	0.7959			
14	Prospective Per Diem 11	**37.6539**	**80.1658**	**51.9556**	**13.6500**		**183.4253**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263940-00 - 2014/01

196.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,724,580**
FRVS Base Asset:	**1,545,483**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**231,143**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,179,664**	**4.0439**
20% ROE(2):	**544,916**	**0.1390**
Insurance Cost(3):	**136,894**	**2.3447**
Taxes Cost(3):	**83,102**	**1.4233**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**68,373**	**0.0000**
Total FRVS PD:		**7.9509**

(1) 80% Capital ($2,179,664) amortized at 8.7500% for 20 years Principal & Interest of $231,143 divided by annual available days (63,510) divided by Occup. Adj. (0.9000) = $4.0439
(2) 20% ROE ($544,916) times the ROE factor (0.014580) divided by annual available days (63,510) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**174**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,959,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**37.6539**	**37.6539**	**1.6201**	**36.0338**	
Patient Care					
Direct Care	**80.1658**	**80.1658**	**3.4492**	**76.7166**	
Indirect Care	**51.9556**	**51.9556**	**2.2355**	**49.7201**	
Property	**13.6500**	**7.9509**	**0.3421**	**7.6088**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2438**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.4253**	**177.7262**	**7.6469**	**196.0165**	

***Medicaid Trend Adjustment :**

0 263958-00 - 2014/01

214.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

The Abbey Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County: **Pinellas[52]**		First Used:	**2013/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,678**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**3,486**	Inflation	
Current Class **Central Large [6]**		Initial CR?	**False**	Medicaid:	**32,697**	FY Index:	**1.28335532**
Class at 1/94: **North Large [2]**		Medicaid Utilization			**84.53643%**	Semester Index:	**1.34444818**
Operating Ex **> 18 months [1]**		Occupancy:			**69.52474%**	Cost:	**1.04760401**
Open Date: **8/1/1977**		Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date: **8/1/1977**		Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.20250000**
Entered Medicaid **8/1/1977**		Low Occupancy Adjustment Factor:			**86.43861%**	**DC Sem Index:**	**1.23550000**
Med # Active Date: **7/1/2003**		Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.02744283**
Previous Med # **211711**					**7/1/2013**	**PS Target:**	**1.02809000**

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	42.8630	79.6840	56.2637			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8630**	**79.6840**	**56.2637**	**28.8800**		207.6907
5a	Interim Adjustment	0.4003	0.1223	0.1019			
5b	Interim Adjusted Per Diem	**43.2633**	**79.8063**	**56.3656**			
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment	0.4003		0.1019			
7b	Interim Adjusted Provider Target Rate	**44.5215**		**53.4380**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.2633**	**79.8063**	**53.4380**	**13.6500**		190.1576
12/13	Medicaid Adjustment Rate		3.1008	2.0763			
14	Prospective Per Diem 11	**43.2633**	**82.9071**	**55.5143**	**13.6500**		**195.3347**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263958-00 - 2014/01

214.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,717,834**
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:	**230,571**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,174,267**	**4.6177**
20% ROE(2):	**543,567**	**0.1587**
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:		**9.3102**

(1) 80% Capital ($2,174,267) amortized at 8.7500% for 20 years Principal & Interest of $230,571 divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $4.6177
(2) 20% ROE ($543,567) times the ROE factor (0.014580) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.1587
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,161,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.2633**	**43.2633**	**1.8615**	**41.4018**	
Patient Care					
Direct Care	**82.9071**	**82.9071**	**3.5672**	**79.3399**	
Indirect Care	**55.5143**	**55.5143**	**2.3886**	**53.1257**	
Property	**13.6500**	**9.3102**	**0.4006**	**8.9096**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6927**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.3347**	**190.9949**	**8.2179**	**214.1631**	

***Medicaid Trend Adjustment :**

0 263966-00 - 2014/01

193.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**104**	Superior:	**0**
Avon Park FL 33825		Days In CR	**366**	Maximum:	**38,064**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2014/01**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**34,910**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**10,245**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,474**		
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	**61.51246%**
Occupancy:	**91.71395%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.02599%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	857,119	1,389,409	969,057	627,685	0	3,843,270
1a	Audit Adjustments						
2	Cost Per Diem	39.9143	64.7019	45.1270	**29.2300**		178.9732
3	Cost Per Diem Inflated	41.8144	66.4775	47.2752			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.8144**	**66.4775**	**47.2752**	**29.2300**		184.7971
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9636		51.8788			
7	Provider Target Rate	**44.1704**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8144**	**66.4775**	**47.2752**	**13.6500**		169.2171
12/13	Medicaid Adjustment Rate		0.8610	0.6123			
14	Prospective Per Diem 11	**41.8144**	**67.3385**	**47.8875**	**13.6500**		**170.6904**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 263966-00 - 2014/01

193.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,926,292**
FRVS Base Asset:	**2,781,592**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**395,573**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,941,034**	**11.5787**
20% ROE(2):	**985,258**	**0.4205**
Insurance Cost(3):	**81,651**	**2.3389**
Taxes Cost(3):	**115,397**	**3.3056**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**23,128**	**0.0000**
Total FRVS PD:		**17.6437**

(1) 80% Capital ($3,941,034) amortized at 8.0000% for 20 years Principal & Interest of $395,573 divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $11.5787
(2) 20% ROE ($985,258) times the ROE factor (0.014580) divided by annual available days (37,960) divided by Occup. Adj. (0.9000) = $0.4205
(3) 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:	**51,248**
		Effective PBS Limitation	**2,781,592**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8144**	**41.8144**	**1.7991**	**40.0153**	
Patient Care					
Direct Care	**67.3385**	**67.3385**	**2.8973**	**64.4412**	
Indirect Care	**47.8875**	**47.8875**	**2.0604**	**45.8271**	
Property	**13.6500**	**17.6437**	**0.7591**	**16.8846**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4721**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**170.6904**	**174.6841**	**7.5159**	**193.3337**	

***Medicaid Trend Adjustment :**

4

0 263974-00 - 2014/01

220.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Titusville Rehabilitation and Nursing Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**57,305**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,757**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.34768%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	44.8827	86.8941	55.9292			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.8827**	**86.8941**	**55.9292**	**28.0100**		215.7160
5a	Interim Adjustment	0.4810	0.2104	0.1978			
5b	Interim Adjusted Per Diem	**45.3637**	**87.1045**	**56.1270**			
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment	0.4810		0.1978			
7b	Interim Adjusted Provider Target Rate	**44.6022**		**53.5339**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6022**	**87.1045**	**53.5339**	**13.6500**		198.8906
12/13	Medicaid Adjustment Rate		2.4280	1.4923			
14	Prospective Per Diem 11	**44.6022**	**89.5325**	**55.0262**	**13.6500**		**202.8109**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263974-00 - 2014/01

220.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**4,474,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6022**	**44.6022**	**1.9191**	**42.6831**	
Patient Care					
Direct Care	**89.5325**	**89.5325**	**3.8522**	**85.6803**	
Indirect Care	**55.0262**	**55.0262**	**2.3676**	**52.6586**	
Property	**13.6500**	**9.8010**	**0.4217**	**9.3793**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7654**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.8109**	**198.9619**	**8.5606**	**220.8601**	

***Medicaid Trend Adjustment :**

0 263982-00 - 2014/01

199.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**169**	Superior:	**0**
Sarasota FL 34239		Days In CR	**366**	Maximum:	**61,854**	Standard:	**181**
County: **Sarasota[58]**		First Used:	**2014/01**	Max Annualized:	**61,685**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**47,445**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,161**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**41,800**		
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	**88.10201%**
Occupancy:	**76.70482%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.36546%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,349,385	3,067,493	1,885,996	1,107,700	0	7,410,574
1a	Audit Adjustments						
2	Cost Per Diem	32.2819	73.3850	45.1195	**26.5000**		177.2864
3	Cost Per Diem Inflated	33.8186	75.3989	47.2674			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.8186**	**75.3989**	**47.2674**	**26.5000**		182.9849
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.8186**	**75.3989**	**47.2674**	**13.6500**		170.1349
12/13	Medicaid Adjustment Rate		3.2320	2.0261			
14	Prospective Per Diem 11	**33.8186**	**78.6309**	**49.2935**	**13.6500**		**175.3930**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263982-00 - 2014/01

199.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,913,973**
FRVS Base Asset:	**3,074,906**
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:	**11.9600**	**%**
Chase Rate:	**6.7500**	**%**
Amortization Rate:	**8.7500**	**%**
Interest Only:	**False**	
Yearly Payment:	**501,719**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,731,178**	**9.0373**
20% ROE(2):	**1,182,795**	**0.3106**
Insurance Cost(3):	**133,015**	**2.8036**
Taxes Cost(3):	**63,465**	**1.3377**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**330,414**	**0.0000**
Total FRVS PD:		**13.4892**

(1) 80% Capital ($4,731,178) amortized at 8.7500% for 20 years Principal & Interest of $501,719 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $9.0373
(2) 20% ROE ($1,182,795) times the ROE factor (0.014580) divided by annual available days (61,685) 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	**169**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,816,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.8186**	**33.8186**	**1.4551**	**32.3635**	
Patient Care					
Direct Care	**78.6309**	**78.6309**	**3.3832**	**75.2477**	
Indirect Care	**49.2935**	**49.2935**	**2.1209**	**47.1726**	
Property	**13.6500**	**13.4892**	**0.5804**	**12.9088**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.7008**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.3930**	**175.2322**	**7.5396**	**199.0868**	

***Medicaid Trend Adjustment :**

0 263991-00 - 2014/01

195.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**103**	Superior:	**0**
Hudson FL 34667		Days In CR	**366**	Maximum:	**37,698**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**34,152**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**7,201**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,075**		
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	**58.78133%**
Occupancy:	**90.59367%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.63316%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	703,644	1,360,071	990,026	452,691	0	3,506,432
1a	Audit Adjustments						
2	Cost Per Diem	35.0508	67.7495	49.3164	**22.5500**		174.6667
3	Cost Per Diem Inflated	36.7194	69.6087	51.6641			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.7194**	**69.6087**	**51.6641**	**22.5500**		180.5422
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.7194**	**69.6087**	**51.6641**	**13.6500**		171.6422
12/13	Medicaid Adjustment Rate		0.6877	0.5104			
14	Prospective Per Diem 11	**36.7194**	**70.2964**	**52.1745**	**13.6500**		**172.8403**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 263991-00 - 2014/01

195.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,632,570**
FRVS Base Asset:	**1,720,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**393,010**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,706,056**	**11.6153**
20% ROE(2):	**926,514**	**0.3992**
Insurance Cost(3):	**91,296**	**2.6732**
Taxes Cost(3):	**41,148**	**1.2048**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**4,601**	**0.0000**
Total FRVS PD:		**15.8925**

(1) 80% Capital ($3,706,056) amortized at 8.7500% for 20 years Principal & Interest of $393,010 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $11.6153
(2) 20% ROE ($926,514) times the ROE factor (0.014580) divided by annual available days (37,595) 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:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,720,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.7194**	**36.7194**	**1.5799**	**35.1395**	
Patient Care					
Direct Care	**70.2964**	**70.2964**	**3.0246**	**67.2718**	
Indirect Care	**52.1745**	**52.1745**	**2.2449**	**49.9296**	
Property	**13.6500**	**15.8925**	**0.6838**	**15.2087**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6422**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.8403**	**175.0828**	**7.5332**	**195.8852**	

***Medicaid Trend Adjustment :**

0 264008-00 - 2014/01

204.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Fort Myers FL 33916		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**42,106**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,760**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,767**		
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	**77.82026%**
Occupancy:	**95.86976%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.19281%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,270,085	2,340,383	1,478,342	857,840	0	5,946,650
1a	Audit Adjustments						
2	Cost Per Diem	38.7611	71.4250	45.1168	**26.1800**		181.4829
3	Cost Per Diem Inflated	40.6063	73.3851	47.2645			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6063**	**73.3851**	**47.2645**	**26.1800**		187.4359
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		53.9513			
7	Provider Target Rate	**46.4166**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6063**	**73.3851**	**47.2645**	**13.6500**		174.9059
12/13	Medicaid Adjustment Rate		2.2968	1.4793			
14	Prospective Per Diem 11	**40.6063**	**75.6819**	**48.7438**	**13.6500**		**178.6820**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264008-00 - 2014/01

204.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,454,086**
FRVS Base Asset:	**4,098,639**
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:	**462,704**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,363,269**	**11.7378**
20% ROE(2):	**1,090,817**	**0.4035**
Insurance Cost(3):	**95,867**	**2.2768**
Taxes Cost(3):	**108,187**	**2.5694**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**430,348**	**0.0000**
Total FRVS PD:		**16.9875**

(1) 80% Capital ($4,363,269) amortized at 8.7500% for 20 years Principal & Interest of $462,704 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.7378
(2) 20% ROE ($1,090,817) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4035
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6063**	**40.6063**	**1.7471**	**38.8592**	
Patient Care					
Direct Care	**75.6819**	**75.6819**	**3.2563**	**72.4256**	
Indirect Care	**48.7438**	**48.7438**	**2.0973**	**46.6465**	
Property	**13.6500**	**16.9875**	**0.7309**	**16.2566**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5453**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.6820**	**182.0195**	**7.8316**	**204.4266**	

***Medicaid Trend Adjustment :**

0 264482-00 - 2014/01

187.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Lafayette[34]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**20,572**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.46961%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

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	44.3530	62.0757	38.4727			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.3530**	**62.0757**	**38.4727**	**26.8500**		171.7514
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.3530**	**62.0757**	**38.4727**	**13.6500**		158.5514
12/13	Medicaid Adjustment Rate		1.7208	1.0665			
14	Prospective Per Diem 11	**44.3530**	**63.7965**	**39.5392**	**13.6500**		**161.3387**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 264482-00 - 2014/01

187.72

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,757,613**
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:	**249,589**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,206,090**	**12.6631**
20% ROE(2):	**551,523**	**0.4256**
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:		**16.1064**

(1) 80% Capital ($2,206,090) amortized at 9.6630% for 20 years Principal & Interest of $249,589 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $12.6631
(2) 20% ROE ($551,523) times the ROE factor (0.015210) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4256
(3) 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:	**51,248**
		Effective PBS Limitation	**2,191,560**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.3530**	**44.3530**	**1.9083**	**42.4447**	
Patient Care					
Direct Care	**63.7965**	**63.7965**	**2.7449**	**61.0516**	
Indirect Care	**39.5392**	**39.5392**	**1.7012**	**37.8380**	
Property	**13.6500**	**16.1064**	**0.6930**	**15.4134**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2805**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**161.3387**	**163.7951**	**7.0474**	**187.7216**	

***Medicaid Trend Adjustment :**

3

0 264491-00 - 2014/01

229.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**43,749**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,723**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**9,161**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/20/2003**						
Acquired Date:	**10/20/2003**						
Entered Medicaid	**11/5/2003**						
Med # Active Date:	**11/5/2003**						
Previous Med #							

Medicaid Utilization	**20.93991%**
Occupancy:	**99.61066%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**123.84379%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	51.4530	99.5925	56.6777			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4530**	**99.5925**	**56.6777**	**12.1401**		219.8633
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.8573		54.9230			
7	Provider Target Rate	**63.5949**		**56.4658**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**56.4658**	**12.1401**		212.5609
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**56.4658**	**12.1401**		**212.5609**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264491-00 - 2014/01

229.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,104,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**56.4658**	**56.4658**	**2.4295**	**54.0363**	
Property	**12.1401**	**6.0099**	**0.2586**	**5.7513**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.3693**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.5609**	**206.4307**	**8.8820**	**229.6114**	

***Medicaid Trend Adjustment :**

0 264512-00 - 2014/01

226.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32812		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**40,421**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,525**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,466**		
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	**43.21021%**
Occupancy:	**92.03324%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.42295%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	927,890	1,458,100	1,019,703	306,004	0	3,711,697
1a	Audit Adjustments						
2	Cost Per Diem	53.1255	83.4822	58.3822	**17.5200**		212.5099
3	Cost Per Diem Inflated	55.6545	85.7732	61.1614			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.6545**	**85.7732**	**61.1614**	**17.5200**		220.1091
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2734		63.7824			
7	Provider Target Rate	**53.7418**		**65.5740**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**85.7732**	**61.0784**	**13.6500**		212.4148
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**85.7732**	**61.0784**	**13.6500**		**212.4148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264512-00 - 2014/01

226.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,466,505**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**425,656**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,373,204**	**10.7980**
20% ROE(2):	**1,093,301**	**0.4044**
Insurance Cost(3):	**83,700**	**2.0707**
Taxes Cost(3):	**55,993**	**1.3852**
Home Office(3):	**18,257**	**0.4517**
Replacement(3&4):	**143,330**	**0.0000**
Total FRVS PD:		**15.1100**

(1) 80% Capital ($4,373,204) amortized at 7.5900% for 20 years Principal & Interest of $425,656 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.7980
(2) 20% ROE ($1,093,301) times the ROE factor (0.014580) divided by annual available days (43,800) 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:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**85.7732**	**85.7732**	**3.6905**	**82.0827**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**15.1100**	**0.6501**	**14.4599**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.3450**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.4148**	**213.8748**	**9.2022**	**226.7110**	

***Medicaid Trend Adjustment :**

0 264521-00 - 2014/01

217.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Belleair 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33756		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,588**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,413**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**23,262**		
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	**55.93440%**
Occupancy:	**94.69035%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.72648%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,095,334	1,851,960	1,336,151	414,994	0	4,698,439
1a	Audit Adjustments						
2	Cost Per Diem	47.0868	79.6131	57.4392	**17.8400**		201.9791
3	Cost Per Diem Inflated	49.3283	81.7979	60.1735			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3283**	**81.7979**	**60.1735**	**17.8400**		209.1397
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.0252		52.2816			
7	Provider Target Rate	**48.3461**		**53.7502**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.3461**	**81.7979**	**53.7502**	**13.6500**		197.5442
12/13	Medicaid Adjustment Rate		0.5461	0.3588			
14	Prospective Per Diem 11	**48.3461**	**82.3440**	**54.1090**	**13.6500**		**198.4491**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264521-00 - 2014/01

217.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Belleair 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	**4,499,260**
FRVS Base Asset:	**2,648,565**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**416,821**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,599,408**	**10.5738**
20% ROE(2):	**899,852**	**0.3328**
Insurance Cost(3):	**76,129**	**1.8306**
Taxes Cost(3):	**61,470**	**1.4781**
Home Office(3):	**16,977**	**0.4082**
Replacement(3&4):	**327,614**	**0.0000**
Total FRVS PD:		**14.6235**

(1) 80% Capital ($3,599,408) amortized at 10.0000% for 20 years Principal & Interest of $416,821 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.5738
(2) 20% ROE ($899,852) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3328
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3461**	**48.3461**	**2.0801**	**46.2660**	
Patient Care					
Direct Care	**82.3440**	**82.3440**	**3.5429**	**78.8011**	
Indirect Care	**54.1090**	**54.1090**	**2.3281**	**51.7809**	
Property	**13.6500**	**14.6235**	**0.6292**	**13.9943**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.8160**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**198.4491**	**199.4226**	**8.5803**	**217.3517**	

***Medicaid Trend Adjustment :**

7

0 264539-00 - 2014/01

220.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33764		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**40,876**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,569**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**20,361**		
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	**49.81163%**
Occupancy:	**93.06922%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.71096%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	915,319	1,698,708	1,101,459	252,476	0	3,967,962
1a	Audit Adjustments						
2	Cost Per Diem	44.9545	83.4295	54.0965	**12.4000**		194.8805
3	Cost Per Diem Inflated	47.0945	85.7190	56.6717			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0945**	**85.7190**	**56.6717**	**12.4000**		201.8852
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1766		53.8953			
7	Provider Target Rate	**52.6142**		**55.4092**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0945**	**85.7190**	**55.4092**	**12.4000**		200.6227
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.0945**	**85.7190**	**55.4092**	**12.4000**		**200.6227**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264539-00 - 2014/01

220.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,736,125**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**467,479**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,588,900**	**11.8589**
20% ROE(2):	**1,147,225**	**0.4243**
Insurance Cost(3):	**67,898**	**1.6611**
Taxes Cost(3):	**71,210**	**1.7421**
Home Office(3):	**16,982**	**0.4155**
Replacement(3&4):	**21,777**	**0.0000**
Total FRVS PD:		**16.1019**

(1) 80% Capital ($4,588,900) amortized at 8.2000% for 20 years Principal & Interest of $467,479 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.8589
(2) 20% ROE ($1,147,225) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4243
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0945**	**47.0945**	**2.0263**	**45.0682**	
Patient Care					
Direct Care	**85.7190**	**85.7190**	**3.6882**	**82.0308**	
Indirect Care	**55.4092**	**55.4092**	**2.3840**	**53.0252**	
Property	**12.4000**	**16.1019**	**0.6928**	**15.4091**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.3794**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.6227**	**204.3246**	**8.7913**	**220.6061**	

***Medicaid Trend Adjustment :**

0 264547-00 - 2014/01

227.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Melbourne Terrace 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	
251 Florida Ave		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Melbourne FL 32901		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**40,076**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,535**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,221**		
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	**42.97086%**
Occupancy:	**91.24773%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.44634%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	884,731	1,475,972	1,011,697	293,274	0	3,665,674
1a	Audit Adjustments						
2	Cost Per Diem	51.3751	85.7077	58.7479	**17.0300**		212.8607
3	Cost Per Diem Inflated	53.8208	88.0598	61.5445			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.8208**	**88.0598**	**61.5445**	**17.0300**		220.4551
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1508		53.0919			
7	Provider Target Rate	**52.5876**		**54.5833**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**88.0598**	**54.5833**	**13.6500**		208.2063
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**88.0598**	**54.5833**	**13.6500**		**208.2063**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264547-00 - 2014/01

227.27

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Melbourne Terrace Restorative Care Center

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	**6,012,907**
FRVS Base Asset:	**3,557,520**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**580,964**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,810,326**	**14.7378**
20% ROE(2):	**1,202,581**	**0.4448**
Insurance Cost(3):	**81,342**	**2.0297**
Taxes Cost(3):	**54,043**	**1.3485**
Home Office(3):	**18,608**	**0.4643**
Replacement(3&4):	**86,873**	**0.0000**
Total FRVS PD:		**19.0251**

(1) 80% Capital ($4,810,326) amortized at 10.6200% for 20 years Principal & Interest of $580,964 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.7378
(2) 20% ROE ($1,202,581) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4448
(3) 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:	**51,248**
		Effective PBS Limitation	**3,557,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**88.0598**	**88.0598**	**3.7889**	**84.2709**	
Indirect Care	**54.5833**	**54.5833**	**2.3485**	**52.2348**	
Property	**13.6500**	**19.0251**	**0.8186**	**18.2065**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.1837**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.2063**	**213.5814**	**9.1896**	**227.2689**	

***Medicaid Trend Adjustment :**

0 264563-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Tallahassee FL 32308		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Leon[37]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**40,582**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,978**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**17,208**		
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	**42.40304%**
Occupancy:	**92.39982%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.87871%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	774,541	1,457,392	923,230	260,701	0	3,415,864
1a	Audit Adjustments						
2	Cost Per Diem	45.0105	84.6927	53.6512	**15.1500**		198.5044
3	Cost Per Diem Inflated	47.1532	87.0169	56.2052			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1532**	**87.0169**	**56.2052**	**15.1500**		205.5253
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0522		55.4530			
7	Provider Target Rate	**57.6267**		**57.0107**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1532**	**87.0169**	**56.2052**	**13.6500**		204.0253
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1532**	**87.0169**	**56.2052**	**13.6500**		**204.0253**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264563-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,924,312**
FRVS Base Asset:	**2,524,016**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**354,840**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,739,450**	**9.0015**
20% ROE(2):	**1,184,862**	**0.4382**
Insurance Cost(3):	**64,459**	**1.5884**
Taxes Cost(3):	**69,787**	**1.7197**
Home Office(3):	**17,561**	**0.4327**
Replacement(3&4):	**12,882**	**0.0000**
Total FRVS PD:		**13.1805**

(1) 80% Capital ($4,739,450) amortized at 4.3375% for 20 years Principal & Interest of $354,840 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0015
(2) 20% ROE ($1,184,862) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4382
(3) 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:	**51,248**
		Effective PBS Limitation	**2,524,016**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1532**	**47.1532**	**2.0288**	**45.1244**	
Patient Care					
Direct Care	**87.0169**	**87.0169**	**3.7440**	**83.2729**	
Indirect Care	**56.2052**	**56.2052**	**2.4183**	**53.7869**	
Property	**13.6500**	**13.1805**	**0.5671**	**12.6134**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.6154**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**204.0253**	**203.5558**	**8.7582**	**216.1064**	

***Medicaid Trend Adjustment :**

1

0 264571-00 - 2014/01

226.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Haven FL 33881		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,385**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,733**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**15,106**		
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	**37.40498%**
Occupancy:	**91.95127%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.32105%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	795,291	1,355,940	931,880	442,606	0	3,525,717
1a	Audit Adjustments						
2	Cost Per Diem	52.6474	89.7617	61.6894	**29.3000**		233.3985
3	Cost Per Diem Inflated	55.1536	92.2250	64.6261			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.1536**	**92.2250**	**64.6261**	**29.3000**		241.3047
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.0359		53.2883			
7	Provider Target Rate	**56.5819**		**54.7852**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**92.2250**	**54.7852**	**13.6500**		212.5734
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**92.2250**	**54.7852**	**13.6500**		**212.5734**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 264571-00 - 2014/01

226.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,556,913**
FRVS Base Asset:	**3,642,240**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**432,695**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,445,530**	**10.9765**
20% ROE(2):	**1,111,383**	**0.4111**
Insurance Cost(3):	**93,005**	**2.3030**
Taxes Cost(3):	**77,349**	**1.9153**
Home Office(3):	**19,690**	**0.4876**
Replacement(3&4):	**109,987**	**0.0000**
Total FRVS PD:		**16.0935**

(1) 80% Capital ($4,445,530) amortized at 7.5900% for 20 years Principal & Interest of $432,695 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.9765
(2) 20% ROE ($1,111,383) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4111
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**92.2250**	**92.2250**	**3.9681**	**88.2569**	
Indirect Care	**54.7852**	**54.7852**	**2.3572**	**52.4280**	
Property	**13.6500**	**16.0935**	**0.6924**	**15.4011**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$11.8349**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.5734**	**215.0169**	**9.2513**	**226.2939**	

***Medicaid Trend Adjustment :**

0 265381-00 - 2014/01

230.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Lee[36]**		First Used:	**2013/01**	Max Annualized:	**56,575**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**45,794**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**100.36082%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	45.9922	94.4443	64.3576			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9922**	**94.4443**	**64.3576**	**33.4900**		238.2841
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.3620		59.6078			
7	Provider Target Rate	**54.8609**		**61.2822**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9922**	**94.4443**	**61.2822**	**13.6500**		215.3687
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.9922**	**94.4443**	**61.2822**	**13.6500**		**215.3687**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265381-00 - 2014/01

230.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,712,187**
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:	**460,440**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,169,750**	**9.0429**
20% ROE(2):	**1,542,437**	**0.5395**
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:		**13.9368**

(1) 80% Capital ($6,169,750) amortized at 4.3000% for 20 years Principal & Interest of $460,440 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $9.0429
(2) 20% ROE ($1,542,437) times the ROE factor (0.017810) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.5395
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/2003**	Used Per Bed Standard:	**42,535**
Comparison Bed	**155**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,592,925**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9922**	**45.9922**	**1.9789**	**44.0133**	
Patient Care					
Direct Care	**94.4443**	**94.4443**	**4.0636**	**90.3807**	
Indirect Care	**61.2822**	**61.2822**	**2.6367**	**58.6455**	
Property	**13.6500**	**13.9368**	**0.5996**	**13.3372**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2201**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.3687**	**215.6555**	**9.2788**	**230.2902**	

***Medicaid Trend Adjustment :**

0 265560-00 - 2014/01

184.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**300**	Superior:	**0**
Lakeland FL 33810		Days In CR	**366**	Maximum:	**109,800**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**109,500**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**88,393**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,096**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**54,089**		
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	**61.19150%**
Occupancy:	**80.50364%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**100.08845%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,867,915	4,319,650	2,575,322	868,669	0	9,631,556
1a	Audit Adjustments						
2	Cost Per Diem	34.5341	79.8619	47.6127	**16.0600**		178.0687
3	Cost Per Diem Inflated	36.1781	82.0535	49.8793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.1781**	**82.0535**	**49.8793**	**16.0600**		184.1709
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		54.9351			
7	Provider Target Rate	**44.1212**		**56.4782**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.1781**	**82.0535**	**49.8793**	**13.6500**		181.7609
12/13	Medicaid Adjustment Rate		1.0331	0.6280			
14	Prospective Per Diem 11	**36.1781**	**83.0866**	**50.5073**	**13.6500**		**183.4220**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265560-00 - 2014/01

184.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**10,211,889**
FRVS Base Asset:	**5,789,828**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**938,270**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**8,169,511**	**9.5208**
20% ROE(2):	**2,042,378**	**0.3022**
Insurance Cost(3):	**93,463**	**1.0574**
Taxes Cost(3):	**64,694**	**0.7319**
Home Office(3):	**21,556**	**0.2439**
Replacement(3&4):	**52,856**	**0.0000**
Total FRVS PD:		**11.8562**

(1) 80% Capital ($8,169,511) amortized at 9.8800% for 20 years Principal & Interest of $938,270 divided by annual available days (109,500) divided by Occup. Adj. (0.9000) = $9.5208
(2) 20% ROE ($2,042,378) times the ROE factor (0.014580) divided by annual available days (109,500) 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	**300**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**8,550,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.1781**	**36.1781**	**1.5566**	**34.6215**	
Patient Care					
Direct Care	**83.0866**	**83.0866**	**3.5749**	**79.5117**	
Indirect Care	**50.5073**	**50.5073**	**2.1731**	**48.3342**	
Property	**13.6500**	**11.8562**	**0.5101**	**11.3461**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.2676**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.4220**	**181.6282**	**7.8147**	**184.7745**	

***Medicaid Trend Adjustment :**

0 265730-00 - 2014/01

189.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hialeah 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	
190 W. 28th Street		**01/01/2012-12/31/2012**		Number of Beds:	**276**	Superior:	**0**
Hialeah FL 33010		Days In CR	**366**	Maximum:	**101,016**	Standard:	**181**
County: **Dade[13]**		First Used:	**2014/01**	Max Annualized:	**100,740**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**94,985**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**16,927**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**71,432**		
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	**75.20345%**
Occupancy:	**94.02966%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.90506%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,441,603	5,744,219	3,155,756	939,331	0	12,280,909
1a	Audit Adjustments						
2	Cost Per Diem	34.1808	80.4152	44.1785	**13.1500**		171.9245
3	Cost Per Diem Inflated	35.8079	82.6220	46.2816			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**35.8079**	**82.6220**	**46.2816**	**13.1500**		177.8615
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		55.4387			
7	Provider Target Rate	**46.4166**		**56.9960**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**35.8079**	**82.6220**	**46.2816**	**13.1500**		177.8615
12/13	Medicaid Adjustment Rate		2.3427	1.3123			
14	Prospective Per Diem 11	**35.8079**	**84.9647**	**47.5939**	**13.1500**		**181.5165**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 265730-00 - 2014/01

189.35

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Hialeah Nursing and Rehabilitation 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	**11,896,424**
FRVS Base Asset:	**6,410,022**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**1,395,026**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**9,517,139**	**15.3864**
20% ROE(2):	**2,379,285**	**0.3826**
Insurance Cost(3):	**162,272**	**1.7084**
Taxes Cost(3):	**54,542**	**0.5742**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**157,459**	**0.0000**
Total FRVS PD:		**18.0516**

(1) 80% Capital ($9,517,139) amortized at 13.6960% for 20 years Principal & Interest of $1,395,026 divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $15.3864
(2) 20% ROE ($2,379,285) times the ROE factor (0.014580) divided by annual available days (100,740) divided by Occup. Adj. (0.9000) = $0.3826
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**7,866,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**35.8079**	**35.8079**	**1.5407**	**34.2672**	
Patient Care					
Direct Care	**84.9647**	**84.9647**	**3.6557**	**81.3090**	
Indirect Care	**47.5939**	**47.5939**	**2.0478**	**45.5461**	
Property	**13.1500**	**18.0516**	**0.7767**	**17.2749**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.2556**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.5165**	**186.4181**	**8.0209**	**189.3462**	

***Medicaid Trend Adjustment :**

2

0 266108-00 - 2014/01

215.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**120**	Superior:	**0**
Ocala FL 34474		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Marion[42]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**39,991**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**24,669**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**10,849**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1998**						
Acquired Date:	**10/1/1998**						
Entered Medicaid	**10/1/1998**						
Med # Active Date:	**2/1/2004**						
Previous Med #	**253154**						

Medicaid Utilization	**27.12860%**
Occupancy:	**91.05419%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.20572%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	447,464	923,849	688,647	287,932	0	2,347,892
1a	Audit Adjustments						
2	Cost Per Diem	41.2447	85.1552	63.4756	**26.5400**		216.4155
3	Cost Per Diem Inflated	43.1371	87.4195	66.3880			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.1371**	**87.4195**	**66.3880**	**26.5400**		223.4846
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5849		57.6519			
7	Provider Target Rate	**52.0058**		**59.2713**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.1371**	**87.4195**	**59.2527**	**13.6500**		203.4593
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.1371**	**87.4195**	**59.2527**	**13.6500**		**203.4593**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266108-00 - 2014/01

215.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,804,945**
FRVS Base Asset:	**4,545,840**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**483,616**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,643,956**	**12.2683**
20% ROE(2):	**1,160,989**	**0.4294**
Insurance Cost(3):	**40,013**	**1.0006**
Taxes Cost(3):	**58,176**	**1.4547**
Home Office(3):	**42,630**	**1.0660**
Replacement(3&4):	**115,290**	**0.0000**
Total FRVS PD:		**16.2190**

(1) 80% Capital ($4,643,956) amortized at 8.5000% for 20 years Principal & Interest of $483,616 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2683
(2) 20% ROE ($1,160,989) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4294
(3) 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:	**51,248**
		Effective PBS Limitation	**4,545,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.1371**	**43.1371**	**1.8560**	**41.2811**	
Patient Care					
Direct Care	**87.4195**	**87.4195**	**3.7613**	**83.6582**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**16.2190**	**0.6978**	**15.5212**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.2433**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.4593**	**206.0283**	**8.8645**	**215.1005**	

***Medicaid Trend Adjustment :**

0 266124-00 - 2014/01

230.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Oasis Health and Rehabilitation Center

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 :01/01/2014
Type of 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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**39,640**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,428**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**32,520**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**6/1/1986**					Target:	**1.01966300**
Acquired Date:	**6/1/1986**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**6/1/1986**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**9/1/2003**					**DC Inflation:**	**1.02744283**
Previous Med #	**209279**					**PS Target:**	**1.02809000**

Medicaid Utilization	**82.03835%**
Occupancy:	**90.25501%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.21212%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
Interim Component Effective date:	**1/1/2014**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,730,933	2,449,972	1,716,255	593,165	0	6,490,325
1a	Audit Adjustments						
2	Cost Per Diem	53.2267	75.3374	52.7754	**18.2400**		199.5795
3	Cost Per Diem Inflated	55.7605	77.4049	55.2877			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.7605**	**77.4049**	**55.2877**	**18.2400**		206.6931
5a	Interim Adjustment	0.6515	0.1235	0.3704			
5b	Interim Adjusted Per Diem	**56.4120**	**77.5284**	**55.6581**			
6	Prior Semester: Provider Target Base	60.2636		53.9513			
7	Provider Target Rate	**61.9564**		**55.4668**			
7a	Interim Adjustment	0.6515		0.3704			
7b	Interim Adjusted Provider Target Rate	**62.6079**		**55.8372**			
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**77.5284**	**55.6581**	**13.6500**		200.8588
12/13	Medicaid Adjustment Rate		2.7944	2.0061			
14	Prospective Per Diem 11	**54.0223**	**80.3228**	**57.6642**	**13.6500**		**205.6593**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266124-00 - 2014/01

230.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,443,714**
FRVS Base Asset:	**3,092,950**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**437,121**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,354,971**	**11.0888**
20% ROE(2):	**1,088,743**	**0.4027**
Insurance Cost(3):	**97,827**	**2.4679**
Taxes Cost(3):	**92,912**	**2.3439**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**118,850**	**0.0000**
Total FRVS PD:		**16.3033**

(1) 80% Capital ($4,354,971) amortized at 8.0000% for 20 years Principal & Interest of $437,121 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.0888
(2) 20% ROE ($1,088,743) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4027
(3) 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:	**51,248**
		Effective PBS Limitation	**3,448,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**80.3228**	**80.3228**	**3.4560**	**76.8668**	
Indirect Care	**57.6642**	**57.6642**	**2.4811**	**55.1831**	
Property	**13.6500**	**16.3033**	**0.7015**	**15.6018**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.7568**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.6593**	**208.3126**	**8.9630**	**230.7998**	

***Medicaid Trend Adjustment :**

0 266281-00 - 2014/01

167.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**43,067**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,440**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,202**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/8/2004**						
Acquired Date:	**1/8/2004**						
Entered Medicaid	**2/20/2004**						
Med # Active Date:	**2/20/2004**						
Previous Med #							

Medicaid Utilization	**58.51812%**
Occupancy:	**98.05783%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.91319%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	750,056	1,599,725	821,004	811,252	0	3,982,037
1a	Audit Adjustments						
2	Cost Per Diem	29.7618	63.4761	32.5769	**32.1900**		158.0048
3	Cost Per Diem Inflated	31.1786	65.2181	34.1277			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**31.1786**	**65.2181**	**34.1277**	**32.1900**		162.7144
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**31.1786**	**65.2181**	**34.1277**	**13.6500**		144.1744
12/13	Medicaid Adjustment Rate		0.6250	0.3270			
14	Prospective Per Diem 11	**31.1786**	**65.8431**	**34.4547**	**13.6500**		**145.1264**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266281-00 - 2014/01

167.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,647,943**
FRVS Base Asset:	**5,163,720**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**365,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,518,354**	**9.2607**
20% ROE(2):	**1,129,589**	**0.4178**
Insurance Cost(3):	**48,762**	**1.1322**
Taxes Cost(3):	**130,342**	**3.0265**
Home Office(3):	**8,610**	**0.1999**
Replacement(3&4):	**9,000**	**0.0000**
Total FRVS PD:		**14.0371**

(1) 80% Capital ($4,518,354) amortized at 5.2400% for 20 years Principal & Interest of $365,057 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2607
(2) 20% ROE ($1,129,589) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4178
(3) 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:	**51,248**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**31.1786**	**31.1786**	**1.3415**	**29.8371**	
Patient Care					
Direct Care	**65.8431**	**65.8431**	**2.8330**	**63.0101**	
Indirect Care	**34.4547**	**34.4547**	**1.4825**	**32.9722**	
Property	**13.6500**	**14.0371**	**0.6040**	**13.4331**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0421**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**145.1264**	**145.5135**	**6.2610**	**167.9880**	

***Medicaid Trend Adjustment :**

0 266612-00 - 2014/01

157.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Whispering Oaks

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**87,600**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**83,496**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.17940%**
Weighted Low Occ Adjustment Factor:	**100.00000%**
	7/1/2013

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	33.5115	68.9086	37.4875			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.5115**	**68.9086**	**37.4875**	**11.5900**		151.4976
5a	Interim Adjustment	0.2697	0.0629	0.0607			
5b	Interim Adjusted Per Diem	**33.7812**	**68.9715**	**37.5482**			
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment	0.2697		0.0607			
7b	Interim Adjusted Provider Target Rate	**44.3909**		**53.3968**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.7812**	**68.9715**	**37.5482**	**11.5900**		151.8909
12/13	Medicaid Adjustment Rate		2.8207	1.5356			
14	Prospective Per Diem 11	**33.7812**	**71.7922**	**39.0838**	**11.5900**		**156.2472**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 266612-00 - 2014/01

157.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,121,516**
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:	**540,353**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,697,213**	**6.8538**
20% ROE(2):	**1,424,303**	**0.2634**
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:		**8.4891**

(1) 80% Capital ($5,697,213) amortized at 7.2500% for 20 years Principal & Interest of $540,353 divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $6.8538
(2) 20% ROE ($1,424,303) times the ROE factor (0.014580) divided by annual available days (87,600) divided by Occup. Adj. (0.9000) = $0.2634
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**6,840,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.7812**	**33.7812**	**1.4535**	**32.3277**	
Patient Care					
Direct Care	**71.7922**	**71.7922**	**3.0889**	**68.7033**	
Indirect Care	**39.0838**	**39.0838**	**1.6816**	**37.4022**	
Property	**11.5900**	**8.4891**	**0.3653**	**8.1238**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.5491**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**156.2472**	**153.1463**	**6.5893**	**157.7995**	

***Medicaid Trend Adjustment :**

0 267724-00 - 2014/01

220.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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., Sui		**01/01/2012-12/31/2012**		Number of Beds:	**109**	Superior:	**0**
St. Petersburg FL 33707		Days In CR	**366**	Maximum:	**39,894**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**37,241**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,372**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,932**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/1/1974**						
Acquired Date:	**7/1/1987**						
Entered Medicaid	**7/1/1987**						
Med # Active Date:	**1/1/2004**						
Previous Med #	**213217**						

Medicaid Utilization	**40.09559%**
Occupancy:	**93.34988%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.05990%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	647,860	1,324,984	946,150	307,301	0	3,226,295
1a	Audit Adjustments						
2	Cost Per Diem	43.3874	88.7345	63.3639	**20.5800**		216.0658
3	Cost Per Diem Inflated	45.4528	91.1696	66.3803			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.4528**	**91.1696**	**66.3803**	**20.5800**		223.5827
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.9680		63.4214			
7	Provider Target Rate	**49.3154**		**65.2029**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4528**	**91.1696**	**61.0784**	**13.6500**		211.3508
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.4528**	**91.1696**	**61.0784**	**13.6500**		**211.3508**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

4

0 267724-00 - 2014/01

220.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,572,636**
FRVS Base Asset:	**1,963,200**
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:	**173,368**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,058,109**	**4.8418**
20% ROE(2):	**514,527**	**0.2095**
Insurance Cost(3):	**62,763**	**1.6853**
Taxes Cost(3):	**46,766**	**1.2558**
Home Office(3):	**8,860**	**0.2379**
Replacement(3&4):	**183,302**	**0.0000**
Total FRVS PD:		**8.2303**

(1) 80% Capital ($2,058,109) amortized at 8.5000% for 20 years Interest of $173,368 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $4.8418
(2) 20% ROE ($514,527) times the ROE factor (0.014580) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.2095
(3) 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:	**51,248**
		Effective PBS Limitation	**1,963,200**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4528**	**45.4528**	**1.9557**	**43.4971**	
Patient Care					
Direct Care	**91.1696**	**91.1696**	**3.9227**	**87.2469**	
Indirect Care	**61.0784**	**61.0784**	**2.6280**	**58.4504**	
Property	**13.6500**	**8.2303**	**0.3541**	**7.8762**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4719**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.3508**	**205.9311**	**8.8605**	**220.2359**	

***Medicaid Trend Adjustment :**

4

0 267902-00 - 2014/01

186.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Miami FL 33133		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**42,400**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**24,330**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**4,996**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/6/1994**						
Acquired Date:	**12/4/1994**						
Entered Medicaid	**12/4/1994**						
Med # Active Date:	**3/1/2003**						
Previous Med #	**211494**						

Medicaid Utilization	**11.78302%**
Occupancy:	**96.53916%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.02507%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	199,282	317,509	313,501	188,149	0	1,018,441
1a	Audit Adjustments						
2	Cost Per Diem	39.8883	63.5526	62.7504	**37.6599**		203.8512
3	Cost Per Diem Inflated	41.7871	65.2967	65.7376			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.7871**	**65.2967**	**65.7376**	**37.6599**		210.4813
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9211		70.6770			
7	Provider Target Rate	**50.2953**		**72.6623**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.7871**	**65.2967**	**63.0224**	**13.6500**		183.7562
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.7871**	**65.2967**	**63.0224**	**13.6500**		**183.7562**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 267902-00 - 2014/01

186.56

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.3619**
Insurance Cost(3):	**74,977**	**1.7683**
Taxes Cost(3):	**134,643**	**3.1755**
Home Office(3):	**5,673**	**0.1338**
Replacement(3&4):	**71,447**	**0.0000**
Total FRVS PD:		**12.4293**

(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 (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3619
(3) 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:	**51,248**
		Effective PBS Limitation	**4,058,400**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.7871**	**41.7871**	**1.7979**	**39.9892**	
Patient Care					
Direct Care	**65.2967**	**65.2967**	**2.8095**	**62.4872**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**12.4293**	**0.5348**	**11.8945**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$3.1820**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.7562**	**182.5355**	**7.8538**	**186.5571**	

***Medicaid Trend Adjustment :**

0 268003-00 - 2014/01

204.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2011-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32226		Days In CR	**519**	Maximum:	**62,280**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**57,273**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,344**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**43,602**		
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	**76.13011%**
Occupancy:	**91.96050%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.33252%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27901138**
Semester Index:	**1.34444818**
Cost:	**1.05116202**
Target:	**1.01966300**
DC FY Index:	**1.20083276**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02886933**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,605,313	3,124,502	2,121,077	630,049	0	7,480,941
1a	Audit Adjustments						
2	Cost Per Diem	36.8174	71.6596	48.6463	**14.4500**		171.5733
3	Cost Per Diem Inflated	38.7011	73.7284	51.1351			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7011**	**73.7284**	**51.1351**	**14.4500**		178.0146
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.7011**	**73.7284**	**51.1351**	**13.6500**		177.2146
12/13	Medicaid Adjustment Rate		2.1673	1.5032			
14	Prospective Per Diem 11	**38.7011**	**75.8957**	**52.6383**	**13.6500**		**180.8851**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268003-00 - 2014/01

204.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,952,658**
FRVS Base Asset:	**623,247**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015740**

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:	**458,825**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,962,126**	**11.6394**
20% ROE(2):	**990,532**	**0.3955**
Insurance Cost(3):	**86,912**	**1.5175**
Taxes Cost(3):	**74,217**	**1.2958**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**83,095**	**0.0000**
Total FRVS PD:		**14.8482**

(1) 80% Capital ($3,962,126) amortized at 10.0000% for 20 years Principal & Interest of $458,825 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.6394
(2) 20% ROE ($990,532) times the ROE factor (0.015740) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3955
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,567,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7011**	**38.7011**	**1.6652**	**37.0359**	
Patient Care					
Direct Care	**75.8957**	**75.8957**	**3.2655**	**72.6302**	
Indirect Care	**52.6383**	**52.6383**	**2.2648**	**50.3735**	
Property	**13.6500**	**14.8482**	**0.6389**	**14.2093**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.7480**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.8851**	**182.0833**	**7.8344**	**204.6903**	

***Medicaid Trend Adjustment :**

0 268062-00 - 2014/01

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 01/01/2014 through 06/30/2014

Susanna Wesley Health Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
5300 West 16th Ave		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Hialeah FL 33012		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**40,879**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.71946%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	55.9191	96.7252	64.3863			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.9191**	**96.7252**	**64.3863**	**12.2000**		229.2306
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.0572		59.2473			
7	Provider Target Rate	**68.9408**		**60.9116**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**96.7252**	**60.9116**	**12.2000**		223.8591
12/13	Medicaid Adjustment Rate		1.2275	0.7730			
14	Prospective Per Diem 11	**54.0223**	**97.9527**	**61.6846**	**12.2000**		**225.8596**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268062-00 - 2014/01

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 01/01/2014 through 06/30/2014

Susanna Weslev 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	**5,741,296**
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:	**550,272**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,593,037**	**13.9592**
20% ROE(2):	**1,148,259**	**0.4247**
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:		**16.4411**

(1) 80% Capital ($4,593,037) amortized at 10.5000% for 20 years Principal & Interest of $550,272 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9592
(2) 20% ROE ($1,148,259) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.9527**	**97.9527**	**4.2145**	**93.7382**	
Indirect Care	**61.6846**	**61.6846**	**2.6541**	**59.0305**	
Property	**12.2000**	**16.4411**	**0.7074**	**15.7337**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.4727**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**225.8596**	**230.1007**	**9.9004**	**245.3664**	

***Medicaid Trend Adjustment :**

0 268186-00 - 2014/01

207.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**141**	Superior:	**0**
Palm Bay FL 32907		Days In CR	**366**	Maximum:	**51,606**	Standard:	**181**
County:	**Brevard[5]**	First Used:	**2014/01**	Max Annualized:	**51,465**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**45,986**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,640**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**18,550**		
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 #							

Medicaid Utilization	**40.33836%**
Occupancy:	**89.10980%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.78830%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	775,173	1,495,188	961,076	442,047	0	3,673,484
1a	Audit Adjustments						
2	Cost Per Diem	41.7883	80.6031	51.8100	**23.8300**		198.0314
3	Cost Per Diem Inflated	43.7776	82.8151	54.2764			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7776**	**82.8151**	**54.2764**	**23.8300**		204.6991
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.9472		56.7004			
7	Provider Target Rate	**59.5749**		**58.2931**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7776**	**82.8151**	**54.2764**	**13.6500**		194.5191
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**43.7776**	**82.8151**	**54.2764**	**13.6500**		**194.5191**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268186-00 - 2014/01

207.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,118,831**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**414,132**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,695,065**	**8.9410**
20% ROE(2):	**1,423,766**	**0.4482**
Insurance Cost(3):	**20,793**	**0.4522**
Taxes Cost(3):	**99,457**	**2.1628**
Home Office(3):	**42,946**	**0.9339**
Replacement(3&4):	**87,363**	**0.0000**
Total FRVS PD:		**12.9381**

(1) 80% Capital ($5,695,065) amortized at 4.0000% for 20 years Principal & Interest of $414,132 divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $8.9410
(2) 20% ROE ($1,423,766) times the ROE factor (0.014580) divided by annual available days (51,465) divided by Occup. Adj. (0.9000) = $0.4482
(3) 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:	**51,248**
		Effective PBS Limitation	**5,997,435**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7776**	**43.7776**	**1.8836**	**41.8940**	
Patient Care					
Direct Care	**82.8151**	**82.8151**	**3.5632**	**79.2519**	
Indirect Care	**54.2764**	**54.2764**	**2.3353**	**51.9411**	
Property	**13.6500**	**12.9381**	**0.5567**	**12.3814**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.2897**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.5191**	**193.8072**	**8.3388**	**207.4515**	

***Medicaid Trend Adjustment :**

0 268585-00 - 2014/01

228.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**40**	Superior:	**0**
Naples FL 34109		Days In CR	**366**	Maximum:	**14,640**	Standard:	**139**
County:	**Collier[11]**	First Used:	**2014/01**	Max Annualized:	**14,600**	Conditional:	**42**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**13,305**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,545**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**2,954**		
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	**22.20218%**
Occupancy:	**90.88115%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.99058%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	158,165	266,741	212,488	97,393	0	734,787
1a	Audit Adjustments						
2	Cost Per Diem	53.5427	90.2982	71.9323	**32.9699**		248.7431
3	Cost Per Diem Inflated	56.0915	92.7762	75.3566			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.0915**	**92.7762**	**75.3566**	**32.9699**		257.1942
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**56.0915**	**92.7762**	**67.7484**	**13.6500**		230.2661
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**56.0915**	**92.7762**	**67.7484**	**13.6500**		**230.2661**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268585-00 - 2014/01

228.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,894,165**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**143,722**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,515,332**	**10.9377**
20% ROE(2):	**378,833**	**0.4203**
Insurance Cost(3):	**11,646**	**0.8753**
Taxes Cost(3):	**15,428**	**1.1596**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**12,627**	**0.0000**
Total FRVS PD:		**13.3929**

(1) 80% Capital ($1,515,332) amortized at 7.2500% for 20 years Principal & Interest of $143,722 divided by annual available days (14,600) divided by Occup. Adj. (0.9000) = $10.9377
(2) 20% ROE ($378,833) times the ROE factor (0.014580) divided by annual available days (14,600) 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:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**40**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,497,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**56.0915**	**56.0915**	**2.4134**	**53.6781**	
Patient Care					
Direct Care	**92.7762**	**92.7762**	**3.9918**	**88.7844**	
Indirect Care	**67.7484**	**67.7484**	**2.9150**	**64.8334**	
Property	**13.6500**	**13.3929**	**0.5762**	**12.8167**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.2661**	**230.0090**	**9.8964**	**228.8060**	

***Medicaid Trend Adjustment :**

0 268755-00 - 2014/01

231.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**79**	Superior:	**0**
Ft. Pierce FL 34947		Days In CR	**366**	Maximum:	**28,914**	Standard:	**181**
County:	**St Lucie[56]**	First Used:	**2014/01**	Max Annualized:	**28,835**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**23,628**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,672**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**17,801**		
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	**75.33858%**
Occupancy:	**81.71820%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**101.59849%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,128,509	1,366,478	941,968	360,470	0	3,797,425
1a	Audit Adjustments						
2	Cost Per Diem	63.3958	76.7641	52.9166	**20.2500**		213.3265
3	Cost Per Diem Inflated	66.4137	78.8707	55.4356			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.4137**	**78.8707**	**55.4356**	**20.2500**		220.9700
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.4074		65.8973			
7	Provider Target Rate	**72.3851**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**78.8707**	**55.4356**	**13.6500**		211.2876
12/13	Medicaid Adjustment Rate		2.2483	1.5802			
14	Prospective Per Diem 11	**63.3313**	**81.1190**	**57.0158**	**13.6500**		**215.1161**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 268755-00 - 2014/01

231.79

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,116,537**
FRVS Base Asset:	**1,587,352**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**104,399**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,493,230**	**4.0229**
20% ROE(2):	**623,307**	**0.3502**
Insurance Cost(3):	**70,492**	**2.9834**
Taxes Cost(3):	**56,462**	**2.3896**
Home Office(3):	**12,130**	**0.5134**
Replacement(3&4):	**77,236**	**0.0000**
Total FRVS PD:		**10.2595**

(1) 80% Capital ($2,493,230) amortized at 4.2500% for 20 years Interest of $104,399 divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $4.0229
(2) 20% ROE ($623,307) times the ROE factor (0.014580) divided by annual available days (28,835) divided by Occup. Adj. (0.9000) = $0.3502
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,223,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**81.1190**	**81.1190**	**3.4902**	**77.6288**	
Indirect Care	**57.0158**	**57.0158**	**2.4532**	**54.5626**	
Property	**13.6500**	**10.2595**	**0.4414**	**9.8181**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4775**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**215.1161**	**211.7256**	**9.1097**	**231.7868**	

***Medicaid Trend Adjustment :**

2

0 268763-00 - 2014/01

201.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Bouleva		**07/01/2012-06/30/2013**		Number of Beds:	**161**	Superior:	**0**
Live Oak FL 32060		Days In CR	**365**	Maximum:	**58,765**	Standard:	**181**
County:	**Suwannee[61]**	First Used:	**2014/01**	Max Annualized:	**58,765**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**56,194**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,169**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**41,581**		
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	**73.99544%**
Occupancy:	**95.62495%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.88845%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,561,367	3,310,209	1,709,503	498,972	0	7,080,051
1a	Audit Adjustments						
2	Cost Per Diem	37.5500	79.6087	41.1126	**12.0000**		170.2713
3	Cost Per Diem Inflated	38.8702	81.3873	42.5581			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.8702**	**81.3873**	**42.5581**	**12.0000**		174.8156
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.5810		53.7846			
7	Provider Target Rate	**45.8333**		**55.2954**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.8702**	**81.3873**	**42.5581**	**12.0000**		174.8156
12/13	Medicaid Adjustment Rate		2.1970	1.1489			
14	Prospective Per Diem 11	**38.8702**	**83.5843**	**43.7070**	**12.0000**		**178.1615**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268763-00 - 2014/01

201.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014380**

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**	**0.3603**
Insurance Cost(3):	**26,377**	**0.4694**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**105,321**	**1.8742**
Replacement(3&4):	**25,183**	**0.0000**
Total FRVS PD:		**12.0289**

(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 (0.014380) divided by annual available days (58,765) divided by Occup. Adj. (0.9000) = $0.3603
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.8702**	**38.8702**	**1.6724**	**37.1978**	
Patient Care					
Direct Care	**83.5843**	**83.5843**	**3.5963**	**79.9880**	
Indirect Care	**43.7070**	**43.7070**	**1.8805**	**41.8265**	
Property	**12.0000**	**12.0289**	**0.5176**	**11.5113**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.6215**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.1615**	**178.1904**	**7.6668**	**201.8385**	

***Medicaid Trend Adjustment :**

0 268780-00 - 2014/01

229.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**119**	Superior:	**0**
Sarasota FL 34238		Days In CR	**366**	Maximum:	**43,554**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**39,824**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,633**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,790**		
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	**54.71575%**
Occupancy:	**91.43592%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.68032%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	909,980	2,045,996	1,214,721	560,657	10,038	4,741,392
1a	Audit Adjustments						
2	Cost Per Diem	41.7614	93.8961	55.7467	**25.7300**	**0.4607**	217.5949
3	Cost Per Diem Inflated	43.7494	96.4729	58.4005			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.7494**	**96.4729**	**58.4005**	**25.7300**	**0.4607**	224.8135
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.7416		61.6132			
7	Provider Target Rate	**50.1108**		**63.3439**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.7494**	**96.4729**	**58.4005**	**13.6500**	**0.4607**	212.7335
12/13	Medicaid Adjustment Rate		0.5118	0.3098			
14	Prospective Per Diem 11	**43.7494**	**96.9847**	**58.7103**	**13.6500**	**0.4607**	**213.5551**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 268780-00 - 2014/01

229.81

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,318,176**
FRVS Base Asset:	**1,523,061**
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:	**290,998**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,454,541**	**7.4440**
20% ROE(2):	**863,635**	**0.3221**
Insurance Cost(3):	**62,143**	**1.5604**
Taxes Cost(3):	**48,922**	**1.2285**
Home Office(3):	**9,833**	**0.2469**
Replacement(3&4):	**14,189**	**0.0000**
Total FRVS PD:		**10.8019**

(1) 80% Capital ($3,454,541) amortized at 8.5000% for 20 years Interest of $290,998 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $7.4440
(2) 20% ROE ($863,635) times the ROE factor (0.014580) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.3221
(3) 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:	**51,248**
		Effective PBS Limitation	**1,523,061**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.7494**	**43.7494**	**1.8824**	**41.8670**	
Patient Care					
Direct Care	**96.9847**	**96.9847**	**4.1729**	**92.8118**	
Indirect Care	**58.7103**	**58.7103**	**2.5261**	**56.1842**	
Property	**13.6500**	**10.8019**	**0.4648**	**10.3371**	
ROE	**0.4607**	**0.1209**	**0.0052**	**0.1157**	
ROE Adjustment	**-0.1209**	**-0.1209**	**-0.0052**	**-0.1157**	
Quality Assess-Medicaid Share				**$19.9169**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.4342**	**210.2463**	**9.0462**	**229.8104**	

***Medicaid Trend Adjustment :**

0

0 269000-00 - 2014/01

201.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**54,750**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**52,306**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.45342%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	61.4813	102.3299	46.0763			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**61.4813**	**102.3299**	**46.0763**	**13.1400**		223.0275
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9340		49.8062			
7	Provider Target Rate	**58.5333**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**94.1508**	**46.0763**	**13.1400**		203.1713
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**94.1508**	**46.0763**	**13.1400**		**203.1713**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269000-00 - 2014/01

201.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,714,273**
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:	**458,394**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,371,418**	**9.3028**
20% ROE(2):	**1,342,855**	**0.3973**
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:		**11.7612**

(1) 80% Capital ($5,371,418) amortized at 5.9085% for 20 years Principal & Interest of $458,394 divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $9.3028
(2) 20% ROE ($1,342,855) times the ROE factor (0.014580) divided by annual available days (54,750) divided by Occup. Adj. (0.9000) = $0.3973
(3) 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:	**51,248**
		Effective PBS Limitation	**6,296,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**94.1508**	**94.1508**	**4.0510**	**90.0998**	
Indirect Care	**46.0763**	**46.0763**	**1.9825**	**44.0938**	
Property	**13.1400**	**11.7612**	**0.5060**	**11.2552**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.1713**	**201.7925**	**8.6824**	**201.8035**	

***Medicaid Trend Adjustment :**

0 269107-00 - 2014/01

191.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**203**	Superior:	**0**
Miami Fl 33176		Days In CR	**366**	Maximum:	**74,298**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**74,095**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**73,913**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**16,782**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**36,920**		
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	**49.95062%**
Occupancy:	**99.48182%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**123.68361%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,284,696	2,566,479	1,972,135	783,812	0	6,607,122
1a	Audit Adjustments						
2	Cost Per Diem	34.7967	69.5146	53.4164	**21.2300**		178.9577
3	Cost Per Diem Inflated	36.4532	71.4223	55.9592			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.4532**	**71.4223**	**55.9592**	**21.2300**		185.0647
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		58.7546			
7	Provider Target Rate	**46.4166**		**60.4050**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.4532**	**71.4223**	**55.9592**	**13.6500**		177.4847
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**36.4532**	**71.4223**	**55.9592**	**13.6500**		**177.4847**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269107-00 - 2014/01

191.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,866,820**
FRVS Base Asset:	**8,866,820**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**609,837**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,093,456**	**9.1450**
20% ROE(2):	**1,773,364**	**0.3877**
Insurance Cost(3):	**71,233**	**0.9637**
Taxes Cost(3):	**140,236**	**1.8973**
Home Office(3):	**5,673**	**0.0768**
Replacement(3&4):	**35,706**	**0.0000**
Total FRVS PD:		**12.4705**

(1) 80% Capital ($7,093,456) amortized at 6.0000% for 20 years Principal & Interest of $609,837 divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = $9.1450
(2) 20% ROE ($1,773,364) times the ROE factor (0.014580) divided by annual available days (74,095) divided by Occup. Adj. (0.9000) = $0.3877
(3) 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:	**51,248**
		Effective PBS Limitation	**7,690,046**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.4532**	**36.4532**	**1.5684**	**34.8848**	
Patient Care					
Direct Care	**71.4223**	**71.4223**	**3.0730**	**68.3493**	
Indirect Care	**55.9592**	**55.9592**	**2.4077**	**53.5515**	
Property	**13.6500**	**12.4705**	**0.5366**	**11.9339**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5813**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**177.4847**	**176.3052**	**7.5857**	**191.9942**	

***Medicaid Trend Adjustment :**

0 269492-00 - 2014/01

229.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Charlotte[8]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**43,496**	Total:	**181**
Control	**Government Non-Prof**	**Unaudited [3]**		Medicare:	**2,302**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,201**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**4/1/2004**						
Acquired Date:	**4/1/2004**						
Entered Medicaid	**6/7/2004**						
Med # Active Date:	**6/7/2004**						
Previous Med #							

Medicaid Utilization	**37.24710%**
Occupancy:	**99.03461%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**123.12760%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	48.7594	105.9073	54.1547			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7594**	**105.9073**	**54.1547**	**9.2100**		218.0314
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.6442		67.5573			
7	Provider Target Rate	**81.8814**		**69.4550**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7594**	**97.3934**	**54.1547**	**9.2100**		209.5175
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**48.7594**	**97.3934**	**54.1547**	**9.2100**		**209.5175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269492-00 - 2014/01

229.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,647,288**
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:	**177,973**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,517,830**	**4.5148**
20% ROE(2):	**1,129,458**	**0.5103**
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:		**6.2759**

(1) 80% Capital ($4,517,830) amortized at 4.0000% for 20 years Interest of $177,973 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.5148
(2) 20% ROE ($1,129,458) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5103
(3) 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:	**51,248**
		Effective PBS Limitation	**5,163,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7594**	**48.7594**	**2.0979**	**46.6615**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**54.1547**	**54.1547**	**2.3301**	**51.8246**	
Property	**9.2100**	**6.2759**	**0.2700**	**6.0059**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.5959**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.5175**	**206.5834**	**8.8885**	**229.9842**	

***Medicaid Trend Adjustment :**

0 269697-00 - 2014/01

209.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**40,423**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.42862%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	40.6483	76.0938	54.2071			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.6483**	**76.0938**	**54.2071**	**32.9100**		203.8592
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.8620		63.2950			
7	Provider Target Rate	**55.3750**		**65.0730**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.6483**	**76.0938**	**54.2071**	**13.6500**		184.5992
12/13	Medicaid Adjustment Rate		0.8267	0.5889			
14	Prospective Per Diem 11	**40.6483**	**76.9205**	**54.7960**	**13.6500**		**186.0148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269697-00 - 2014/01

209.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,376,445**
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:	**481,109**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,301,156**	**12.2047**
20% ROE(2):	**1,075,289**	**0.3977**
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:		**19.0740**

(1) 80% Capital ($4,301,156) amortized at 9.5000% for 20 years Principal & Interest of $481,109 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.2047
(2) 20% ROE ($1,075,289) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3977
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.6483**	**40.6483**	**1.7489**	**38.8994**	
Patient Care					
Direct Care	**76.9205**	**76.9205**	**3.3096**	**73.6109**	
Indirect Care	**54.7960**	**54.7960**	**2.3577**	**52.4383**	
Property	**13.6500**	**19.0740**	**0.8207**	**18.2533**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.3807**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.0148**	**191.4388**	**8.2369**	**209.2760**	

***Medicaid Trend Adjustment :**

0 269719-00 - 2014/01

201.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Winter Park FL 32792		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,951**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**11,882**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,183**		
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	**60.53165%**
Occupancy:	**90.96311%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.09248%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	889,577	1,785,857	1,163,204	1,018,830	0	4,857,468
1a	Audit Adjustments						
2	Cost Per Diem	36.7852	73.8476	48.1001	**42.1300**		200.8629
3	Cost Per Diem Inflated	38.5363	75.8742	50.3899			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.5363**	**75.8742**	**50.3899**	**42.1300**		206.9304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5943		55.8578			
7	Provider Target Rate	**47.9031**		**57.4268**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.5363**	**75.8742**	**50.3899**	**13.6500**		178.4504
12/13	Medicaid Adjustment Rate		0.8990	0.5970			
14	Prospective Per Diem 11	**38.5363**	**76.7732**	**50.9869**	**13.6500**		**179.9464**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269719-00 - 2014/01

201.77

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,120,330**
FRVS Base Asset:	**3,559,440**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**411,154**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,096,264**	**10.4301**
20% ROE(2):	**1,024,066**	**0.3788**
Insurance Cost(3):	**70,351**	**1.7609**
Taxes Cost(3):	**183,717**	**4.5986**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**52,780**	**0.0000**
Total FRVS PD:		**17.1684**

(1) 80% Capital ($4,096,264) amortized at 8.0000% for 20 years Principal & Interest of $411,154 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.4301
(2) 20% ROE ($1,024,066) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3788
(3) 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:	**51,248**
		Effective PBS Limitation	**3,559,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.5363**	**38.5363**	**1.6581**	**36.8782**	
Patient Care					
Direct Care	**76.7732**	**76.7732**	**3.3033**	**73.4699**	
Indirect Care	**50.9869**	**50.9869**	**2.1938**	**48.7931**	
Property	**13.6500**	**17.1684**	**0.7387**	**16.4297**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.5056**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.9464**	**183.4648**	**7.8939**	**201.7699**	

***Medicaid Trend Adjustment :**

0 269727-00 - 2014/01

198.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,542**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.76548%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	38.6616	72.5524	46.3837			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6616**	**72.5524**	**46.3837**	**36.5300**		194.1277
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	47.5699		55.0933			
7	Provider Target Rate	**48.9061**		**56.6409**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6616**	**72.5524**	**46.3837**	**13.6500**		171.2477
12/13	Medicaid Adjustment Rate		1.5983	1.0218			
14	Prospective Per Diem 11	**38.6616**	**74.1507**	**47.4055**	**13.6500**		**173.8678**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 269727-00 - 2014/01

198.64

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,958,464**
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:	**405,594**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,966,771**	**10.2890**
20% ROE(2):	**991,693**	**0.3668**
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:		**16.8117**

(1) 80% Capital ($3,966,771) amortized at 8.2500% for 20 years Principal & Interest of $405,594 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2890
(2) 20% ROE ($991,693) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3668
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6616**	**38.6616**	**1.6635**	**36.9981**	
Patient Care					
Direct Care	**74.1507**	**74.1507**	**3.1904**	**70.9603**	
Indirect Care	**47.4055**	**47.4055**	**2.0397**	**45.3658**	
Property	**13.6500**	**16.8117**	**0.7233**	**16.0884**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5379**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.8678**	**177.0295**	**7.6169**	**198.6439**	

***Medicaid Trend Adjustment :**

0 281743-00 - 2014/01

172.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Jacaranda Manor

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1] Interim Component effective date :07/01/2013

Type of 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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/01**	Max Annualized:	**109,135**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**102,632**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,750**	**Inflation**	
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**91,382**	FY Index:	**1.25362148**
Class at 1/94:	**North Large [2]**	Medicaid Utilization			**89.03851%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**94.04132%**	Cost:	**1.07245145**
Open Date:	**5/1/1970**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**5/1/1970**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.18950000**
Entered Medicaid	**5/1/1970**	Low Occupancy Adjustment Factor:			**116.91957%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**10/15/2004**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03867171**
Previous Med #	**211729**				**7/1/2013**	**PS Target:**	**1.02809000**

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	40.2417	79.7707	35.8597			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.2417**	**79.7707**	**35.8597**	**23.4800**		179.3521
5a	Interim Adjustment	0.2601	0.0694	0.1735			
5b	Interim Adjusted Per Diem	**40.5018**	**79.8401**	**36.0332**			
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment	0.2601		0.1735			
7b	Interim Adjusted Provider Target Rate	**44.3813**		**53.5096**			
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.5018**	**79.8401**	**36.0332**	**13.6500**		170.0251
12/13	Medicaid Adjustment Rate		3.5064	1.5825			
14	Prospective Per Diem 11	**40.5018**	**83.3465**	**37.6157**	**13.6500**		**175.1140**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281743-00 - 2014/01

172.18

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**8,521,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5018**	**40.5018**	**1.7426**	**38.7592**	
Patient Care					
Direct Care	**83.3465**	**83.3465**	**3.5861**	**79.7604**	
Indirect Care	**37.6157**	**37.6157**	**1.6185**	**35.9972**	
Property	**13.6500**	**6.7448**	**0.2902**	**6.4546**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.5157**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.1140**	**168.2088**	**7.2374**	**172.1805**	

***Medicaid Trend Adjustment :**

0 281913-00 - 2014/01

204.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Community Care Center

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private Non-Profit [3] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
2202 West Oak Avenue		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Plant City FL 33563		Days In CR	**365**	Maximum:	**43,800**	Standard:	**153**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**28**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,325**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,052**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**30,064**		
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	**74.55425%**
Occupancy:	**92.06621%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.46395%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,147,257	2,298,465	1,514,176	868,850	0	5,828,748
1a	Audit Adjustments						
2	Cost Per Diem	38.1605	76.4524	50.3651	**28.9000**		193.8780
3	Cost Per Diem Inflated	39.5022	78.1605	52.1359			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5022**	**78.1605**	**52.1359**	**28.9000**		198.6986
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5022**	**78.1605**	**52.1359**	**13.6500**		183.4486
12/13	Medicaid Adjustment Rate		1.8251	1.2174			
14	Prospective Per Diem 11	**39.5022**	**79.9856**	**53.3533**	**13.6500**		**186.4911**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 281913-00 - 2014/01

204.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Community Care Center

FRVS

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

Began FRVS:	**10/1/1985**
Year of Phase-In/ Full:	
RS to Start Calcs:	**1976/07**
Indexed Asset Value	**3,310,092**
FRVS Base Asset:	**1,653,368**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**280,816**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,648,074**	**7.1237**
20% ROE(2):	**662,018**	**0.2415**
Insurance Cost(3):	**105,292**	**2.6111**
Taxes Cost(3):	**22,405**	**0.5556**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**742,318**	**0.0000**
Total FRVS PD:		**10.5319**

(1) 80% Capital ($2,648,074) amortized at 8.7500% for 20 years Principal & Interest of $280,816 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1237
(2) 20% ROE ($662,018) times the ROE factor (0.014380) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2415
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5022**	**39.5022**	**1.6996**	**37.8026**	
Patient Care					
Direct Care	**79.9856**	**79.9856**	**3.4415**	**76.5441**	
Indirect Care	**53.3533**	**53.3533**	**2.2956**	**51.0577**	
Property	**13.6500**	**10.5319**	**0.4531**	**10.0788**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1127**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.4911**	**183.3730**	**7.8898**	**204.2893**	

***Medicaid Trend Adjustment :**

0 282359-00 - 2014/01

237.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**41,130**	Total:	**181**
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]**							
Operating Ex **> 18 months [1]**							
Open Date: **10/6/1988**							
Acquired Date: **10/6/1988**							
Entered Medicaid **10/6/1988**							
Med # Active Date: **10/1/2001**							
Previous Med # **211095**							

Medicaid Utilization	**31.33479%**
Occupancy:	**93.64754%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.42997%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	64.0086	95.9354	90.9148			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.0086**	**95.9354**	**90.9148**	**18.1700**		269.0288
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.1844		79.2725			
7	Provider Target Rate	**67.0154**		**81.4993**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**95.9354**	**63.0224**	**13.6500**		226.6301
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**95.9354**	**63.0224**	**13.6500**		**226.6301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282359-00 - 2014/01

237.51

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,966,487**
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:	**521,627**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,773,190**	**13.2325**
20% ROE(2):	**1,193,297**	**0.4414**
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:		**16.2689**

(1) 80% Capital ($4,773,190) amortized at 9.1700% for 20 years Principal & Interest of $521,627 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.2325
(2) 20% ROE ($1,193,297) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4414
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1988**	Used Per Bed Standard:	**29,662**
Comparison Bed	**180**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**5,339,160**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**95.9354**	**95.9354**	**4.1277**	**91.8077**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**16.2689**	**0.7000**	**15.5689**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.4318**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.6301**	**229.2490**	**9.8637**	**237.5105**	

***Medicaid Trend Adjustment :**

0 282464-00 - 2014/01

215.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**52,925**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**48,519**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.12385%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	52.2226	82.0562	51.3839			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2226**	**82.0562**	**51.3839**	**12.8900**	**0.0569**	198.6096
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4279		78.5538			
7	Provider Target Rate	**66.2377**		**80.7604**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**82.0562**	**51.3839**	**12.8900**	**0.0569**	196.1912
12/13	Medicaid Adjustment Rate		0.0587	0.0368			
14	Prospective Per Diem 11	**49.8042**	**82.1149**	**51.4207**	**12.8900**	**0.0569**	**196.2867**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282464-00 - 2014/01

215.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,244,634**
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:	**567,530**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,795,707**	**11.9148**
20% ROE(2):	**1,448,927**	**0.4435**
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:		**16.3592**

(1) 80% Capital ($5,795,707) amortized at 7.6700% for 20 years Principal & Interest of $567,530 divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $11.9148
(2) 20% ROE ($1,448,927) times the ROE factor (0.014580) divided by annual available days (52,925) divided by Occup. Adj. (0.9000) = $0.4435
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,819,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**82.1149**	**82.1149**	**3.5331**	**78.5818**	
Indirect Care	**51.4207**	**51.4207**	**2.2124**	**49.2083**	
Property	**12.8900**	**16.3592**	**0.7039**	**15.6553**	
ROE	**0.0569**	**0.0569**	**0.0024**	**0.0545**	
ROE Adjustment	**-0.0569**	**-0.0569**	**-0.0024**	**-0.0545**	
Quality Assess-Medicaid Share				**$15.7700**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.2298**	**199.6990**	**8.5923**	**215.5701**	

***Medicaid Trend Adjustment :**

0 282529-00 - 2014/01

240.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**63,985**	Total:	**181**
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]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.28335532**
Open Date:	**12/7/1995**					Semester Index:	**1.34444818**
Acquired Date:	**3/1/1996**					Cost:	**1.04760401**
Entered Medicaid	**3/1/1996**					Target:	**1.01966300**
Med # Active Date:	**1/12/2004**					**DC FY Index:**	**1.20250000**
Previous Med #	**213021**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02744283**
						PS Target:	**1.02809000**

Medicaid Utilization	**61.96452%**	Statewide Low Occupancy Threshold:	**80.43250%**	Low Occupancy Adjustment Factor: **120.75163%**
Occupancy:	**97.12356%**	Medicaid Low Occupancy Threshold:	**41.71220%**	Weighted Low Occ Adjustment Factor: **100.00000%**

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	51.4515	98.7347	53.4334			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.4515**	**98.7347**	**53.4334**	**25.3400**		228.9596
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.4895		64.4994			
7	Provider Target Rate	**58.0763**		**66.3112**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.4515**	**97.3934**	**53.4334**	**13.6500**		215.9283
12/13	Medicaid Adjustment Rate		1.3109	0.7192			
14	Prospective Per Diem 11	**51.4515**	**98.7043**	**54.1526**	**13.6500**		**217.9584**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282529-00 - 2014/01

240.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,895,686**
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:	**594,953**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,116,549**	**10.0618**
20% ROE(2):	**1,779,137**	**0.4387**
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:		**14.4662**

(1) 80% Capital ($7,116,549) amortized at 5.6551% for 20 years Principal & Interest of $594,953 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.0618
(2) 20% ROE ($1,779,137) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4387
(3) 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:	**51,248**
		Effective PBS Limitation	**4,188,480**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.4515**	**51.4515**	**2.2138**	**49.2377**	
Patient Care					
Direct Care	**98.7043**	**98.7043**	**4.2469**	**94.4574**	
Indirect Care	**54.1526**	**54.1526**	**2.3300**	**51.8226**	
Property	**13.6500**	**14.4662**	**0.6224**	**13.8438**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.9981**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.9584**	**218.7746**	**9.4131**	**240.0530**	

***Medicaid Trend Adjustment :**

0 282537-00 - 2014/01

240.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**35,040**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**28,019**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.14453%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	51.6526	89.9052	57.0465			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.6526**	**89.9052**	**57.0465**	**39.3700**		237.9743
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.8354		63.6453			
7	Provider Target Rate	**53.2915**		**65.4331**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.6526**	**89.9052**	**57.0465**	**13.6500**		212.2543
12/13	Medicaid Adjustment Rate		3.4133	2.1658			
14	Prospective Per Diem 11	**51.6526**	**93.3185**	**59.2123**	**13.6500**		**217.8334**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282537-00 - 2014/01

240.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,526,708**
FRVS Base Asset:	**4,526,708**
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:	**330,427**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,621,366**	**10.4778**
20% ROE(2):	**905,342**	**0.5113**
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:		**14.6950**

(1) 80% Capital ($3,621,366) amortized at 6.7500% for 20 years Principal & Interest of $330,427 divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $10.4778
(2) 20% ROE ($905,342) times the ROE factor (0.017810) divided by annual available days (35,040) divided by Occup. Adj. (0.9000) = $0.5113
(3) 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:	**51,248**
		Effective PBS Limitation	**3,298,656**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.6526**	**51.6526**	**2.2224**	**49.4302**	
Patient Care					
Direct Care	**93.3185**	**93.3185**	**4.0151**	**89.3034**	
Indirect Care	**59.2123**	**59.2123**	**2.5477**	**56.6646**	
Property	**13.6500**	**14.6950**	**0.6323**	**14.0627**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.3345**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.8334**	**218.8784**	**9.4175**	**240.4888**	

***Medicaid Trend Adjustment :**

0 282553-00 - 2014/01

167.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**108**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**365**	Maximum:	**39,420**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**39,420**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**38,877**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,621**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**20,447**		
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	**52.59408%**
Occupancy:	**98.62252%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**122.61527%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	688,782	1,255,145	717,503	506,677	0	3,168,107
1a	Audit Adjustments						
2	Cost Per Diem	33.6862	61.3853	35.0909	**24.7800**		154.9424
3	Cost Per Diem Inflated	34.7798	62.7049	36.2301			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.7798**	**62.7049**	**36.2301**	**24.7800**		158.4948
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5346		54.4215			
7	Provider Target Rate	**50.9260**		**55.9502**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.7798**	**62.7049**	**36.2301**	**13.6500**		147.3648
12/13	Medicaid Adjustment Rate		0.1830	0.1057			
14	Prospective Per Diem 11	**34.7798**	**62.8879**	**36.3358**	**13.6500**		**147.6535**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282553-00 - 2014/01

167.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,118,470**
FRVS Base Asset:	**2,246,700**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**297,756**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,094,776**	**8.3927**
20% ROE(2):	**1,023,694**	**0.4328**
Insurance Cost(3):	**50,454**	**1.2978**
Taxes Cost(3):	**72,627**	**1.8681**
Home Office(3):	**5,947**	**0.1530**
Replacement(3&4):	**21,783**	**0.0000**
Total FRVS PD:		**12.1444**

(1) 80% Capital ($4,094,776) amortized at 3.9998% for 20 years Principal & Interest of $297,756 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $8.3927
(2) 20% ROE ($1,023,694) times the ROE factor (0.015000) divided by annual available days (39,420) 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:	**7/1/1997**	Used Per Bed Standard:	**37,445**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,246,700**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.7798**	**34.7798**	**1.4964**	**33.2834**	
Patient Care					
Direct Care	**62.8879**	**62.8879**	**2.7058**	**60.1821**	
Indirect Care	**36.3358**	**36.3358**	**1.5634**	**34.7724**	
Property	**13.6500**	**12.1444**	**0.5225**	**11.6219**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.4052**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**147.6535**	**146.1479**	**6.2881**	**167.9584**	

***Medicaid Trend Adjustment :**

5

0 282618-00 - 2014/01

223.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**155**	Superior:	**0**
Clewiston FL 33440		Days In CR	**365**	Maximum:	**56,575**	Standard:	**131**
County:	**Hendry[26]**	First Used:	**2014/01**	Max Annualized:	**56,575**	Conditional:	**50**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**41,278**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,862**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,041**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/1/1980**						
Acquired Date:	**12/1/1980**						
Entered Medicaid	**2/1/1981**						
Med # Active Date:	**10/29/2004**						
Previous Med #	**221601**						

Medicaid Utilization	**75.19986%**
Occupancy:	**72.96156%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.71154%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,454,311	2,538,803	1,629,410	413,466	0	6,035,990
1a	Audit Adjustments						
2	Cost Per Diem	46.8513	81.7887	52.4922	**13.3200**		194.4522
3	Cost Per Diem Inflated	48.4985	83.6160	54.3377			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.4985**	**83.6160**	**54.3377**	**13.3200**		199.7722
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.2679		72.6666			
7	Provider Target Rate	**61.9608**		**74.7078**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.4985**	**83.6160**	**54.3377**	**13.3200**		199.7722
12/13	Medicaid Adjustment Rate		1.7157	1.1149			
14	Prospective Per Diem 11	**48.4985**	**85.3317**	**55.4526**	**13.3200**		**202.6028**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282618-00 - 2014/01

223.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,110,359**
FRVS Base Asset:	**1,564,246**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**517,113**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,088,287**	**10.1559**
20% ROE(2):	**1,022,072**	**0.2887**
Insurance Cost(3):	**47,069**	**1.1403**
Taxes Cost(3):	**30,682**	**0.7433**
Home Office(3):	**22,127**	**0.5360**
Replacement(3&4):	**72,702**	**0.0000**
Total FRVS PD:		**12.8642**

(1) 80% Capital ($4,088,287) amortized at 11.3200% for 20 years Principal & Interest of $517,113 divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $10.1559
(2) 20% ROE ($1,022,072) times the ROE factor (0.014380) divided by annual available days (56,575) divided by Occup. Adj. (0.9000) = $0.2887
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.4985**	**48.4985**	**2.0867**	**46.4118**	
Patient Care					
Direct Care	**85.3317**	**85.3317**	**3.6715**	**81.6602**	
Indirect Care	**55.4526**	**55.4526**	**2.3859**	**53.0667**	
Property	**13.3200**	**12.8642**	**0.5535**	**12.3107**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5157**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.6028**	**202.1470**	**8.6976**	**223.6585**	

***Medicaid Trend Adjustment :**

3

0 282626-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**185**	Superior:	**0**
Lakeland FL 33805		Days In CR	**365**	Maximum:	**67,525**	Standard:	**181**
County:	**Polk[53]**	First Used:	**2014/01**	Max Annualized:	**67,525**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**60,152**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,885**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**39,481**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1975**						
Acquired Date:	**7/1/1975**						
Entered Medicaid	**9/1/1976**						
Med # Active Date:	**10/29/2004**						
Previous Med #	**227854**						

Medicaid Utilization	**65.63539%**
Occupancy:	**89.08108%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.75259%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,589,106	3,201,384	1,786,379	341,116	0	6,917,985
1a	Audit Adjustments						
2	Cost Per Diem	40.2499	81.0867	45.2465	**8.6400**		175.2231
3	Cost Per Diem Inflated	41.6650	82.8983	46.8373			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.6650**	**82.8983**	**46.8373**	**8.6400**		180.0406
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.0253		51.8788			
7	Provider Target Rate	**45.2620**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.6650**	**82.8983**	**46.8373**	**8.6400**		180.0406
12/13	Medicaid Adjustment Rate		1.4582	0.8239			
14	Prospective Per Diem 11	**41.6650**	**84.3565**	**47.6612**	**8.6400**		**182.3227**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 282626-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,822,650**
FRVS Base Asset:	**2,338,389**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**498,019**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,458,120**	**8.1948**
20% ROE(2):	**1,364,530**	**0.3229**
Insurance Cost(3):	**78,695**	**1.3083**
Taxes Cost(3):	**79,729**	**1.3255**
Home Office(3):	**28,778**	**0.4784**
Replacement(3&4):	**75,228**	**0.0000**
Total FRVS PD:		**11.6299**

(1) 80% Capital ($5,458,120) amortized at 6.7500% for 20 years Principal & Interest of $498,019 divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $8.1948
(2) 20% ROE ($1,364,530) times the ROE factor (0.014380) divided by annual available days (67,525) divided by Occup. Adj. (0.9000) = $0.3229
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.6650**	**41.6650**	**1.7927**	**39.8723**	
Patient Care					
Direct Care	**84.3565**	**84.3565**	**3.6295**	**80.7270**	
Indirect Care	**47.6612**	**47.6612**	**2.0507**	**45.6105**	
Property	**8.6400**	**11.6299**	**0.5004**	**11.1295**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8294**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.3227**	**185.3126**	**7.9733**	**204.8621**	

***Medicaid Trend Adjustment :**

0 283193-00 - 2014/01

223.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Duval[16]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**38,520**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.04164%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	47.8743	93.5300	66.0178			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8743**	**93.5300**	**66.0178**	**34.9500**		242.3721
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.4814		80.0981			
7	Provider Target Rate	**79.6579**		**82.3481**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.8743**	**93.5300**	**59.2527**	**13.6500**		214.3070
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.8743**	**93.5300**	**59.2527**	**13.6500**		**214.3070**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 283193-00 - 2014/01

223.75

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**5,221,080**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.8743**	**47.8743**	**2.0598**	**45.8145**	
Patient Care					
Direct Care	**93.5300**	**93.5300**	**4.0242**	**89.5058**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**13.4696**	**0.5795**	**12.8901**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$10.1381**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.3070**	**214.1266**	**9.2129**	**223.7452**	

***Medicaid Trend Adjustment :**

0 284289-00 - 2014/01

194.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**180**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County: **Clay[10]**		First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**57,722**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**23,151**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**24,253**		
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	**42.01691%**
Occupancy:	**87.85692%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.23063%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	977,122	1,827,012	1,098,931	427,580	0	4,330,645
1a	Audit Adjustments						
2	Cost Per Diem	40.2887	75.3314	45.3111	**17.6300**		178.5612
3	Cost Per Diem Inflated	41.5967	76.9508	46.7821			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.5967**	**76.9508**	**46.7821**	**17.6300**		182.9596
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.6541		49.8062			
7	Provider Target Rate	**50.0208**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.5967**	**76.9508**	**46.7821**	**13.6500**		178.9796
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**41.5967**	**76.9508**	**46.7821**	**13.6500**		**178.9796**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284289-00 - 2014/01

194.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,561,333**
FRVS Base Asset:	**6,488,460**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**531,348**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,849,066**	**8.9861**
20% ROE(2):	**1,712,267**	**0.4344**
Insurance Cost(3):	**57,844**	**1.0021**
Taxes Cost(3):	**106,503**	**1.8451**
Home Office(3):	**49,570**	**0.8588**
Replacement(3&4):	**93,491**	**0.0000**
Total FRVS PD:		**13.1265**

(1) 80% Capital ($6,849,066) amortized at 4.7550% for 20 years Principal & Interest of $531,348 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.9861
(2) 20% ROE ($1,712,267) times the ROE factor (0.015000) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4344
(3) 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:	**51,248**
		Effective PBS Limitation	**6,488,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.5967**	**41.5967**	**1.7897**	**39.8070**	
Patient Care					
Direct Care	**76.9508**	**76.9508**	**3.3109**	**73.6399**	
Indirect Care	**46.7821**	**46.7821**	**2.0129**	**44.7692**	
Property	**13.6500**	**13.1265**	**0.5648**	**12.5617**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.8880**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.9796**	**178.4561**	**7.6783**	**194.3592**	

***Medicaid Trend Adjustment :**

0 284785-00 - 2014/01

170.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**108**	Superior:	**0**
Orange Park FL 32003		Days In CR	**365**	Maximum:	**39,420**	Standard:	**181**
County: **Clay[10]**		First Used:	**2014/01**	Max Annualized:	**39,420**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**38,992**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**6,361**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,719**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**1/19/2005**						
Acquired Date:	**1/19/2005**						
Entered Medicaid	**3/11/2005**						
Med # Active Date:	**3/11/2005**						
Previous Med #							

Medicaid Utilization	**58.26580%**
Occupancy:	**98.91426%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**122.97797%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	732,406	1,432,038	771,126	781,761	0	3,717,331
1a	Audit Adjustments						
2	Cost Per Diem	32.2376	63.0326	33.9419	**34.4100**		163.6221
3	Cost Per Diem Inflated	33.2842	64.3876	35.0438			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**33.2842**	**64.3876**	**35.0438**	**34.4100**		167.1256
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**33.2842**	**64.3876**	**35.0438**	**13.6500**		146.3656
12/13	Medicaid Adjustment Rate		0.5987	0.3259			
14	Prospective Per Diem 11	**33.2842**	**64.9863**	**35.3697**	**13.6500**		**147.2902**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284785-00 - 2014/01

170.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,105,509**
FRVS Base Asset:	**4,738,392**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**329,997**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,084,407**	**9.3015**
20% ROE(2):	**1,021,102**	**0.4317**
Insurance Cost(3):	**35,734**	**0.9164**
Taxes Cost(3):	**102,612**	**2.6316**
Home Office(3):	**4,263**	**0.1093**
Replacement(3&4):	**8,135**	**0.0000**
Total FRVS PD:		**13.3905**

(1) 80% Capital ($4,084,407) amortized at 5.2400% for 20 years Principal & Interest of $329,997 divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $9.3015
(2) 20% ROE ($1,021,102) times the ROE factor (0.015000) divided by annual available days (39,420) divided by Occup. Adj. (0.9000) = $0.4317
(3) 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:	**51,248**
		Effective PBS Limitation	**4,738,392**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**33.2842**	**33.2842**	**1.4321**	**31.8521**	
Patient Care					
Direct Care	**64.9863**	**64.9863**	**2.7961**	**62.1902**	
Indirect Care	**35.3697**	**35.3697**	**1.5218**	**33.8479**	
Property	**13.6500**	**13.3905**	**0.5761**	**12.8144**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8206**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**147.2902**	**147.0307**	**6.3261**	**170.2186**	

***Medicaid Trend Adjustment :**

0 284793-00 - 2014/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**16,425**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**13,988**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.59187%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	59.5522	97.7334	73.9677			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.5522**	**97.7334**	**73.9677**	**11.4101**		242.6634
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5928		60.3576			
7	Provider Target Rate	**69.4915**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**59.5522**	**97.7334**	**62.0530**	**11.4101**		230.7487
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**59.5522**	**97.7334**	**62.0530**	**11.4101**		**230.7487**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284793-00 - 2014/01

225.86

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,748,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**59.5522**	**59.5522**	**2.5623**	**56.9899**	
Patient Care					
Direct Care	**97.7334**	**97.7334**	**4.2051**	**93.5283**	
Indirect Care	**62.0530**	**62.0530**	**2.6699**	**59.3831**	
Property	**11.4101**	**7.5904**	**0.3266**	**7.2638**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.7487**	**226.9290**	**9.7639**	**225.8585**	

***Medicaid Trend Adjustment :**

0 284823-00 - 2014/01

278.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**86**	Superior:	**0**
N. Miami Beach FL 33162		Days In CR	**365**	Maximum:	**31,390**	Standard:	**181**
County: **Dade[13]**		First Used:	**2014/01**	Max Annualized:	**31,390**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**28,106**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**4,283**		
Current Class **South Small [3]**		Initial CR?	**False**	Medicaid:	**20,207**		
Class at 1/94: **South Small [3]**							
Operating Ex **> 18 months [1]**							
Open Date: **7/1/1978**							
Acquired Date: **7/1/1978**							
Entered Medicaid **7/1/1978**							
Med # Active Date: **1/1/2002**							
Previous Med # **205095**							

Medicaid Utilization	**71.89568%**
Occupancy:	**89.53807%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.32076%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,315,885	2,126,368	1,659,485	380,700	0	5,482,438
1a	Audit Adjustments						
2	Cost Per Diem	65.1203	105.2293	82.1243	**18.8400**		271.3139
3	Cost Per Diem Inflated	67.0595	107.4026	84.5698			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**67.0595**	**107.4026**	**84.5698**	**18.8400**		277.8719
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	79.8760		72.8052			
7	Provider Target Rate	**82.1197**		**74.8503**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**63.3313**	**105.0880**	**74.8503**	**13.6500**		256.9196
12/13	Medicaid Adjustment Rate		2.5886	1.8438			
14	Prospective Per Diem 11	**63.3313**	**107.6766**	**76.6941**	**13.6500**		**261.3520**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 284823-00 - 2014/01

278.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,874,543**
FRVS Base Asset:	**590,346**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**285,908**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,299,634**	**10.1203**
20% ROE(2):	**574,909**	**0.3201**
Insurance Cost(3):	**20,687**	**0.7360**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**19,579**	**0.6966**
Replacement(3&4):	**203,441**	**0.0000**
Total FRVS PD:		**11.8730**

(1) 80% Capital ($2,299,634) amortized at 12.5000% for 20 years Interest of $285,908 divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $10.1203
(2) 20% ROE ($574,909) times the ROE factor (0.015730) divided by annual available days (31,390) divided by Occup. Adj. (0.9000) = $0.3201
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,425,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**63.3313**	**63.3313**	**2.7249**	**60.6064**	
Patient Care					
Direct Care	**107.6766**	**107.6766**	**4.6329**	**103.0437**	
Indirect Care	**76.6941**	**76.6941**	**3.2999**	**73.3942**	
Property	**13.6500**	**11.8730**	**0.5109**	**11.3621**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0001**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**261.3520**	**259.5750**	**11.1686**	**278.0999**	

***Medicaid Trend Adjustment :**

0 307998-00 - 2014/01

214.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32224		Days In CR	**366**	Maximum:	**43,920**	Standard:	**176**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**5**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**42,056**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**20,729**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,023**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/30/1991**						
Acquired Date:	**8/30/1991**						
Entered Medicaid	**10/14/1991**						
Med # Active Date:	**4/6/2005**						
Previous Med #	**203939**						

Medicaid Utilization	**28.58807%**
Occupancy:	**95.75592%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.05129%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	635,949	1,036,347	855,308	252,243	0	2,779,847
1a	Audit Adjustments						
2	Cost Per Diem	52.8944	86.1970	71.1393	**20.9800**		231.2107
3	Cost Per Diem Inflated	55.4124	88.5625	74.5258			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4124**	**88.5625**	**74.5258**	**20.9800**		239.4807
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2424		80.4643			
7	Provider Target Rate	**53.7099**		**82.7245**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**88.5625**	**59.2527**	**13.6500**		211.2694
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**88.5625**	**59.2527**	**13.6500**		**211.2694**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 307998-00 - 2014/01

214.58

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,946,226**
FRVS Base Asset:	**1,831,800**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**429,644**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,756,981**	**10.8991**
20% ROE(2):	**1,189,245**	**0.4399**
Insurance Cost(3):	**39,051**	**0.9285**
Taxes Cost(3):	**93,013**	**2.2116**
Home Office(3):	**127,994**	**3.0434**
Replacement(3&4):	**42,540**	**0.0000**
Total FRVS PD:		**17.5225**

(1) 80% Capital ($4,756,981) amortized at 6.6200% for 20 years Principal & Interest of $429,644 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8991
(2) 20% ROE ($1,189,245) 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:	**1/1/1991**	Used Per Bed Standard:	**30,530**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,831,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**88.5625**	**88.5625**	**3.8105**	**84.7520**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**17.5225**	**0.7539**	**16.7686**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.2694**	**215.1419**	**9.2567**	**214.5786**	

***Medicaid Trend Adjustment :**

0 308111-00 - 2014/01

220.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Bava Pointe Nursing and Rehabilitation Center

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

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
587 S.E. ERMINE AVE		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Lake City FL 32025		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Columbia[12]**	First Used:	**2013/07**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**29,817**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.54048%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	49.7777	84.8745	51.5721			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.7777**	**84.8745**	**51.5721**	**20.8700**		207.0943
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.4739		54.8179			
7	Provider Target Rate	**54.9760**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.7777**	**84.8745**	**51.5721**	**13.6500**		199.8743
12/13	Medicaid Adjustment Rate		0.5068	0.3079			
14	Prospective Per Diem 11	**49.7777**	**85.3813**	**51.8800**	**13.6500**		**200.6890**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308111-00 - 2014/01

220.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Bava Pointe Nursing and Rehabilitation Center

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	**4,460,937**
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:	**401,541**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,568,750**	**13.5816**
20% ROE(2):	**892,187**	**0.4400**
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:		**17.6588**

(1) 80% Capital ($3,568,750) amortized at 9.5841% for 20 years Principal & Interest of $401,541 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $13.5816
(2) 20% ROE ($892,187) times the ROE factor (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4400
(3) 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:	**51,248**
		Effective PBS Limitation	**1,995,300**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.7777**	**49.7777**	**2.1417**	**47.6360**	
Patient Care					
Direct Care	**85.3813**	**85.3813**	**3.6736**	**81.7077**	
Indirect Care	**51.8800**	**51.8800**	**2.2322**	**49.6478**	
Property	**13.6500**	**17.6588**	**0.7598**	**16.8990**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.0929**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.6890**	**204.6978**	**8.8073**	**220.6768**	

***Medicaid Trend Adjustment :**

0 308242-00 - 2014/01

232.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**37,960**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**34,679**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.27149%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	57.4457	89.3231	59.6546			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.4457**	**89.3231**	**59.6546**	**10.9600**		217.3834
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.4902		63.8171			
7	Provider Target Rate	**52.9366**		**65.6097**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.9366**	**89.3231**	**59.6546**	**10.9600**		212.8743
12/13	Medicaid Adjustment Rate		2.0616	1.3768			
14	Prospective Per Diem 11	**52.9366**	**91.3847**	**61.0314**	**10.9600**		**216.3127**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308242-00 - 2014/01

232.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9366**	**52.9366**	**2.2777**	**50.6589**	
Patient Care					
Direct Care	**91.3847**	**91.3847**	**3.9319**	**87.4528**	
Indirect Care	**61.0314**	**61.0314**	**2.6259**	**58.4055**	
Property	**10.9600**	**8.4882**	**0.3652**	**8.1230**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.5722**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.3127**	**213.8409**	**9.2007**	**232.9058**	

***Medicaid Trend Adjustment :**

0 308251-00 - 2014/01

240.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**02/01/2012-01/31/2013**		Number of Beds:	**147**	Superior:	**0**
Miami FL 33130		Days In CR	**366**	Maximum:	**53,802**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**53,655**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**49,508**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**13,219**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,171**		
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	**67.00129%**
Occupancy:	**92.01888%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.40511%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28546739**
Semester Index:	**1.34444818**
Cost:	**1.04588276**
Target:	**1.01966300**
DC FY Index:	**1.20349917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02658982**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,545,190	2,974,168	2,053,594	1,588,559	0	8,161,511
1a	Audit Adjustments						
2	Cost Per Diem	46.5826	89.6617	61.9093	**47.8900**		246.0436
3	Cost Per Diem Inflated	48.7199	92.0458	64.7499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.7199**	**92.0458**	**64.7499**	**47.8900**		253.4056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9113		66.3119			
7	Provider Target Rate	**50.2852**		**68.1746**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.7199**	**92.0458**	**63.0224**	**13.6500**		217.4381
12/13	Medicaid Adjustment Rate		1.7605	1.2054			
14	Prospective Per Diem 11	**48.7199**	**93.8063**	**64.2278**	**13.6500**		**220.4040**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 308251-00 - 2014/01

240.96

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,126,547**
FRVS Base Asset:	**4,718,880**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**703,081**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,701,238**	**14.5597**
20% ROE(2):	**1,425,309**	**0.4303**
Insurance Cost(3):	**61,993**	**1.2522**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**31,549**	**0.6373**
Replacement(3&4):	**879,942**	**0.0000**
Total FRVS PD:		**16.8795**

(1) 80% Capital ($5,701,238) amortized at 10.9336% for 20 years Principal & Interest of $703,081 divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $14.5597
(2) 20% ROE ($1,425,309) times the ROE factor (0.014580) divided by annual available days (53,655) divided by Occup. Adj. (0.9000) = $0.4303
(3) 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:	**51,248**
		Effective PBS Limitation	**4,718,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.7199**	**48.7199**	**2.0962**	**46.6237**	
Patient Care					
Direct Care	**93.8063**	**93.8063**	**4.0361**	**89.7702**	
Indirect Care	**64.2278**	**64.2278**	**2.7635**	**61.4643**	
Property	**13.6500**	**16.8795**	**0.7263**	**16.1532**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.2516**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**220.4040**	**223.6335**	**9.6221**	**240.9564**	

***Medicaid Trend Adjustment :**

0 309800-00 - 2014/01

243.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**18,980**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**16,216**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.93214%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	57.4646	105.6910	65.0116			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.4646**	**105.6910**	**65.0116**	**18.9500**		247.1172
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		68.1927			
7	Provider Target Rate	**52.6481**		**70.1082**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6481**	**98.8202**	**65.0116**	**13.6500**		230.1299
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.6481**	**98.8202**	**65.0116**	**13.6500**		**230.1299**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 309800-00 - 2014/01

243.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,627,204**
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:	**118,685**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,301,763**	**6.9480**
20% ROE(2):	**325,441**	**0.2778**
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:		**13.0875**

(1) 80% Capital ($1,301,763) amortized at 6.7400% for 20 years Principal & Interest of $118,685 divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $6.9480
(2) 20% ROE ($325,441) times the ROE factor (0.014580) divided by annual available days (18,980) divided by Occup. Adj. (0.9000) = $0.2778
(3) 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:	**51,248**
		Effective PBS Limitation	**1,443,162**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6481**	**52.6481**	**2.2652**	**50.3829**	
Patient Care					
Direct Care	**98.8202**	**98.8202**	**4.2519**	**94.5683**	
Indirect Care	**65.0116**	**65.0116**	**2.7972**	**62.2144**	
Property	**13.6500**	**13.0875**	**0.5631**	**12.5244**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2290**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**230.1299**	**229.5674**	**9.8774**	**243.6124**	

***Medicaid Trend Adjustment :**

0 310581-00 - 2014/01

195.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Indian River[31]**	First Used:	**2013/07**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**36,026**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.25274%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	46.4084	69.8061	51.1168			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.4084**	**69.8061**	**51.1168**	**5.7600**		173.0913
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		63.5227			
7	Provider Target Rate	**46.4166**		**65.3071**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.4084**	**69.8061**	**51.1168**	**5.7600**		173.0913
12/13	Medicaid Adjustment Rate		0.3021	0.2212			
14	Prospective Per Diem 11	**46.4084**	**70.1082**	**51.3380**	**5.7600**		**173.6146**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310581-00 - 2014/01

195.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,222,498**
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:	**260,574**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,577,998**	**7.2111**
20% ROE(2):	**644,500**	**0.2843**
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:		**10.4312**

(1) 80% Capital ($2,577,998) amortized at 8.0940% for 20 years Principal & Interest of $260,574 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $7.2111
(2) 20% ROE ($644,500) times the ROE factor (0.015940) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.2843
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.4084**	**46.4084**	**1.9968**	**44.4116**	
Patient Care					
Direct Care	**70.1082**	**70.1082**	**3.0165**	**67.0917**	
Indirect Care	**51.3380**	**51.3380**	**2.2089**	**49.1291**	
Property	**5.7600**	**10.4312**	**0.4488**	**9.9824**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6618**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**173.6146**	**178.2858**	**7.6710**	**195.9700**	

***Medicaid Trend Adjustment :**

0 310841-00 - 2014/01

206.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**60**	Superior:	**0**
Palm Harbor FL 34684		Days In CR	**366**	Maximum:	**21,960**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**19,799**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,029**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**10,012**		
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	**50.56821%**
Occupancy:	**90.15938%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.09322%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	349,690	1,032,503	860,921	116,540	0	2,359,654
1a	Audit Adjustments						
2	Cost Per Diem	34.9271	103.1265	85.9889	**11.6400**		235.6825
3	Cost Per Diem Inflated	36.5898	105.9566	90.0823			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**36.5898**	**105.9566**	**90.0823**	**11.6400**		244.2687
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		62.7222			
7	Provider Target Rate	**52.6481**		**64.4841**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**36.5898**	**98.8202**	**64.4841**	**11.6400**		211.5341
12/13	Medicaid Adjustment Rate		0.0632	0.0412			
14	Prospective Per Diem 11	**36.5898**	**98.8834**	**64.5253**	**11.6400**		**211.6385**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 310841-00 - 2014/01

206.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,346,134**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**90,951**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,076,907**	**4.6145**
20% ROE(2):	**269,227**	**0.1992**
Insurance Cost(3):	**36,167**	**1.8267**
Taxes Cost(3):	**2,571**	**0.1299**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**42,258**	**0.0000**
Total FRVS PD:		**6.7703**

(1) 80% Capital ($1,076,907) amortized at 5.7800% for 20 years Principal & Interest of $90,951 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $4.6145
(2) 20% ROE ($269,227) times the ROE factor (0.014580) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.1992
(3) 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:	**51,248**
		Effective PBS Limitation	**1,310,460**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**36.5898**	**36.5898**	**1.5743**	**35.0155**	
Patient Care					
Direct Care	**98.8834**	**98.8834**	**4.2546**	**94.6288**	
Indirect Care	**64.5253**	**64.5253**	**2.7763**	**61.7490**	
Property	**11.6400**	**6.7703**	**0.2913**	**6.4790**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.6385**	**206.7688**	**8.8965**	**206.5657**	

***Medicaid Trend Adjustment :**

0 311065-00 - 2014/01

210.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**17,617**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**101.43020%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	42.8965	66.2788	53.8372			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8965**	**66.2788**	**53.8372**	**15.4800**		178.4925
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.7622		64.6606			
7	Provider Target Rate	**58.3567**		**66.4769**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8965**	**66.2788**	**53.8372**	**13.6500**		176.6625
12/13	Medicaid Adjustment Rate		2.5118	2.0403			
14	Prospective Per Diem 11	**42.8965**	**68.7906**	**55.8775**	**13.6500**		**181.2146**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311065-00 - 2014/01

210.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,823,098**
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:	**246,462**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,258,478**	**12.7164**
20% ROE(2):	**564,620**	**0.4247**
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:		**19.4499**

(1) 80% Capital ($2,258,478) amortized at 9.1500% for 20 years Principal & Interest of $246,462 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $12.7164
(2) 20% ROE ($564,620) times the ROE factor (0.014580) divided by annual available days (21,535) 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:	**1/1/1986**	Used Per Bed Standard:	**28,737**
Comparison Bed	**59**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,695,483**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8965**	**42.8965**	**1.8457**	**41.0508**	
Patient Care					
Direct Care	**68.7906**	**68.7906**	**2.9598**	**65.8308**	
Indirect Care	**55.8775**	**55.8775**	**2.4042**	**53.4733**	
Property	**13.6500**	**19.4499**	**0.8369**	**18.6130**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.7062**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**181.2146**	**187.0145**	**8.0466**	**210.3675**	

***Medicaid Trend Adjustment :**

0 311308-00 - 2014/01

196.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**83,950**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**67,394**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,472**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**53,819**	FY Index:	**1.27004145**
Class at 1/94:	**South Large [4]**	Medicaid Utilization			**79.85726%**	Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**	Occupancy:			**80.05940%**	Cost:	**1.05858606**
Open Date:	**11/1/1983**	Statewide Low Occupancy Threshold:			**80.43250%**	Target:	**1.01966300**
Acquired Date:	**11/1/1983**	Medicaid Low Occupancy Threshold:			**41.71220%**	**DC FY Index:**	**1.19666435**
Entered Medicaid	**11/1/1983**	Low Occupancy Adjustment Factor:			**99.53613%**	**DC Sem Index:**	**1.23550000**
Med # Active Date:	**11/3/2005**	Weighted Low Occ Adjustment Factor:			**100.00000%**	**DC Inflation:**	**1.03245325**
Previous Med #	**261602**					**PS Target:**	**1.02809000**

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	43.5670	86.5807	48.0499			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5670**	**86.5807**	**48.0499**	**18.3200**		196.5176
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2121		57.9884			
7	Provider Target Rate	**47.5102**		**59.6173**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.5670**	**86.5807**	**48.0499**	**13.6500**		191.8476
12/13	Medicaid Adjustment Rate		2.9082	1.6140			
14	Prospective Per Diem 11	**43.5670**	**89.4889**	**49.6639**	**13.6500**		**196.3698**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311308-00 - 2014/01

196.89

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,215,756**
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:	**562,332**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,572,605**	**7.4427**
20% ROE(2):	**1,643,151**	**0.3647**
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:		**11.4752**

(1) 80% Capital ($6,572,605) amortized at 5.9400% for 20 years Principal & Interest of $562,332 divided by annual available days (83,950) divided by Occup. Adj. (0.9000) = $7.4427
(2) 20% ROE ($1,643,151) times the ROE factor (0.016770) divided by annual available days (83,950) 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	**230**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,555,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5670**	**43.5670**	**1.8745**	**41.6925**	
Patient Care					
Direct Care	**89.4889**	**89.4889**	**3.8504**	**85.6385**	
Indirect Care	**49.6639**	**49.6639**	**2.1368**	**47.5271**	
Property	**13.6500**	**11.4752**	**0.4937**	**10.9815**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.3614**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.3698**	**194.1950**	**8.3554**	**196.8944**	

***Medicaid Trend Adjustment :**

0 311685-00 - 2014/01

234.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**180**	Superior:	**0**
Punta Gorda FL 33950		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**50,243**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,188**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,324**		
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	**62.34500%**
Occupancy:	**76.47336%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**95.07769%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,503	2,871,891	1,697,021	541,592	0	6,400,007
1a	Audit Adjustments						
2	Cost Per Diem	41.1666	91.6834	54.1764	**17.2900**		204.3164
3	Cost Per Diem Inflated	42.9847	94.0431	56.5691			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9847**	**94.0431**	**56.5691**	**17.2900**		210.8869
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	99.4418		67.5198			
7	Provider Target Rate	**102.2351**		**69.4164**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9847**	**94.0431**	**56.5691**	**13.6500**		207.2469
12/13	Medicaid Adjustment Rate		1.3061	0.7856			
14	Prospective Per Diem 11	**42.9847**	**95.3492**	**57.3547**	**13.6500**		**209.3386**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 311685-00 - 2014/01

234.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,696,042**
FRVS Base Asset:	**7,965,180**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**1,030,364**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,956,834**	**17.4254**
20% ROE(2):	**1,739,208**	**0.4321**
Insurance Cost(3):	**26,175**	**0.5210**
Taxes Cost(3):	**132,512**	**2.6374**
Home Office(3):	**44,014**	**0.8760**
Replacement(3&4):	**36,869**	**0.0000**
Total FRVS PD:		**21.8919**

(1) 80% Capital ($6,956,834) amortized at 13.8720% for 20 years Principal & Interest of $1,030,364 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $17.4254
(2) 20% ROE ($1,739,208) times the ROE factor (0.014690) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4321
(3) 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:	**51,248**
		Effective PBS Limitation	**7,965,180**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9847**	**42.9847**	**1.8495**	**41.1352**	
Patient Care					
Direct Care	**95.3492**	**95.3492**	**4.1025**	**91.2467**	
Indirect Care	**57.3547**	**57.3547**	**2.4678**	**54.8869**	
Property	**13.6500**	**21.8919**	**0.9419**	**20.9500**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.0355**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.3386**	**217.5805**	**9.3617**	**234.9477**	

***Medicaid Trend Adjustment :**

0 312045-00 - 2014/01

198.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**99**	Superior:	**0**
Daytona Beach FL 32114		Days In CR	**366**	Maximum:	**36,234**	Standard:	**181**
County:	**Volusia[64]**	First Used:	**2014/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**28,607**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,702**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**17,925**		
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	**62.65949%**
Occupancy:	**78.95071%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.15772%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	683,113	1,466,457	716,998	233,742	0	3,100,310
1a	Audit Adjustments						
2	Cost Per Diem	38.1095	81.8107	39.9999	**13.0400**		172.9601
3	Cost Per Diem Inflated	39.9237	84.0558	41.9041			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.9237**	**84.0558**	**41.9041**	**13.0400**		178.9236
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.9237**	**84.0558**	**41.9041**	**13.0400**		178.9236
12/13	Medicaid Adjustment Rate		1.1971	0.5968			
14	Prospective Per Diem 11	**39.9237**	**85.2529**	**42.5009**	**13.0400**		**180.7175**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312045-00 - 2014/01

198.09

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014580**

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**	**0.2004**
Insurance Cost(3):	**19,108**	**0.6679**
Taxes Cost(3):	**39,305**	**1.3740**
Home Office(3):	**4,127**	**0.1443**
Replacement(3&4):	**31,075**	**0.0000**
Total FRVS PD:		**8.1404**

(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 (0.014580) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.2004
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.9237**	**39.9237**	**1.7178**	**38.2059**	
Patient Care					
Direct Care	**85.2529**	**85.2529**	**3.6681**	**81.5848**	
Indirect Care	**42.5009**	**42.5009**	**1.8287**	**40.6722**	
Property	**13.0400**	**8.1404**	**0.3503**	**7.7901**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1455**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.7175**	**175.8179**	**7.5649**	**198.0919**	

***Medicaid Trend Adjustment :**

0 312142-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Putnam[54]**	First Used:	**2013/07**	Max Annualized:	**33,580**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**28,905**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.72655%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	42.8027	83.5835	45.3608			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.8027**	**83.5835**	**45.3608**	**10.5600**		182.3070
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.8027**	**83.5835**	**45.3608**	**10.5600**		182.3070
12/13	Medicaid Adjustment Rate		2.3814	1.2924			
14	Prospective Per Diem 11	**42.8027**	**85.9649**	**46.6532**	**10.5600**		**185.9808**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312142-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,622,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.8027**	**42.8027**	**1.8416**	**40.9611**	
Patient Care					
Direct Care	**85.9649**	**85.9649**	**3.6987**	**82.2662**	
Indirect Care	**46.6532**	**46.6532**	**2.0073**	**44.6459**	
Property	**10.5600**	**9.9629**	**0.4287**	**9.5342**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.4420**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.9808**	**185.3837**	**7.9763**	**207.5428**	

***Medicaid Trend Adjustment :**

0 312151-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dixie[15]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**19,027**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.72250%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	48.5171	64.5862	46.5346			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.5171**	**64.5862**	**46.5346**	**30.6800**		190.3179
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.9797		54.8179			
7	Provider Target Rate	**48.2994**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.2994**	**64.5862**	**46.5346**	**13.6500**		173.0702
12/13	Medicaid Adjustment Rate		1.5850	1.1420			
14	Prospective Per Diem 11	**48.2994**	**66.1712**	**47.6766**	**13.6500**		**175.7972**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312151-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**2,844,477**
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:	**225,526**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,275,582**	**11.4422**
20% ROE(2):	**568,895**	**0.4451**
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:		**16.4858**

(1) 80% Capital ($2,275,582) amortized at 7.8300% for 20 years Principal & Interest of $225,526 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $11.4422
(2) 20% ROE ($568,895) times the ROE factor (0.015420) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.4451
(3) 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:	**51,248**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.2994**	**48.2994**	**2.0781**	**46.2213**	
Patient Care					
Direct Care	**66.1712**	**66.1712**	**2.8471**	**63.3241**	
Indirect Care	**47.6766**	**47.6766**	**2.0513**	**45.6253**	
Property	**13.6500**	**16.4858**	**0.7093**	**15.7765**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4484**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.7972**	**178.6330**	**7.6858**	**200.0890**	

***Medicaid Trend Adjustment :**

0 312274-00 - 2014/01

184.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**65**	Superior:	**0**
Palatka FL 32177		Days In CR	**366**	Maximum:	**23,790**	Standard:	**181**
County:	**Putnam[54]**	First Used:	**2014/01**	Max Annualized:	**23,725**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**21,159**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,857**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**12,536**		
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	**59.24666%**
Occupancy:	**88.94073%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.57811%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	473,386	921,668	483,304	117,588	0	1,995,946
1a	Audit Adjustments						
2	Cost Per Diem	37.7621	73.5217	38.5533	**9.3800**		159.2171
3	Cost Per Diem Inflated	39.5597	75.5393	40.3886			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.5597**	**75.5393**	**40.3886**	**9.3800**		164.8676
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.1427		54.8179			
7	Provider Target Rate	**47.4388**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.5597**	**75.5393**	**40.3886**	**9.3800**		164.8676
12/13	Medicaid Adjustment Rate		0.7858	0.4201			
14	Prospective Per Diem 11	**39.5597**	**76.3251**	**40.8087**	**9.3800**		**166.0735**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312274-00 - 2014/01

184.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,561,435**
FRVS Base Asset:	**695,693**
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:	**155,303**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,249,148**	**7.2733**
20% ROE(2):	**312,287**	**0.2132**
Insurance Cost(3):	**18,355**	**0.8675**
Taxes Cost(3):	**6,645**	**0.3141**
Home Office(3):	**3,142**	**0.1485**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**8.8166**

(1) 80% Capital ($1,249,148) amortized at 12.5000% for 20 years Interest of $155,303 divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $7.2733
(2) 20% ROE ($312,287) times the ROE factor (0.014580) divided by annual available days (23,725) divided by Occup. Adj. (0.9000) = $0.2132
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,852,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.5597**	**39.5597**	**1.7021**	**37.8576**	
Patient Care					
Direct Care	**76.3251**	**76.3251**	**3.2840**	**73.0411**	
Indirect Care	**40.8087**	**40.8087**	**1.7558**	**39.0529**	
Property	**9.3800**	**8.8166**	**0.3793**	**8.4373**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.7657**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**166.0735**	**165.5101**	**7.1212**	**184.8480**	

***Medicaid Trend Adjustment :**

0 312312-00 - 2014/01

210.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**30**	Superior:	**0**
West Palm Beach FL 33401		Days In CR	**366**	Maximum:	**10,980**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**10,950**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**9,719**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**2,320**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**3,733**		
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	**38.40930%**
Occupancy:	**88.51548%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.04940%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	204,727	279,911	224,466	84,926	0	794,030
1a	Audit Adjustments						
2	Cost Per Diem	54.8425	74.9829	60.1302	**22.7501**		212.7057
3	Cost Per Diem Inflated	57.4532	77.0406	62.9926			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**57.4532**	**77.0406**	**62.9926**	**22.7501**		220.2365
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	80.4407		77.8719			
7	Provider Target Rate	**82.7003**		**80.0593**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**57.4532**	**77.0406**	**62.9926**	**13.6500**		211.1364
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**57.4532**	**77.0406**	**62.9926**	**13.6500**		**211.1364**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312312-00 - 2014/01

210.34

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,214,367**
FRVS Base Asset:	**1,030,830**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**79,406**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**971,494**	**8.0574**
20% ROE(2):	**242,873**	**0.3593**
Insurance Cost(3):	**13,895**	**1.4297**
Taxes Cost(3):	**24,937**	**2.5658**
Home Office(3):	**7,884**	**0.8112**
Replacement(3&4):	**14,325**	**0.0000**
Total FRVS PD:		**13.2234**

(1) 80% Capital ($971,494) amortized at 8.2500% for 20 years Interest of $79,406 divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $8.0574
(2) 20% ROE ($242,873) times the ROE factor (0.014580) divided by annual available days (10,950) divided by Occup. Adj. (0.9000) = $0.3593
(3) 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:	**51,248**
		Effective PBS Limitation	**1,030,830**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**57.4532**	**57.4532**	**2.4720**	**54.9812**	
Patient Care					
Direct Care	**77.0406**	**77.0406**	**3.3148**	**73.7258**	
Indirect Care	**62.9926**	**62.9926**	**2.7103**	**60.2823**	
Property	**13.6500**	**13.2234**	**0.5690**	**12.6544**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.1364**	**210.7098**	**9.0661**	**210.3371**	

***Medicaid Trend Adjustment :**

0 312371-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**180**	Superior:	**0**
Jacksonville FL 32257		Days In CR	**366**	Maximum:	**65,880**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**62,117**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,221**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**35,755**		
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	**57.56073%**
Occupancy:	**94.28810%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.22637%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,634,514	2,803,153	1,846,241	678,630	0	6,962,538
1a	Audit Adjustments						
2	Cost Per Diem	45.7143	78.3989	51.6359	**18.9800**		194.7291
3	Cost Per Diem Inflated	47.8905	80.5504	54.0940			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8905**	**80.5504**	**54.0940**	**18.9800**		201.5149
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.3544		63.1128			
7	Provider Target Rate	**51.7689**		**64.8856**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.8905**	**80.5504**	**54.0940**	**13.6500**		196.1849
12/13	Medicaid Adjustment Rate		0.6851	0.4601			
14	Prospective Per Diem 11	**47.8905**	**81.2355**	**54.5541**	**13.6500**		**197.3301**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312371-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**8,831,011**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**1,066,565**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,064,809**	**18.0376**
20% ROE(2):	**1,766,202**	**0.4355**
Insurance Cost(3):	**113,313**	**1.8242**
Taxes Cost(3):	**84,526**	**1.3608**
Home Office(3):	**36,611**	**0.5894**
Replacement(3&4):	**25,238**	**0.0000**
Total FRVS PD:		**22.2475**

(1) 80% Capital ($7,064,809) amortized at 14.2000% for 20 years Principal & Interest of $1,066,565 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $18.0376
(2) 20% ROE ($1,766,202) times the ROE factor (0.014580) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4355
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.8905**	**47.8905**	**2.0605**	**45.8300**	
Patient Care					
Direct Care	**81.2355**	**81.2355**	**3.4953**	**77.7402**	
Indirect Care	**54.5541**	**54.5541**	**2.3473**	**52.2068**	
Property	**13.6500**	**22.2475**	**0.9572**	**21.2903**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9785**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.3301**	**205.9276**	**8.8603**	**225.7392**	

***Medicaid Trend Adjustment :**

0 312550-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**39**	Superior:	**0**
Maitland FL 32751		Days In CR	**365**	Maximum:	**14,235**	Standard:	**137**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**14,235**	Conditional:	**44**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**12,466**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,720**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**4,487**		
Class at 1/94:	**North Small [1]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/16/1995**						
Acquired Date:	**6/16/1995**						
Entered Medicaid	**6/16/1995**						
Med # Active Date:	**1/1/2006**						
Previous Med #	**263117**						

Medicaid Utilization	**35.99390%**
Occupancy:	**87.57288%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.87749%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	238,846	338,565	275,466	102,304	0	955,181
1a	Audit Adjustments						
2	Cost Per Diem	53.2307	75.4546	61.3920	**22.8001**		212.8774
3	Cost Per Diem Inflated	55.1022	77.1404	63.5504			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.1022**	**77.1404**	**63.5504**	**22.8001**		218.5931
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	75.2275		80.2894			
7	Provider Target Rate	**77.3406**		**82.5447**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.1022**	**77.1404**	**63.5504**	**13.6500**		209.4430
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.1022**	**77.1404**	**63.5504**	**13.6500**		**209.4430**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 312550-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**0.014380**

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**	**0.3622**
Insurance Cost(3):	**12,454**	**0.9990**
Taxes Cost(3):	**17,678**	**1.4181**
Home Office(3):	**10,083**	**0.8088**
Replacement(3&4):	**14,688**	**0.0000**
Total FRVS PD:		**11.8220**

(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 (0.014380) divided by annual available days (14,235) divided by Occup. Adj. (0.9000) = $0.3622
(3) 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:	**51,248**
		Effective PBS Limitation	**1,340,079**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.1022**	**55.1022**	**2.3708**	**52.7314**	
Patient Care					
Direct Care	**77.1404**	**77.1404**	**3.3191**	**73.8213**	
Indirect Care	**63.5504**	**63.5504**	**2.7343**	**60.8161**	
Property	**13.6500**	**11.8220**	**0.5087**	**11.3133**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**209.4430**	**207.6150**	**8.9329**	**207.3755**	

***Medicaid Trend Adjustment :**

0 312789-00 - 2014/01

260.33

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**08/01/2012-07/31/2013**		Number of Beds:	**36**	Superior:	**0**
Pompano Beach FL 33060		Days In CR	**365**	Maximum:	**13,140**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**13,140**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**11,367**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**0**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**11,005**		
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	**96.81534%**
Occupancy:	**86.50685%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.55211%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	666,463	1,141,954	717,447	217,129	0	2,742,993
1a	Audit Adjustments						
2	Cost Per Diem	60.5600	103.7668	65.1928	**19.7300**		249.2496
3	Cost Per Diem Inflated	62.5261	105.9975	67.3093			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.5261**	**105.9975**	**67.3093**	**19.7300**		255.5629
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	77.0986		65.8973			
7	Provider Target Rate	**79.2643**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**62.5261**	**105.0880**	**67.3093**	**13.6500**		248.5734
12/13	Medicaid Adjustment Rate		4.7290	3.0289			
14	Prospective Per Diem 11	**62.5261**	**109.8170**	**70.3382**	**13.6500**		**256.3313**
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 01/01/2014 through 06/30/2014

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	**1,844,928**
FRVS Base Asset:	**1,084,510**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**165,093**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,475,942**	**13.9602**
20% ROE(2):	**368,986**	**0.4680**
Insurance Cost(3):	**38,940**	**3.4257**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**27,493**	**2.4187**
Replacement(3&4):	**8,390**	**0.0000**
Total FRVS PD:		**20.2726**

(1) 80% Capital ($1,475,942) amortized at 9.5000% for 20 years Principal & Interest of $165,093 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $13.9602
(2) 20% ROE ($368,986) times the ROE factor (0.015000) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.4680
(3) 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:	**51,248**
		Effective PBS Limitation	**1,084,510**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**62.5261**	**62.5261**	**2.6903**	**59.8358**	
Patient Care					
Direct Care	**109.8170**	**109.8170**	**4.7250**	**105.0920**	
Indirect Care	**70.3382**	**70.3382**	**3.0264**	**67.3118**	
Property	**13.6500**	**20.2726**	**0.8723**	**19.4003**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**256.3313**	**262.9539**	**11.3140**	**260.3333**	

***Medicaid Trend Adjustment :**

0 313424-00 - 2014/01

223.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2011-06/30/2012**		Number of Beds:	**152**	Superior:	**0**
Hollywood FL 33021		Days In CR	**366**	Maximum:	**55,632**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**55,480**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**48,377**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,456**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**24,831**		
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	**51.32811%**
Occupancy:	**86.95894%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.11419%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,390,876	1,914,753	1,280,700	452,421	0	5,038,750
1a	Audit Adjustments						
2	Cost Per Diem	56.0137	77.1114	51.5767	**18.2200**		202.9218
3	Cost Per Diem Inflated	59.4539	79.7248	54.7444			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.4539**	**79.7248**	**54.7444**	**18.2200**		212.1431
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.2789		64.2323			
7	Provider Target Rate	**63.0002**		**66.0366**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**79.7248**	**54.7444**	**13.6500**		202.1415
12/13	Medicaid Adjustment Rate		0.1191	0.0818			
14	Prospective Per Diem 11	**54.0223**	**79.8439**	**54.8262**	**13.6500**		**202.3424**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313424-00 - 2014/01

223.16

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.017810**

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**	**0.4576**
Insurance Cost(3):	**100,013**	**2.0674**
Taxes Cost(3):	**135,121**	**2.7931**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**393,310**	**0.0000**
Total FRVS PD:		**18.0950**

(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 (0.017810) divided by annual available days (55,480) divided by Occup. Adj. (0.9000) = $0.4576
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,332,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**79.8439**	**79.8439**	**3.4354**	**76.4085**	
Indirect Care	**54.8262**	**54.8262**	**2.3590**	**52.4672**	
Property	**13.6500**	**18.0950**	**0.7786**	**17.3164**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.5798**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.3424**	**206.7874**	**8.8974**	**223.1632**	

***Medicaid Trend Adjustment :**

0 313718-00 - 2014/01

203.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Seminole[59]**	First Used:	**2013/07**	Max Annualized:	**15,330**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**14,698**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.87658%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27343864**
Semester Index:	**1.34444818**
Cost:	**1.05576204**
Target:	**1.01966300**
DC FY Index:	**1.19833101**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03101730**
PS Target:	**1.02809000**

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	58.6476	78.9918	57.7046			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.6476**	**78.9918**	**57.7046**	**23.7700**		219.1140
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.5913		63.9242			
7	Provider Target Rate	**60.2371**		**65.7198**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**58.6476**	**78.9918**	**57.7046**	**13.6500**		208.9940
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**58.6476**	**78.9918**	**57.7046**	**13.6500**		**208.9940**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 313718-00 - 2014/01

203.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,047,947**
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:	**0.2000**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**0.2000**	**%**
Interest Only:	**False**	
Yearly Payment:	**83,574**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,638,358**	**6.0574**
20% ROE(2):	**409,589**	**0.4732**
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:		**8.6404**

(1) 80% Capital ($1,638,358) amortized at 0.2000% for 20 years Principal & Interest of $83,574 divided by annual available days (15,330) divided by Occup. Adj. (0.9000) = $6.0574
(2) 20% ROE ($409,589) times the ROE factor (0.015940) divided by annual available days (15,330) 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:	**1/1/2005**	Used Per Bed Standard:	**44,251**
Comparison Bed	**42**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,858,542**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**58.6476**	**58.6476**	**2.5234**	**56.1242**	
Patient Care					
Direct Care	**78.9918**	**78.9918**	**3.3987**	**75.5931**	
Indirect Care	**57.7046**	**57.7046**	**2.4828**	**55.2218**	
Property	**13.6500**	**8.6404**	**0.3718**	**8.2686**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**208.9940**	**203.9844**	**8.7767**	**203.9011**	

***Medicaid Trend Adjustment :**

0 315664-00 - 2014/01

213.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Pensacola FL 32514		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**39,714**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**24,231**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**12,955**		
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	**32.62074%**
Occupancy:	**90.42349%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.42160%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	547,141	1,081,442	813,455	543,592	0	2,985,630
1a	Audit Adjustments						
2	Cost Per Diem	42.2340	83.4768	62.7908	**41.9600**		230.4616
3	Cost Per Diem Inflated	44.2445	85.7676	65.7799			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2445**	**85.7676**	**65.7799**	**41.9600**		237.7520
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.9501		83.7574			
7	Provider Target Rate	**68.8307**		**86.1101**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2445**	**85.7676**	**59.2527**	**13.6500**		202.9148
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.2445**	**85.7676**	**59.2527**	**13.6500**		**202.9148**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 315664-00 - 2014/01

213.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,856,965**
FRVS Base Asset:	**478,329**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**378,882**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,685,572**	**9.6114**
20% ROE(2):	**1,171,393**	**0.4333**
Insurance Cost(3):	**27,357**	**0.6889**
Taxes Cost(3):	**93,499**	**2.3543**
Home Office(3):	**42,266**	**1.0643**
Replacement(3&4):	**98,210**	**0.0000**
Total FRVS PD:		**14.1522**

(1) 80% Capital ($4,685,572) amortized at 5.2500% for 20 years Principal & Interest of $378,882 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6114
(2) 20% ROE ($1,171,393) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4333
(3) 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:	**51,248**
		Effective PBS Limitation	**5,349,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2445**	**44.2445**	**1.9037**	**42.3408**	
Patient Care					
Direct Care	**85.7676**	**85.7676**	**3.6903**	**82.0773**	
Indirect Care	**59.2527**	**59.2527**	**2.5494**	**56.7033**	
Property	**13.6500**	**14.1522**	**0.6089**	**13.5433**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$9.6896**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.9148**	**203.4170**	**8.7523**	**213.0477**	

***Medicaid Trend Adjustment :**

0 316075-00 - 2014/01

221.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**136**
County:	**Okaloosa[46]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**45**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**19,048**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1985**						
Acquired Date:	**7/1/1985**						
Entered Medicaid	**7/1/1985**						
Med # Active Date:	**3/31/2006**						
Previous Med #	**225061**						

Medicaid Utilization	**30.05040%**
Occupancy:	**86.73953%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.84140%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	50.6405	78.5400	66.4092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.6405**	**78.5400**	**66.4092**	**11.8201**	**3.3038**	210.7136
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.5509		64.9110			
7	Provider Target Rate	**55.0551**		**66.7343**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.6405**	**78.5400**	**65.1932**	**11.8201**	**3.3038**	209.4976
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**50.6405**	**78.5400**	**65.1932**	**11.8201**	**3.3038**	**209.4976**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316075-00 - 2014/01

221.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.6405**	**50.6405**	**2.1789**	**48.4616**	
Patient Care					
Direct Care	**78.5400**	**78.5400**	**3.3793**	**75.1607**	
Indirect Care	**65.1932**	**65.1932**	**2.8050**	**62.3882**	
Property	**11.8201**	**9.3678**	**0.5086**	**11.3115**	
ROE	**3.3038**	**2.8440**	**0.1421**	**3.1617**	
ROE Adjustment	**-2.8440**	**-2.8440**	**-0.1224**	**-2.7216**	
Quality Assess-Medicaid Share				**$14.7374**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.6536**	**203.7415**	**8.8915**	**221.1929**	

***Medicaid Trend Adjustment :**

0 316229-00 - 2014/01

240.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**41**	Superior:	**0**
Arcadia FL 34266		Days In CR	**366**	Maximum:	**15,006**	Standard:	**181**
County:	**Desoto[14]**	First Used:	**2014/01**	Max Annualized:	**14,965**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**12,487**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,201**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,267**		
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	**58.19652%**
Occupancy:	**83.21338%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.45742%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	348,307	664,459	590,167	223,678	0	1,826,611
1a	Audit Adjustments						
2	Cost Per Diem	47.9300	91.4351	81.2119	**30.7800**		251.3570
3	Cost Per Diem Inflated	50.2117	93.9443	85.0779			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2117**	**93.9443**	**85.0779**	**30.7800**		260.0139
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.4445		89.0046			
7	Provider Target Rate	**76.5356**		**91.5047**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2117**	**93.9443**	**79.1810**	**13.6500**		236.9870
12/13	Medicaid Adjustment Rate		0.8663	0.7301			
14	Prospective Per Diem 11	**50.2117**	**94.8106**	**79.9111**	**13.6500**		**238.5834**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316229-00 - 2014/01

240.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,978,309**
FRVS Base Asset:	**1,077,566**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**147,243**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,582,647**	**10.9324**
20% ROE(2):	**395,662**	**0.4283**
Insurance Cost(3):	**34,295**	**2.7465**
Taxes Cost(3):	**41,228**	**3.3017**
Home Office(3):	**4,044**	**0.3239**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**17.7328**

(1) 80% Capital ($1,582,647) amortized at 7.0000% for 20 years Principal & Interest of $147,243 divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $10.9324
(2) 20% ROE ($395,662) times the ROE factor (0.014580) divided by annual available days (14,965) divided by Occup. Adj. (0.9000) = $0.4283
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2117**	**50.2117**	**2.1604**	**48.0513**	
Patient Care					
Direct Care	**94.8106**	**94.8106**	**4.0793**	**90.7313**	
Indirect Care	**79.9111**	**79.9111**	**3.4383**	**76.4728**	
Property	**13.6500**	**17.7328**	**0.7630**	**16.9698**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**238.5834**	**242.6662**	**10.4410**	**240.9186**	

***Medicaid Trend Adjustment :**

0 316628-00 - 2014/01

177.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**60**	Superior:	**0**
St. Petersburg FL 33714		Days In CR	**365**	Maximum:	**21,900**	Standard:	**181**
County: **Pinellas[52]**		First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**0**
Region: **Central[3]**	Area: **5**	Last Used:	**2014/01**	Total Patient:	**19,344**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**1,896**		
Current Class **Central Small [5]**		Initial CR?	**False**	Medicaid:	**16,493**		
Class at 1/94: **North Small [1]**							
Operating Ex **> 18 months [1]**							
Open Date:	**3/1/1980**						
Acquired Date:	**3/1/1980**						
Entered Medicaid	**3/1/1980**						
Med # Active Date:	**12/1/2005**						
Previous Med #	**257206**						

Medicaid Utilization	**85.26158%**
Occupancy:	**88.32877%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.81727%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	554,510	1,136,396	575,831	293,740	0	2,560,477
1a	Audit Adjustments						
2	Cost Per Diem	33.6209	68.9017	34.9137	**17.8100**		155.2463
3	Cost Per Diem Inflated	34.8845	70.4995	36.2259			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.8845**	**70.4995**	**36.2259**	**17.8100**		159.4199
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.8845**	**70.4995**	**36.2259**	**13.6500**		155.2599
12/13	Medicaid Adjustment Rate		2.7967	1.4371			
14	Prospective Per Diem 11	**34.8845**	**73.2962**	**37.6630**	**13.6500**		**159.4937**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316628-00 - 2014/01

177.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,476,914**
FRVS Base Asset:	**764,013**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**114,220**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,181,531**	**5.7950**
20% ROE(2):	**295,383**	**0.2107**
Insurance Cost(3):	**3,003**	**0.1552**
Taxes Cost(3):	**13,181**	**0.6814**
Home Office(3):	**14,840**	**0.7672**
Replacement(3&4):	**37,099**	**0.0000**
Total FRVS PD:		**7.6095**

(1) 80% Capital ($1,181,531) amortized at 7.5000% for 20 years Principal & Interest of $114,220 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $5.7950
(2) 20% ROE ($295,383) times the ROE factor (0.014060) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.2107
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,710,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.8845**	**34.8845**	**1.5009**	**33.3836**	
Patient Care					
Direct Care	**73.2962**	**73.2962**	**3.1537**	**70.1425**	
Indirect Care	**37.6630**	**37.6630**	**1.6205**	**36.0425**	
Property	**13.6500**	**7.6095**	**0.3274**	**7.2821**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.4453**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**159.4937**	**153.4532**	**6.6025**	**177.9894**	

***Medicaid Trend Adjustment :**

0 316636-00 - 2014/01

215.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**36,513**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**2,608**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,376**		
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	**72.23729%**
Occupancy:	**83.36301%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.64345%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,132,638	2,317,609	1,032,611	657,817	0	5,140,675
1a	Audit Adjustments						
2	Cost Per Diem	42.9420	87.8681	39.1496	**24.9400**		194.8997
3	Cost Per Diem Inflated	44.5559	89.9057	40.6210			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5559**	**89.9057**	**40.6210**	**24.9400**		200.0226
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.1212**	**89.9057**	**40.6210**	**13.6500**		188.2979
12/13	Medicaid Adjustment Rate		2.2492	1.0162			
14	Prospective Per Diem 11	**44.1212**	**92.1549**	**41.6372**	**13.6500**		**191.5633**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316636-00 - 2014/01

215.67

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,443,183**
FRVS Base Asset:	**4,325,640**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**397,325**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,354,546**	**10.0793**
20% ROE(2):	**1,088,637**	**0.3883**
Insurance Cost(3):	**12,754**	**0.3493**
Taxes Cost(3):	**87,923**	**2.4080**
Home Office(3):	**35,339**	**0.9678**
Replacement(3&4):	**21,130**	**0.0000**
Total FRVS PD:		**14.1927**

(1) 80% Capital ($4,354,546) amortized at 6.7500% for 20 years Principal & Interest of $397,325 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0793
(2) 20% ROE ($1,088,637) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3883
(3) 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:	**51,248**
		Effective PBS Limitation	**4,325,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.1212**	**44.1212**	**1.8984**	**42.2228**	
Patient Care					
Direct Care	**92.1549**	**92.1549**	**3.9651**	**88.1898**	
Indirect Care	**41.6372**	**41.6372**	**1.7915**	**39.8457**	
Property	**13.6500**	**14.1927**	**0.6107**	**13.5820**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.1380**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.5633**	**192.1060**	**8.2657**	**215.6717**	

***Medicaid Trend Adjustment :**

0 316644-00 - 2014/01

179.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Pinellas Park FL 33782		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,885**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**3,903**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**36,029**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**12/21/1984**						
Acquired Date:	**12/21/1984**						
Entered Medicaid	**12/21/1984**						
Med # Active Date:	**12/1/2005**						
Previous Med #	**228583**						

Medicaid Utilization	**86.01886%**
Occupancy:	**95.62786%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.89206%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,213,881	2,545,035	1,052,942	740,396	0	5,552,254
1a	Audit Adjustments						
2	Cost Per Diem	33.6918	70.6385	29.2248	**20.5500**		154.1051
3	Cost Per Diem Inflated	34.9580	72.2765	30.3232			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**34.9580**	**72.2765**	**30.3232**	**20.5500**		158.1077
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.9157		51.8788			
7	Provider Target Rate	**44.1212**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**34.9580**	**72.2765**	**30.3232**	**13.6500**		151.2077
12/13	Medicaid Adjustment Rate		2.9287	1.2287			
14	Prospective Per Diem 11	**34.9580**	**75.2052**	**31.5519**	**13.6500**		**155.3651**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 316644-00 - 2014/01

179.61

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,304,814**
FRVS Base Asset:	**3,239,533**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**402,509**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,243,851**	**10.2108**
20% ROE(2):	**1,060,963**	**0.3784**
Insurance Cost(3):	**9,114**	**0.2176**
Taxes Cost(3):	**74,761**	**1.7849**
Home Office(3):	**29,775**	**0.7109**
Replacement(3&4):	**58,134**	**0.0000**
Total FRVS PD:		**13.3026**

(1) 80% Capital ($4,243,851) amortized at 7.2500% for 20 years Principal & Interest of $402,509 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.2108
(2) 20% ROE ($1,060,963) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3784
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**34.9580**	**34.9580**	**1.5041**	**33.4539**	
Patient Care					
Direct Care	**75.2052**	**75.2052**	**3.2358**	**71.9694**	
Indirect Care	**31.5519**	**31.5519**	**1.3576**	**30.1943**	
Property	**13.6500**	**13.3026**	**0.5724**	**12.7302**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.5675**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**155.3651**	**155.0177**	**6.6699**	**179.6087**	

***Medicaid Trend Adjustment :**

0 316652-00 - 2014/01

184.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**59**	Superior:	**0**
St. Petersburg FL 33712		Days In CR	**365**	Maximum:	**21,535**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**21,535**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**20,028**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**1,252**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**18,274**		
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	**91.24226%**
Occupancy:	**93.00209%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.62750%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	681,270	1,403,288	588,552	123,167	0	2,796,277
1a	Audit Adjustments						
2	Cost Per Diem	37.2808	76.7915	32.2071	**6.7400**		153.0194
3	Cost Per Diem Inflated	38.6819	78.5722	33.4175			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.6819**	**78.5722**	**33.4175**	**6.7400**		157.4116
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**38.6819**	**78.5722**	**33.4175**	**6.7400**		157.4116
12/13	Medicaid Adjustment Rate		3.5357	1.5038			
14	Prospective Per Diem 11	**38.6819**	**82.1079**	**34.9213**	**6.7400**		**162.4511**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

5

0 316652-00 - 2014/01

184.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**563,869**
FRVS Base Asset:	**341,074**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**43,308**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**451,095**	**2.2345**
20% ROE(2):	**112,774**	**0.0818**
Insurance Cost(3):	**3,241**	**0.1618**
Taxes Cost(3):	**9,821**	**0.4904**
Home Office(3):	**14,352**	**0.7166**
Replacement(3&4):	**32,402**	**0.0000**
Total FRVS PD:		**3.6851**

(1) 80% Capital ($451,095) amortized at 7.4091% for 20 years Principal & Interest of $43,308 divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $2.2345
(2) 20% ROE ($112,774) times the ROE factor (0.014060) divided by annual available days (21,535) divided by Occup. Adj. (0.9000) = $0.0818
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**1,681,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.6819**	**38.6819**	**1.6643**	**37.0176**	
Patient Care					
Direct Care	**82.1079**	**82.1079**	**3.5328**	**78.5751**	
Indirect Care	**34.9213**	**34.9213**	**1.5025**	**33.4188**	
Property	**6.7400**	**3.6851**	**0.1586**	**3.5265**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.4032**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**162.4511**	**159.3962**	**6.8582**	**184.6346**	

***Medicaid Trend Adjustment :**

5

0 317195-00 - 2014/01

202.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Bradenton FL 34209		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Manatee[41]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**37,899**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,599**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,387**		
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	**35.32283%**
Occupancy:	**86.29099%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.28374%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	605,153	1,147,876	691,390	287,954	0	2,732,373
1a	Audit Adjustments						
2	Cost Per Diem	45.2045	85.7456	51.6464	**21.5100**		204.1065
3	Cost Per Diem Inflated	47.3564	88.0987	54.1050			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.3564**	**88.0987**	**54.1050**	**21.5100**		211.0701
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.0221		64.2087			
7	Provider Target Rate	**58.6239**		**66.0123**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.3564**	**88.0987**	**54.1050**	**13.6500**		203.2101
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.3564**	**88.0987**	**54.1050**	**13.6500**		**203.2101**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317195-00 - 2014/01

202.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,597,520**
FRVS Base Asset:	**1,655,981**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**283,524**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,878,016**	**7.1924**
20% ROE(2):	**719,504**	**0.2661**
Insurance Cost(3):	**51,637**	**1.3625**
Taxes Cost(3):	**50,493**	**1.3323**
Home Office(3):	**96,597**	**2.5488**
Replacement(3&4):	**621,122**	**0.0000**
Total FRVS PD:		**12.7021**

(1) 80% Capital ($2,878,016) amortized at 7.7500% for 20 years Principal & Interest of $283,524 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1924
(2) 20% ROE ($719,504) times the ROE factor (0.014580) divided by annual available days (43,800) 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:	**1/1/1989**	Used Per Bed Standard:	**29,821**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,789,260**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.3564**	**47.3564**	**2.0376**	**45.3188**	
Patient Care					
Direct Care	**88.0987**	**88.0987**	**3.7906**	**84.3081**	
Indirect Care	**54.1050**	**54.1050**	**2.3279**	**51.7771**	
Property	**13.6500**	**12.7021**	**0.5465**	**12.1556**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.2101**	**202.2622**	**8.7026**	**202.2530**	

***Medicaid Trend Adjustment :**

0 317349-00 - 2014/01

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 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**220**	Superior:	**0**
West Palm Beach FL 33409		Days In CR	**366**	Maximum:	**80,520**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**80,300**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**55,775**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,765**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**38,794**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**			Medicaid Utilization	**69.55446%**	FY Index:	**1.28335532**
Open Date:	**1/1/1970**			Occupancy:	**69.26851%**	Semester Index:	**1.34444818**
Acquired Date:	**1/1/1970**			Statewide Low Occupancy Threshold:	**80.43250%**	Cost:	**1.04760401**
Entered Medicaid	**1/1/1970**			Medicaid Low Occupancy Threshold:	**41.71220%**	Target:	**1.01966300**
Med # Active Date:	**9/14/2006**			Low Occupancy Adjustment Factor:	**86.12005%**	**DC FY Index:**	**1.20250000**
Previous Med #	**203483**			Weighted Low Occ Adjustment Factor:	**100.00000%**	**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02744283**
						PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,487,738	3,530,378	2,195,213	493,072	0	7,706,401
1a	Audit Adjustments						
2	Cost Per Diem	38.3497	91.0032	56.5864	**12.7100**		198.6493
3	Cost Per Diem Inflated	40.1753	93.5006	59.2801			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.1753**	**93.5006**	**59.2801**	**12.7100**		205.6660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.5021		53.9513			
7	Provider Target Rate	**47.8083**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.1753**	**93.5006**	**55.4668**	**12.7100**		201.8527
12/13	Medicaid Adjustment Rate		2.0569	1.2202			
14	Prospective Per Diem 11	**40.1753**	**95.5575**	**56.6870**	**12.7100**		**205.1298**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317349-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**4,567,056**
FRVS Base Asset:	**2,203,076**
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:	**3.5625**	**%**
Chase Rate:	**3.2500**	**%**
Amortization Rate:	**3.5625**	**%**
Interest Only:	**False**	
Yearly Payment:	**255,686**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,653,645**	**3.5379**
20% ROE(2):	**913,411**	**0.1843**
Insurance Cost(3):	**20,953**	**0.3757**
Taxes Cost(3):	**140,980**	**2.5277**
Home Office(3):	**44,033**	**0.7895**
Replacement(3&4):	**175,958**	**0.0000**
Total FRVS PD:		**7.4151**

(1) 80% Capital ($3,653,645) amortized at 3.5625% for 20 years Principal & Interest of $255,686 divided by annual available days (80,300) divided by Occup. Adj. (0.9000) = $3.5379
(2) 20% ROE ($913,411) times the ROE factor (0.014580) divided by annual available days (80,300) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**220**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**6,270,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.1753**	**40.1753**	**1.7286**	**38.4467**	
Patient Care					
Direct Care	**95.5575**	**95.5575**	**4.1115**	**91.4460**	
Indirect Care	**56.6870**	**56.6870**	**2.4390**	**54.2480**	
Property	**12.7100**	**7.4151**	**0.3190**	**7.0961**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5383**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.1298**	**199.8349**	**8.5981**	**220.4685**	

***Medicaid Trend Adjustment :**

0 317578-00 - 2014/01

233.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Gainesville FL 32601		Days In CR	**365**	Maximum:	**43,800**	Standard:	**164**
County:	**Alachua[1]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**17**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,111**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,066**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,130**		
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	**70.85695%**
Occupancy:	**93.86073%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.69503%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,289,595	2,709,410	1,671,390	1,268,029	0	6,938,424
1a	Audit Adjustments						
2	Cost Per Diem	44.2703	93.0110	57.3769	**43.5300**		238.1882
3	Cost Per Diem Inflated	46.1495	95.3257	59.8125			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.1495**	**95.3257**	**59.8125**	**43.5300**		244.8177
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0324		67.2970			
7	Provider Target Rate	**57.6064**		**69.1874**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.1495**	**94.1508**	**59.2527**	**13.6500**		213.2030
12/13	Medicaid Adjustment Rate		2.0017	1.2597			
14	Prospective Per Diem 11	**46.1495**	**96.1525**	**60.5124**	**13.6500**		**216.4644**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317578-00 - 2014/01

233.13

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,304,393**
FRVS Base Asset:	**1,756,442**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**280,332**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,643,514**	**7.1114**
20% ROE(2):	**660,879**	**0.2444**
Insurance Cost(3):	**119,694**	**2.9115**
Taxes Cost(3):	**59,419**	**1.4453**
Home Office(3):	**13,057**	**0.3176**
Replacement(3&4):	**20,650**	**0.0000**
Total FRVS PD:		**12.0302**

(1) 80% Capital ($2,643,514) amortized at 8.7500% for 20 years Principal & Interest of $280,332 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.1114
(2) 20% ROE ($660,879) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2444
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.1495**	**46.1495**	**1.9856**	**44.1639**	
Patient Care					
Direct Care	**96.1525**	**96.1525**	**4.1371**	**92.0154**	
Indirect Care	**60.5124**	**60.5124**	**2.6036**	**57.9088**	
Property	**13.6500**	**12.0302**	**0.5176**	**11.5126**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8378**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.4644**	**214.8446**	**9.2439**	**233.1319**	

***Medicaid Trend Adjustment :**

9

0 317586-00 - 2014/01

224.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**04/01/2012-03/31/2013**		Number of Beds:	**120**	Superior:	**0**
Williston FL 32696		Days In CR	**365**	Maximum:	**62,760**	Standard:	**181**
County:	**Levy[38]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**41,163**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,566**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**29,302**		
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	**71.18529%**
Occupancy:	**65.58796%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**81.54410%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28970197**
Semester Index:	**1.34444818**
Cost:	**1.04244873**
Target:	**1.01966300**
DC FY Index:	**1.20550000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02488594**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,138,881	2,615,250	1,540,079	976,636	0	6,270,846
1a	Audit Adjustments						
2	Cost Per Diem	38.8670	89.2516	52.5588	**33.3300**		214.0074
3	Cost Per Diem Inflated	40.5169	91.4727	54.7899			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**40.5169**	**91.4727**	**54.7899**	**33.3300**		220.1095
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.9462		66.8550			
7	Provider Target Rate	**55.4615**		**68.7330**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**40.5169**	**91.4727**	**54.7899**	**13.6500**		200.4295
12/13	Medicaid Adjustment Rate		2.1801	1.3058			
14	Prospective Per Diem 11	**40.5169**	**93.6528**	**56.0957**	**13.6500**		**203.9154**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 317586-00 - 2014/01

224.90

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,227,655**
FRVS Base Asset:	**2,398,792**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**358,658**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,382,124**	**9.0984**
20% ROE(2):	**845,531**	**0.3127**
Insurance Cost(3):	**106,141**	**2.5786**
Taxes Cost(3):	**81,869**	**1.9889**
Home Office(3):	**13,074**	**0.3176**
Replacement(3&4):	**17,451**	**0.0000**
Total FRVS PD:		**14.2962**

(1) 80% Capital ($3,382,124) amortized at 8.7500% for 20 years Principal & Interest of $358,658 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.0984
(2) 20% ROE ($845,531) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3127
(3) 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:	**51,248**
		Effective PBS Limitation	**4,081,140**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**40.5169**	**40.5169**	**1.7433**	**38.7736**	
Patient Care					
Direct Care	**93.6528**	**93.6528**	**4.0295**	**89.6233**	
Indirect Care	**56.0957**	**56.0957**	**2.4136**	**53.6821**	
Property	**13.6500**	**14.2962**	**0.6151**	**13.6811**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4514**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.9154**	**204.5616**	**8.8015**	**224.9049**	

***Medicaid Trend Adjustment :**

0 318779-00 - 2014/01

208.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Bay[3]**		First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**42,691**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,379**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**22,608**		
Class at 1/94: **North Large [2]**							
Operating Ex **> 18 months [1]**							
Open Date:	**11/4/1997**						
Acquired Date:	**11/4/1997**						
Entered Medicaid	**11/4/1997**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**266841**						

Medicaid Utilization	**52.95730%**
Occupancy:	**97.20173%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.84882%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	44.2664	73.5398	57.0226			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.2664**	**73.5398**	**57.0226**	**16.0700**		190.8988
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.0907		62.2566			
7	Provider Target Rate	**60.7506**		**64.0054**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.2664**	**73.5398**	**57.0226**	**13.6500**		188.4788
12/13	Medicaid Adjustment Rate		0.2447	0.1897			
14	Prospective Per Diem 11	**44.2664**	**73.7845**	**57.2123**	**13.6500**		**188.9132**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318779-00 - 2014/01

208.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,547,274**
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:	**427,708**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,437,819**	**10.8500**
20% ROE(2):	**1,109,455**	**0.5013**
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:		**13.4888**

(1) 80% Capital ($4,437,819) amortized at 7.4600% for 20 years Principal & Interest of $427,708 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.8500
(2) 20% ROE ($1,109,455) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5013
(3) 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:	**51,248**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.2664**	**44.2664**	**1.9046**	**42.3618**	
Patient Care					
Direct Care	**73.7845**	**73.7845**	**3.1747**	**70.6098**	
Indirect Care	**57.2123**	**57.2123**	**2.4616**	**54.7507**	
Property	**13.6500**	**13.4888**	**0.5804**	**12.9084**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6285**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.9132**	**188.7520**	**8.1213**	**208.9526**	

***Medicaid Trend Adjustment :**

0 318787-00 - 2014/01

195.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Fort Myers FL 33907		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,656**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**4,683**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**31,754**		
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	**78.10409%**
Occupancy:	**92.82192%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.40350%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,012,252	2,290,746	1,479,874	590,307	0	5,373,179
1a	Audit Adjustments						
2	Cost Per Diem	31.8779	72.1404	46.6043	**18.5900**		169.2126
3	Cost Per Diem Inflated	32.9987	73.7521	48.2428			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**32.9987**	**73.7521**	**48.2428**	**18.5900**		173.5836
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	45.1484		61.0598			
7	Provider Target Rate	**46.4166**		**62.7750**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**32.9987**	**73.7521**	**48.2428**	**13.6500**		168.6436
12/13	Medicaid Adjustment Rate		2.3318	1.5253			
14	Prospective Per Diem 11	**32.9987**	**76.0839**	**49.7681**	**13.6500**		**172.5007**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318787-00 - 2014/01

195.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Citrus Gardens of Fort Myers

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	**4,979,971**
FRVS Base Asset:	**2,886,169**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**392,477**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,983,977**	**9.9563**
20% ROE(2):	**995,994**	**0.3633**
Insurance Cost(3):	**54,301**	**1.3356**
Taxes Cost(3):	**57,192**	**1.4067**
Home Office(3):	**17,566**	**0.4321**
Replacement(3&4):	**245,961**	**0.0000**
Total FRVS PD:		**13.4940**

(1) 80% Capital ($3,983,977) amortized at 7.7500% for 20 years Principal & Interest of $392,477 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9563
(2) 20% ROE ($995,994) times the ROE factor (0.014380) divided by annual available days (43,800) 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	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**32.9987**	**32.9987**	**1.4198**	**31.5789**	
Patient Care					
Direct Care	**76.0839**	**76.0839**	**3.2736**	**72.8103**	
Indirect Care	**49.7681**	**49.7681**	**2.1413**	**47.6268**	
Property	**13.6500**	**13.4940**	**0.5806**	**12.9134**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8203**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.5007**	**172.3447**	**7.4153**	**195.4431**	

***Medicaid Trend Adjustment :**

0 318795-00 - 2014/01

241.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**19,958**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.99341%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	45.9939	90.0201	101.2521			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9939**	**90.0201**	**101.2521**	**32.1700**		269.4361
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		96.5909			
7	Provider Target Rate	**57.8568**		**99.3041**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9939**	**90.0201**	**79.1810**	**13.6500**		228.8450
12/13	Medicaid Adjustment Rate		0.1867	0.1642			
14	Prospective Per Diem 11	**45.9939**	**90.2068**	**79.3452**	**13.6500**		**229.1959**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 318795-00 - 2014/01

241.26

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,175,297**
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:	**142,240**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,740,238**	**7.2166**
20% ROE(2):	**435,059**	**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:		**12.3254**

(1) 80% Capital ($1,740,238) amortized at 8.2500% for 20 years Interest of $142,240 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $7.2166
(2) 20% ROE ($435,059) 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:	**51,248**
		Effective PBS Limitation	**1,765,380**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9939**	**45.9939**	**1.9789**	**44.0150**	
Patient Care					
Direct Care	**90.2068**	**90.2068**	**3.8813**	**86.3255**	
Indirect Care	**79.3452**	**79.3452**	**3.4139**	**75.9313**	
Property	**13.6500**	**12.3254**	**0.5303**	**11.7951**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.4978**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**229.1959**	**227.8713**	**9.8044**	**241.2581**	

***Medicaid Trend Adjustment :**

0 319244-00 - 2014/01

259.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**60**	Superior:	**0**
Sarasota Fl 34238		Days In CR	**365**	Maximum:	**21,900**	Standard:	**135**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**21,900**	Conditional:	**46**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**20,436**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,341**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**7,511**		
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 #	**312944**						

Medicaid Utilization	**36.75377%**
Occupancy:	**93.31507%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.01663%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	400,738	809,337	505,391	234,569	0	1,950,035
1a	Audit Adjustments						
2	Cost Per Diem	53.3535	107.7536	67.2868	**31.2301**		259.6240
3	Cost Per Diem Inflated	55.2293	110.1610	69.6525			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.2293**	**110.1610**	**69.6525**	**31.2301**		266.2729
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		77.2335			
7	Provider Target Rate	**57.8568**		**79.4030**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**55.2293**	**105.0880**	**69.6525**	**13.6500**		243.6198
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**55.2293**	**105.0880**	**69.6525**	**13.6500**		**243.6198**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319244-00 - 2014/01

259.14

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,616,048**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**213,988**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,092,838**	**10.8568**
20% ROE(2):	**523,210**	**0.3817**
Insurance Cost(3):	**6,453**	**0.3158**
Taxes Cost(3):	**29,866**	**1.4614**
Home Office(3):	**16,334**	**0.7993**
Replacement(3&4):	**24,350**	**0.0000**
Total FRVS PD:		**13.8150**

(1) 80% Capital ($2,092,838) amortized at 8.2500% for 20 years Principal & Interest of $213,988 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $10.8568
(2) 20% ROE ($523,210) times the ROE factor (0.014380) divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $0.3817
(3) 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:	**51,248**
		Effective PBS Limitation	**2,330,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.2293**	**55.2293**	**2.3763**	**52.8530**	
Patient Care					
Direct Care	**105.0880**	**105.0880**	**4.5215**	**100.5665**	
Indirect Care	**69.6525**	**69.6525**	**2.9969**	**66.6556**	
Property	**13.6500**	**13.8150**	**0.5944**	**13.2206**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.1535**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**243.6198**	**243.7848**	**10.4891**	**259.1426**	

***Medicaid Trend Adjustment :**

0 319325-00 - 2014/01

231.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33983		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,579**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,841**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**22,532**		
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	**55.52626%**
Occupancy:	**92.39299%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.87021%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,034,128	1,896,417	1,408,772	397,690	0	4,737,007
1a	Audit Adjustments						
2	Cost Per Diem	45.8960	84.1655	62.5232	**17.6500**		210.2347
3	Cost Per Diem Inflated	48.0808	86.4752	65.4996			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0808**	**86.4752**	**65.4996**	**17.6500**		217.7056
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.1521		59.5447			
7	Provider Target Rate	**57.7294**		**61.2173**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0808**	**86.4752**	**61.2173**	**13.6500**		209.4233
12/13	Medicaid Adjustment Rate		0.5376	0.3806			
14	Prospective Per Diem 11	**48.0808**	**87.0128**	**61.5979**	**13.6500**		**210.3415**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319325-00 - 2014/01

231.98

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,131,063**
FRVS Base Asset:	**3,157,214**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**597,546**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,904,850**	**15.1584**
20% ROE(2):	**1,226,213**	**0.4535**
Insurance Cost(3):	**75,870**	**1.8697**
Taxes Cost(3):	**50,945**	**1.2555**
Home Office(3):	**18,396**	**0.4533**
Replacement(3&4):	**128,041**	**0.0000**
Total FRVS PD:		**19.1904**

(1) 80% Capital ($4,904,850) amortized at 10.7500% for 20 years Principal & Interest of $597,546 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.1584
(2) 20% ROE ($1,226,213) times the ROE factor (0.014580) 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:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0808**	**48.0808**	**2.0687**	**46.0121**	
Patient Care					
Direct Care	**87.0128**	**87.0128**	**3.7438**	**83.2690**	
Indirect Care	**61.5979**	**61.5979**	**2.6503**	**58.9476**	
Property	**13.6500**	**19.1904**	**0.8257**	**18.3647**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6934**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.3415**	**215.8819**	**9.2885**	**231.9802**	

***Medicaid Trend Adjustment :**

0 319333-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Port Charlotte FL 33980		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Charlotte[8]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**34,233**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,739**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**12,806**		
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	**37.40835%**
Occupancy:	**77.94399%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**96.90608%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	674,024	1,108,735	902,357	205,664	0	2,890,780
1a	Audit Adjustments						
2	Cost Per Diem	52.6335	86.5793	70.4636	**16.0600**		225.7364
3	Cost Per Diem Inflated	55.1391	88.9553	73.8179			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.1391**	**88.9553**	**73.8179**	**16.0600**		233.9723
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.9723		81.8974			
7	Provider Target Rate	**51.3760**		**84.1979**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.3760**	**88.9553**	**63.0224**	**13.6500**		217.0037
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.3760**	**88.9553**	**63.0224**	**13.6500**		**217.0037**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 319333-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,028,341**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**548,439**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,022,673**	**13.9127**
20% ROE(2):	**1,005,668**	**0.3720**
Insurance Cost(3):	**51,317**	**1.4991**
Taxes Cost(3):	**86,372**	**2.5231**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**73,814**	**0.0000**
Total FRVS PD:		**18.3069**

(1) 80% Capital ($4,022,673) amortized at 12.5000% for 20 years Principal & Interest of $548,439 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.9127
(2) 20% ROE ($1,005,668) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3720
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.3760**	**51.3760**	**2.2105**	**49.1655**	
Patient Care					
Direct Care	**88.9553**	**88.9553**	**3.8274**	**85.1279**	
Indirect Care	**63.0224**	**63.0224**	**2.7116**	**60.3108**	
Property	**13.6500**	**18.3069**	**0.7877**	**17.5192**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.0037**	**221.6606**	**9.5372**	**220.8168**	

***Medicaid Trend Adjustment :**

0 319376-00 - 2014/01

208.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**84**	Superior:	**0**
Jacksonville FL 32225		Days In CR	**366**	Maximum:	**30,744**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**30,660**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**28,655**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,026**		
Current Class	**North Small [1]**	Initial CR?	**False**	Medicaid:	**8,826**		
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	**30.80091%**
Occupancy:	**93.20518%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.88000%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	380,968	689,318	445,725	119,504	0	1,635,515
1a	Audit Adjustments						
2	Cost Per Diem	43.1643	78.1008	50.5014	**13.5400**		185.3065
3	Cost Per Diem Inflated	45.2191	80.2441	52.9055			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.2191**	**80.2441**	**52.9055**	**13.5400**		191.9087
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.4966		54.8179			
7	Provider Target Rate	**49.8589**		**56.3577**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.2191**	**80.2441**	**52.9055**	**13.5400**		191.9087
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.2191**	**80.2441**	**52.9055**	**13.5400**		**191.9087**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

3

0 319376-00 - 2014/01

208.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,771,387**
FRVS Base Asset:	**3,027,948**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**261,479**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,017,110**	**9.4759**
20% ROE(2):	**754,277**	**0.3985**
Insurance Cost(3):	**25,349**	**0.8846**
Taxes Cost(3):	**39,874**	**1.3915**
Home Office(3):	**58,342**	**2.0360**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**14.1865**

(1) 80% Capital ($3,017,110) amortized at 6.1000% for 20 years Principal & Interest of $261,479 divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $9.4759
(2) 20% ROE ($754,277) times the ROE factor (0.014580) divided by annual available days (30,660) divided by Occup. Adj. (0.9000) = $0.3985
(3) 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:	**51,248**
		Effective PBS Limitation	**3,027,948**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.2191**	**45.2191**	**1.9456**	**43.2735**	
Patient Care					
Direct Care	**80.2441**	**80.2441**	**3.4526**	**76.7915**	
Indirect Care	**52.9055**	**52.9055**	**2.2763**	**50.6292**	
Property	**13.5400**	**14.1865**	**0.6104**	**13.5761**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.2832**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.9087**	**192.5552**	**8.2849**	**208.2469**	

***Medicaid Trend Adjustment :**

0 320391-00 - 2014/01

201.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Zephyrhills FL 33542		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,363**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**5,674**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,846**		
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	**69.73866%**
Occupancy:	**94.17805%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.08955%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,183,109	2,241,626	1,223,197	285,864	0	4,933,796
1a	Audit Adjustments						
2	Cost Per Diem	41.0147	77.7101	42.4044	**9.9100**		171.0392
3	Cost Per Diem Inflated	42.9672	79.8427	44.4230			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9672**	**79.8427**	**44.4230**	**9.9100**		177.1429
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0522		51.8788			
7	Provider Target Rate	**57.6267**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9672**	**79.8427**	**44.4230**	**9.9100**		177.1429
12/13	Medicaid Adjustment Rate		1.7730	0.9865			
14	Prospective Per Diem 11	**42.9672**	**81.6157**	**45.4095**	**9.9100**		**179.9024**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320391-00 - 2014/01

201.69

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,771,132**
FRVS Base Asset:	**615,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

Mortgage Information		
Amount:	**4,250,000.00**	
Type:	**Variable [3]**	
< 60% of Base:	**False**	
Interest Rate:	**6.2500**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**6.2500**	**%**
Interest Only:	**False**	
Yearly Payment:	**334,786**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,816,906**	**8.4928**
20% ROE(2):	**954,226**	**0.3529**
Insurance Cost(3):	**6,896**	**0.1667**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**66,756**	**1.6139**
Replacement(3&4):	**27,798**	**0.0000**
Total FRVS PD:		**10.6263**

(1) 80% Capital ($3,816,906) amortized at 6.2500% for 20 years Principal & Interest of $334,786 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.4928
(2) 20% ROE ($954,226) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3529
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**1/1/1971**	Used Per Bed Standard:	**10,261**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**615,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9672**	**42.9672**	**1.8487**	**41.1185**	
Patient Care					
Direct Care	**81.6157**	**81.6157**	**3.5116**	**78.1041**	
Indirect Care	**45.4095**	**45.4095**	**1.9538**	**43.4557**	
Property	**9.9100**	**10.6263**	**0.4572**	**10.1691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.1454**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.9024**	**180.6187**	**7.7713**	**201.6862**	

***Medicaid Trend Adjustment :**

0 320404-00 - 2014/01

201.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**35,959**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.59264%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	42.9456	78.6921	51.8590			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**42.9456**	**78.6921**	**51.8590**	**8.9200**		182.4167
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	50.5957		60.3023			
7	Provider Target Rate	**52.0169**		**61.9962**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**42.9456**	**78.6921**	**51.8590**	**8.9200**		182.4167
12/13	Medicaid Adjustment Rate		0.2377	0.1566			
14	Prospective Per Diem 11	**42.9456**	**78.9298**	**52.0156**	**8.9200**		**182.8110**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320404-00 - 2014/01

201.85

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,785,846**
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:	**322,514**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,828,677**	**9.5318**
20% ROE(2):	**957,169**	**0.4744**
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:		**11.3726**

(1) 80% Capital ($3,828,677) amortized at 8.5000% for 20 years Interest of $322,514 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $9.5318
(2) 20% ROE ($957,169) times the ROE factor (0.016770) divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $0.4744
(3) 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:	**51,248**
		Effective PBS Limitation	**2,171,810**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**42.9456**	**42.9456**	**1.8478**	**41.0978**	
Patient Care					
Direct Care	**78.9298**	**78.9298**	**3.3960**	**75.5338**	
Indirect Care	**52.0156**	**52.0156**	**2.2380**	**49.7776**	
Property	**8.9200**	**11.3726**	**0.4893**	**10.8833**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8667**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**182.8110**	**185.2636**	**7.9711**	**201.8526**	

***Medicaid Trend Adjustment :**

0 320412-00 - 2014/01

210.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**42,401**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.02790%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	45.5468	83.1269	58.3083			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5468**	**83.1269**	**58.3083**	**8.2300**		195.2120
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.6084		51.8788			
7	Provider Target Rate	**47.9176**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5468**	**83.1269**	**53.3361**	**8.2300**		190.2398
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.5468**	**83.1269**	**53.3361**	**8.2300**		**190.2398**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320412-00 - 2014/01

210.57

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,141,595**
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:	**3.5200**	**%**
Chase Rate:	**8.2500**	**%**
Amortization Rate:	**3.5200**	**%**
Interest Only:	**False**	
Yearly Payment:	**342,547**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,913,276**	**8.6897**
20% ROE(2):	**1,228,319**	**0.5225**
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:		**10.6684**

(1) 80% Capital ($4,913,276) amortized at 3.5200% for 20 years Principal & Interest of $342,547 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.6897
(2) 20% ROE ($1,228,319) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5225
(3) 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:	**51,248**
		Effective PBS Limitation	**3,861,960**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5468**	**45.5468**	**1.9597**	**43.5871**	
Patient Care					
Direct Care	**83.1269**	**83.1269**	**3.5766**	**79.5503**	
Indirect Care	**53.3361**	**53.3361**	**2.2948**	**51.0413**	
Property	**8.2300**	**10.6684**	**0.4590**	**10.2094**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.4891**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.2398**	**192.6782**	**8.2901**	**210.5706**	

***Medicaid Trend Adjustment :**

0 320421-00 - 2014/01

235.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**42,320**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,075**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**26,670**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/6/1993**						
Acquired Date:	**1/6/1993**						
Entered Medicaid	**2/8/1993**						
Med # Active Date:	**1/1/2007**						
Previous Med #	**206261**						

Medicaid Utilization	**63.01985%**
Occupancy:	**96.35701%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.79860%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	53.3015	92.3180	63.5105			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**53.3015**	**92.3180**	**63.5105**	**9.0500**		218.1800
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	58.3147		73.4489			
7	Provider Target Rate	**59.9528**		**75.5121**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**92.3180**	**61.0784**	**9.0500**		214.3596
12/13	Medicaid Adjustment Rate		1.3522	0.8946			
14	Prospective Per Diem 11	**51.9132**	**93.6702**	**61.9730**	**9.0500**		**216.6064**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320421-00 - 2014/01

235.92

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,147,170**
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:	**2.9300**	**%**
Chase Rate:	**8.2900**	**%**
Amortization Rate:	**2.9300**	**%**
Interest Only:	**False**	
Yearly Payment:	**325,220**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,917,736**	**8.2501**
20% ROE(2):	**1,229,434**	**0.5230**
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:		**10.3266**

(1) 80% Capital ($4,917,736) amortized at 2.9300% for 20 years Principal & Interest of $325,220 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.2501
(2) 20% ROE ($1,229,434) times the ROE factor (0.016770) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.5230
(3) 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:	**51,248**
		Effective PBS Limitation	**2,574,640**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**93.6702**	**93.6702**	**4.0303**	**89.6399**	
Indirect Care	**61.9730**	**61.9730**	**2.6665**	**59.3065**	
Property	**9.0500**	**10.3266**	**0.4443**	**9.8823**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.7209**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.6064**	**217.8830**	**9.3747**	**235.9226**	

***Medicaid Trend Adjustment :**

0 320439-00 - 2014/01

216.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Orlando Fl 32804		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**42,463**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,260**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**24,334**		
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	**57.30636%**
Occupancy:	**96.68260%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**120.20340%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,066,960	1,983,766	1,345,509	316,099	0	4,712,334
1a	Audit Adjustments						
2	Cost Per Diem	43.8465	81.5224	55.2934	**12.9900**		193.6523
3	Cost Per Diem Inflated	45.9338	83.7596	57.9256			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9338**	**83.7596**	**57.9256**	**12.9900**		200.6090
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.7445		64.3021			
7	Provider Target Rate	**54.2261**		**66.1083**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9338**	**83.7596**	**57.9256**	**12.9900**		200.6090
12/13	Medicaid Adjustment Rate		0.6885	0.4761			
14	Prospective Per Diem 11	**45.9338**	**84.4481**	**58.4017**	**12.9900**		**201.7736**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320439-00 - 2014/01

216.49

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,389,164**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**330,930**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,511,331**	**8.3950**
20% ROE(2):	**877,833**	**0.3247**
Insurance Cost(3):	**6,732**	**0.1585**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**84,208**	**1.9831**
Replacement(3&4):	**81,904**	**0.0000**
Total FRVS PD:		**10.8613**

(1) 80% Capital ($3,511,331) amortized at 9.5000% for 20 years Interest of $330,930 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3950
(2) 20% ROE ($877,833) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3247
(3) 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:	**51,248**
		Effective PBS Limitation	**3,421,188**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9338**	**45.9338**	**1.9764**	**43.9574**	
Patient Care					
Direct Care	**84.4481**	**84.4481**	**3.6335**	**80.8146**	
Indirect Care	**58.4017**	**58.4017**	**2.5128**	**55.8889**	
Property	**12.9900**	**10.8613**	**0.4673**	**10.3940**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7446**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**201.7736**	**199.6449**	**8.5900**	**216.4929**	

***Medicaid Trend Adjustment :**

0 320463-00 - 2014/01

228.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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.		**08/01/2012-07/31/2013**		Number of Beds:	**202**	Superior:	**0**
Apopka FL 32703		Days In CR	**365**	Maximum:	**73,730**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**73,730**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**71,035**	Total:	**181**
Control	**Private Non-Profit [3]**	**Unaudited [3]**		Medicare:	**9,125**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**48,720**		
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	**68.58591%**
Occupancy:	**96.34477%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.78339%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30217349**
Semester Index:	**1.34444818**
Cost:	**1.03246471**
Target:	**1.01966300**
DC FY Index:	**1.20949917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02149719**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,939,121	4,404,858	2,597,445	1,196,076	0	10,137,500
1a	Audit Adjustments						
2	Cost Per Diem	39.8013	90.4117	53.3137	**24.5500**		208.0767
3	Cost Per Diem Inflated	41.0934	92.3553	55.0445			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**41.0934**	**92.3553**	**55.0445**	**24.5500**		213.0432
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.1008		63.3002			
7	Provider Target Rate	**49.4520**		**65.0783**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.0934**	**92.3553**	**55.0445**	**13.6500**		202.1432
12/13	Medicaid Adjustment Rate		1.9311	1.1509			
14	Prospective Per Diem 11	**41.0934**	**94.2864**	**56.1954**	**13.6500**		**205.2252**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 320463-00 - 2014/01

228.46

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,133,701**
FRVS Base Asset:	**1,690,206**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015000**

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:	**908,456**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,306,961**	**13.6904**
20% ROE(2):	**1,826,740**	**0.4129**
Insurance Cost(3):	**13,043**	**0.1836**
Taxes Cost(3):	**0**	**0.0000**
Home Office(3):	**118,054**	**1.6619**
Replacement(3&4):	**75,034**	**0.0000**
Total FRVS PD:		**15.9488**

(1) 80% Capital ($7,306,961) amortized at 12.5000% for 20 years Interest of $908,456 divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $13.6904
(2) 20% ROE ($1,826,740) times the ROE factor (0.015000) divided by annual available days (73,730) divided by Occup. Adj. (0.9000) = $0.4129
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**10/1/1985**	Used Per Bed Standard:	**28,500**
Comparison Bed	**104**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.0934**	**41.0934**	**1.7681**	**39.3253**	
Patient Care					
Direct Care	**94.2864**	**94.2864**	**4.0568**	**90.2296**	
Indirect Care	**56.1954**	**56.1954**	**2.4179**	**53.7775**	
Property	**13.6500**	**15.9488**	**0.6862**	**15.2626**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.1764**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**205.2252**	**207.5240**	**8.9290**	**228.4648**	

***Medicaid Trend Adjustment :**

0 320978-00 - 2014/01

248.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**110**	Superior:	**0**
Lehigh Acres FL 33936		Days In CR	**366**	Maximum:	**40,260**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**40,150**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**37,380**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**11,325**	**Inflation**	
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,693**	FY Index:	**1.28335532**
Class at 1/94:	**South Large [4]**					Semester Index:	**1.34444818**
Operating Ex	**> 18 months [1]**					Cost:	**1.04760401**
Open Date:	**1/1/1986**					Target:	**1.01966300**
Acquired Date:	**1/1/1986**					**DC FY Index:**	**1.20250000**
Entered Medicaid	**1/1/1986**					**DC Sem Index:**	**1.23550000**
Med # Active Date:	**7/1/2007**					**DC Inflation:**	**1.02744283**
Previous Med #	**225169**					**PS Target:**	**1.02809000**

Medicaid Utilization	**44.65757%**
Occupancy:	**92.84649%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.43405%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	945,214	1,583,037	988,689	402,969	2,216	3,922,125
1a	Audit Adjustments						
2	Cost Per Diem	56.6234	94.8324	59.2278	**24.1400**	**0.1328**	234.9563
3	Cost Per Diem Inflated	59.3189	97.4349	62.0473			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.3189**	**97.4349**	**62.0473**	**24.1400**	**0.1328**	243.0739
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.2126		61.6223			
7	Provider Target Rate	**68.0725**		**63.3533**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**54.5361**		**65.3242**			
10b	Base for line 10a	53.0460		63.5394			
11	Lesser of 5,7,8,10, 10a	**54.0223**	**97.3934**	**62.0473**	**13.6500**	**0.1328**	227.2458
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**97.3934**	**62.0473**	**13.6500**	**0.1328**	**227.2458**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

8

0 320978-00 - 2014/01

248.29

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,634,986**
FRVS Base Asset:	**3,135,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**567,604**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,507,989**	**15.7079**
20% ROE(2):	**1,126,997**	**0.4547**
Insurance Cost(3):	**65,212**	**1.7446**
Taxes Cost(3):	**53,180**	**1.4227**
Home Office(3):	**32,631**	**0.8730**
Replacement(3&4):	**23,895**	**0.0000**
Total FRVS PD:		**20.2029**

(1) 80% Capital ($4,507,989) amortized at 11.2500% for 20 years Principal & Interest of $567,604 divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $15.7079
(2) 20% ROE ($1,126,997) times the ROE factor (0.014580) divided by annual available days (40,150) divided by Occup. Adj. (0.9000) = $0.4547
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,135,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**97.3934**	**97.3934**	**4.1905**	**93.2029**	
Indirect Care	**62.0473**	**62.0473**	**2.6697**	**59.3776**	
Property	**13.6500**	**20.2029**	**0.8693**	**19.3336**	
ROE	**0.1328**	**0.1353**	**0.0058**	**0.1295**	
ROE Adjustment	**-0.1328**	**-0.1353**	**-0.0058**	**-0.1295**	
Quality Assess-Medicaid Share				**$15.9893**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.1130**	**233.6659**	**10.0539**	**248.2947**	

***Medicaid Trend Adjustment :**

8

0 321303-00 - 2014/01

230.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**169**	Superior:	**0**
Ft. Lauderdale FL 33308		Days In CR	**366**	Maximum:	**61,854**	Standard:	**181**
County:	**Broward[6]**	First Used:	**2014/01**	Max Annualized:	**61,685**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**51,216**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**8,346**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,778**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/3/1984**						
Acquired Date:	**10/3/1984**						
Entered Medicaid	**10/3/1984**						
Med # Active Date:	**7/1/2007**						
Previous Med #	**228109**						

Medicaid Utilization	**58.14199%**
Occupancy:	**82.80144%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.94526%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,441,764	2,541,773	1,676,486	503,248	0	6,163,271
1a	Audit Adjustments						
2	Cost Per Diem	48.4171	85.3574	56.2995	**16.9000**		206.9740
3	Cost Per Diem Inflated	50.7219	87.6998	58.9796			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.7219**	**87.6998**	**58.9796**	**16.9000**		214.3013
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	54.1876		67.5592			
7	Provider Target Rate	**55.7097**		**69.4569**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**55.5636**		**65.0902**			
10b	Base for line 10a	54.0455		63.3118			
11	Lesser of 5,7,8,10, 10a	**50.7219**	**87.6998**	**58.9796**	**13.6500**		211.0513
12/13	Medicaid Adjustment Rate		0.8033	0.5402			
14	Prospective Per Diem 11	**50.7219**	**88.5031**	**59.5198**	**13.6500**		**212.3948**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321303-00 - 2014/01

230.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,876,894**
FRVS Base Asset:	**1,978,789**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**513,684**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,701,515**	**9.2528**
20% ROE(2):	**1,175,379**	**0.3087**
Insurance Cost(3):	**85,606**	**1.6715**
Taxes Cost(3):	**126,898**	**2.4777**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**13.7107**

(1) 80% Capital ($4,701,515) amortized at 9.1670% for 20 years Principal & Interest of $513,684 divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $9.2528
(2) 20% ROE ($1,175,379) times the ROE factor (0.014580) divided by annual available days (61,685) divided by Occup. Adj. (0.9000) = $0.3087
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**7,210,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.7219**	**50.7219**	**2.1824**	**48.5395**	
Patient Care					
Direct Care	**88.5031**	**88.5031**	**3.8080**	**84.6951**	
Indirect Care	**59.5198**	**59.5198**	**2.5609**	**56.9589**	
Property	**13.6500**	**13.7107**	**0.5899**	**13.1208**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4156**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.3948**	**212.4555**	**9.1412**	**230.4233**	

***Medicaid Trend Adjustment :**

0 321532-00 - 2014/01

239.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**120**	Superior:	**0**
Lauderdale Lakes FL 33319		Days In CR	**366**	Maximum:	**43,920**	Standard:	**181**
County: **Broward[6]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**41,823**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**8,892**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**30,872**		
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	**73.81584%**
Occupancy:	**95.22541%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.39172%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,393,236	2,827,708	1,966,879	1,001,179	0	7,189,002
1a	Audit Adjustments						
2	Cost Per Diem	45.1294	91.5946	63.7108	**32.4300**		232.8648
3	Cost Per Diem Inflated	47.2777	94.1082	66.7437			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.2777**	**94.1082**	**66.7437**	**32.4300**		240.5596
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	55.8309		77.2469			
7	Provider Target Rate	**57.3992**		**79.4168**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.2777**	**94.1082**	**63.0224**	**13.6500**		218.0583
12/13	Medicaid Adjustment Rate		2.5214	1.6885			
14	Prospective Per Diem 11	**47.2777**	**96.6296**	**64.7109**	**13.6500**		**222.2682**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 321532-00 - 2014/01

239.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,212,691**
FRVS Base Asset:	**1,323,819**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**164,688**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,770,153**	**4.1778**
20% ROE(2):	**442,538**	**0.1637**
Insurance Cost(3):	**140,090**	**3.3496**
Taxes Cost(3):	**157,506**	**3.7660**
Home Office(3):	**13,283**	**0.3176**
Replacement(3&4):	**9,397**	**0.0000**
Total FRVS PD:		**11.7747**

(1) 80% Capital ($1,770,153) amortized at 7.0000% for 20 years Principal & Interest of $164,688 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $4.1778
(2) 20% ROE ($442,538) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.1637
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.2777**	**47.2777**	**2.0342**	**45.2435**	
Patient Care					
Direct Care	**96.6296**	**96.6296**	**4.1576**	**92.4720**	
Indirect Care	**64.7109**	**64.7109**	**2.7843**	**61.9266**	
Property	**13.6500**	**11.7747**	**0.5066**	**11.2681**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6014**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**222.2682**	**220.3929**	**9.4827**	**239.2050**	

***Medicaid Trend Adjustment :**

0 323772-00 - 2014/01

225.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**27,758**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.38177%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	51.8649	73.8449	59.1416			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.8649**	**73.8449**	**59.1416**	**16.2500**		201.1014
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.2760		65.8973			
7	Provider Target Rate	**57.8568**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**61.2924**		**69.5677**			
10b	Base for line 10a	59.6177		67.6669			
11	Lesser of 5,7,8,10, 10a	**51.8649**	**73.8449**	**59.1416**	**13.6500**		198.5014
12/13	Medicaid Adjustment Rate		1.3169	1.0547			
14	Prospective Per Diem 11	**51.8649**	**75.1618**	**60.1963**	**13.6500**		**200.8730**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323772-00 - 2014/01

225.04

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,161,812**
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:	**398,887**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,329,450**	**13.9571**
20% ROE(2):	**832,362**	**0.4246**
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:		**18.6802**

(1) 80% Capital ($3,329,450) amortized at 10.5000% for 20 years Principal & Interest of $398,887 divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $13.9571
(2) 20% ROE ($832,362) times the ROE factor (0.014580) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.4246
(3) 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:	**51,248**
		Effective PBS Limitation	**2,580,594**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.8649**	**51.8649**	**2.2315**	**49.6334**	
Patient Care					
Direct Care	**75.1618**	**75.1618**	**3.2339**	**71.9279**	
Indirect Care	**60.1963**	**60.1963**	**2.5900**	**57.6063**	
Property	**13.6500**	**18.6802**	**0.8037**	**17.8765**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.3018**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.8730**	**205.9032**	**8.8591**	**225.0393**	

***Medicaid Trend Adjustment :**

0 323781-00 - 2014/01

239.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Sarasota[58]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**38,455**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.85764%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	52.9505	89.4445	55.0454			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.9505**	**89.4445**	**55.0454**	**27.5900**		225.0304
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	102.9166		68.1358			
7	Provider Target Rate	**105.8075**		**70.0497**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation	**53.5378**		**59.1449**			
10b	Base for line 10a	52.0750		57.5289			
11	Lesser of 5,7,8,10, 10a	**52.9505**	**89.4445**	**55.0454**	**13.6500**		211.0904
12/13	Medicaid Adjustment Rate		2.3031	1.4174			
14	Prospective Per Diem 11	**52.9505**	**91.7476**	**56.4628**	**13.6500**		**214.8109**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323781-00 - 2014/01

239.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,129,203**
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:	**577,602**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,903,362**	**14.6525**
20% ROE(2):	**1,225,841**	**0.4534**
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:		**16.9323**

(1) 80% Capital ($4,903,362) amortized at 10.2500% for 20 years Principal & Interest of $577,602 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $14.6525
(2) 20% ROE ($1,225,841) times the ROE factor (0.014580) divided by annual available days (43,800) 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:	**1/1/1990**	Used Per Bed Standard:	**30,174**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,810,440**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.9505**	**52.9505**	**2.2783**	**50.6722**	
Patient Care					
Direct Care	**91.7476**	**91.7476**	**3.9476**	**87.8000**	
Indirect Care	**56.4628**	**56.4628**	**2.4294**	**54.0334**	
Property	**13.6500**	**16.9323**	**0.7285**	**16.2038**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.8937**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.8109**	**218.0932**	**9.3838**	**239.2965**	

***Medicaid Trend Adjustment :**

0 323799-00 - 2014/01

220.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

St. Andrew's Bay Skilled Nursing and Rehabilitat

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]
Type of 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:	**181**
County:	**Bay[3]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**39,175**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**10,267**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**21,001**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1986**						
Acquired Date:	**1/1/1986**						
Entered Medicaid	**5/1/1986**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**312011**						

Medicaid Utilization	**53.60817%**
Occupancy:	**89.19626%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**110.89580%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	44.6579	87.4864	52.3995			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6579**	**87.4864**	**52.3995**	**31.4600**		216.0038
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.4003		49.5642			
7	Provider Target Rate	**44.6194**		**50.9565**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**46.0806**		**55.0710**			
10b	Base for line 10a	44.8216		53.5663			
11	Lesser of 5,7,8,10, 10a	**44.6194**	**87.4864**	**50.9565**	**13.6500**		196.7123
12/13	Medicaid Adjustment Rate		0.3551	0.2068			
14	Prospective Per Diem 11	**44.6194**	**87.8415**	**51.1633**	**13.6500**		**197.2742**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 323799-00 - 2014/01

220.97

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

St. Andrew's Bay Skilled Nursing and Rehabilitat

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	**6,107,323**
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:	**666,123**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,885,858**	**16.8981**
20% ROE(2):	**1,221,465**	**0.4518**
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:		**18.9860**

(1) 80% Capital ($4,885,858) amortized at 12.5000% for 20 years Principal & Interest of $666,123 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.8981
(2) 20% ROE ($1,221,465) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4518
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6194**	**44.6194**	**1.9198**	**42.6996**	
Patient Care					
Direct Care	**87.8415**	**87.8415**	**3.7795**	**84.0620**	
Indirect Care	**51.1633**	**51.1633**	**2.2014**	**48.9619**	
Property	**13.6500**	**18.9860**	**0.8169**	**18.1691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.3886**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.2742**	**202.6102**	**8.7176**	**220.9746**	

***Medicaid Trend Adjustment :**

0 324027-00 - 2014/01

247.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**37,646**	Total:	**181**
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]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/3/1991**						
Acquired Date:	**1/3/1991**						
Entered Medicaid	**1/3/1991**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**203131**						

Medicaid Utilization	**59.11651%**
Occupancy:	**85.71494%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.56754%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	51.5014	100.6979	70.0870			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5014**	**100.6979**	**70.0870**	**22.5700**		244.8563
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.9362		66.0414			
7	Provider Target Rate	**50.3108**		**67.8965**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.3108**	**97.3934**	**63.0224**	**13.6500**		224.3766
12/13	Medicaid Adjustment Rate		0.9989	0.6464			
14	Prospective Per Diem 11	**50.3108**	**98.3923**	**63.6688**	**13.6500**		**226.0219**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324027-00 - 2014/01

247.25

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,239,860**
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:	**536,442**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,191,888**	**13.6084**
20% ROE(2):	**1,047,972**	**0.4099**
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:		**18.9107**

(1) 80% Capital ($4,191,888) amortized at 11.5000% for 20 years Principal & Interest of $536,442 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.6084
(2) 20% ROE ($1,047,972) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4099
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.3108**	**50.3108**	**2.1647**	**48.1461**	
Patient Care					
Direct Care	**98.3923**	**98.3923**	**4.2334**	**94.1589**	
Indirect Care	**63.6688**	**63.6688**	**2.7394**	**60.9294**	
Property	**13.6500**	**18.9107**	**0.8137**	**18.0970**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2301**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**226.0219**	**231.2826**	**9.9512**	**247.2549**	

***Medicaid Trend Adjustment :**

0 324094-00 - 2014/01

235.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Clearwater FL 33759		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**42,643**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,818**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**32,383**		
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	**75.93978%**
Occupancy:	**97.35845%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.04367%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,396,086	2,929,172	1,760,474	1,329,970	0	7,415,702
1a	Audit Adjustments						
2	Cost Per Diem	43.1117	90.4540	54.3641	**41.0700**		228.9998
3	Cost Per Diem Inflated	45.0157	92.7821	56.7651			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.0157**	**92.7821**	**56.7651**	**41.0700**		235.6329
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.6702		65.6538			
7	Provider Target Rate	**58.2621**		**67.4980**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**54.2305**		**65.5734**			
10b	Base for line 10a	52.7488		63.7818			
11	Lesser of 5,7,8,10, 10a	**45.0157**	**92.7821**	**56.7651**	**13.6500**		208.2129
12/13	Medicaid Adjustment Rate		2.7076	1.6565			
14	Prospective Per Diem 11	**45.0157**	**95.4897**	**58.4216**	**13.6500**		**212.5770**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324094-00 - 2014/01

235.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,863,189**
FRVS Base Asset:	**2,775,941**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**485,075**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,890,551**	**12.3053**
20% ROE(2):	**972,638**	**0.3625**
Insurance Cost(3):	**106,978**	**2.5087**
Taxes Cost(3):	**69,658**	**1.6335**
Home Office(3):	**13,544**	**0.3176**
Replacement(3&4):	**14,191**	**0.0000**
Total FRVS PD:		**17.1276**

(1) 80% Capital ($3,890,551) amortized at 11.1000% for 20 years Principal & Interest of $485,075 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $12.3053
(2) 20% ROE ($972,638) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3625
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.0157**	**45.0157**	**1.9369**	**43.0788**	
Patient Care					
Direct Care	**95.4897**	**95.4897**	**4.1086**	**91.3811**	
Indirect Care	**58.4216**	**58.4216**	**2.5137**	**55.9079**	
Property	**13.6500**	**17.1276**	**0.7369**	**16.3907**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.2623**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.5770**	**216.0546**	**9.2961**	**235.7142**	

***Medicaid Trend Adjustment :**

0 324108-00 - 2014/01

257.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**92**	Superior:	**0**
St. Petersburg FL 33705		Days In CR	**365**	Maximum:	**33,580**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**33,580**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**30,974**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,939**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**23,133**		
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	**74.68522%**
Occupancy:	**92.23943%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.67930%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,220,757	2,115,386	1,426,067	1,039,134	0	5,801,344
1a	Audit Adjustments						
2	Cost Per Diem	52.7712	91.4445	61.6464	**44.9200**		250.7821
3	Cost Per Diem Inflated	55.1018	93.7981	64.3690			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.1018**	**93.7981**	**64.3690**	**44.9200**		258.1889
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.9835		77.0287			
7	Provider Target Rate	**67.8370**		**79.1924**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**59.8806**		**76.3245**			
10b	Base for line 10a	58.2445		74.2391			
11	Lesser of 5,7,8,10, 10a	**55.1018**	**93.7981**	**64.3690**	**13.6500**		226.9189
12/13	Medicaid Adjustment Rate		2.6049	1.7876			
14	Prospective Per Diem 11	**55.1018**	**96.4030**	**66.1566**	**13.6500**		**231.3114**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324108-00 - 2014/01

257.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,676,662**
FRVS Base Asset:	**1,335,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**478,784**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,741,330**	**15.8422**
20% ROE(2):	**935,332**	**0.4546**
Insurance Cost(3):	**88,547**	**2.8588**
Taxes Cost(3):	**55,475**	**1.7910**
Home Office(3):	**9,838**	**0.3176**
Replacement(3&4):	**21,537**	**0.0000**
Total FRVS PD:		**21.2642**

(1) 80% Capital ($3,741,330) amortized at 11.5000% for 20 years Principal & Interest of $478,784 divided by annual available days (33,580) divided by Occup. Adj. (0.9000) = $15.8422
(2) 20% ROE ($935,332) times the ROE factor (0.014690) divided by annual available days (33,580) 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	**66**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,881,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**55.1018**	**55.1018**	**2.3708**	**52.7310**	
Patient Care					
Direct Care	**96.4030**	**96.4030**	**4.1479**	**92.2551**	
Indirect Care	**66.1566**	**66.1566**	**2.8465**	**63.3101**	
Property	**13.6500**	**21.2642**	**0.9149**	**20.3493**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.8891**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**231.3114**	**238.9256**	**10.2801**	**257.2280**	

***Medicaid Trend Adjustment :**

0 324116-00 - 2014/01

236.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33612		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,373**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,987**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,927**		
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	**55.69045%**
Occupancy:	**89.89269%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.76165%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,081,662	1,864,841	1,396,170	1,072,230	0	5,414,903
1a	Audit Adjustments						
2	Cost Per Diem	49.3301	85.0477	63.6736	**48.9000**		246.9514
3	Cost Per Diem Inflated	51.5087	87.2366	66.4857			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.5087**	**87.2366**	**66.4857**	**48.9000**		254.1310
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.9836		62.4099			
7	Provider Target Rate	**58.5843**		**64.1630**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.3984**		**65.9336**			
10b	Base for line 10a	50.9667		64.1321			
11	Lesser of 5,7,8,10, 10a	**51.5087**	**87.2366**	**61.0784**	**13.6500**		213.4737
12/13	Medicaid Adjustment Rate		0.5585	0.3910			
14	Prospective Per Diem 11	**51.5087**	**87.7951**	**61.4694**	**13.6500**		**214.4232**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324116-00 - 2014/01

236.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,749,759**
FRVS Base Asset:	**4,123,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**617,948**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,599,807**	**15.6760**
20% ROE(2):	**1,149,952**	**0.4285**
Insurance Cost(3):	**138,270**	**3.5118**
Taxes Cost(3):	**73,976**	**1.8789**
Home Office(3):	**12,505**	**0.3176**
Replacement(3&4):	**21,569**	**0.0000**
Total FRVS PD:		**21.8128**

(1) 80% Capital ($4,599,807) amortized at 12.2636% for 20 years Principal & Interest of $617,948 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.6760
(2) 20% ROE ($1,149,952) times the ROE factor (0.014690) divided by annual available days (43,800) 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:	**7/1/1994**	Used Per Bed Standard:	**34,361**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,123,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.5087**	**51.5087**	**2.2162**	**49.2925**	
Patient Care					
Direct Care	**87.7951**	**87.7951**	**3.7775**	**84.0176**	
Indirect Care	**61.4694**	**61.4694**	**2.6448**	**58.8246**	
Property	**13.6500**	**21.8128**	**0.9385**	**20.8743**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.5331**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**214.4232**	**222.5860**	**9.5770**	**236.2355**	

***Medicaid Trend Adjustment :**

0 324124-00 - 2014/01

228.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**119**	Superior:	**0**
New Port Richey FL 34653		Days In CR	**365**	Maximum:	**43,435**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,435**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**40,536**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,013**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**21,895**		
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	**54.01372%**
Occupancy:	**93.32566%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.02979%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	913,943	1,944,521	1,295,905	964,256	0	5,118,625
1a	Audit Adjustments						
2	Cost Per Diem	41.7421	88.8112	59.1873	**44.0400**		233.7806
3	Cost Per Diem Inflated	43.5856	91.0970	61.8013			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5856**	**91.0970**	**61.8013**	**44.0400**		240.5239
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1668		66.5674			
7	Provider Target Rate	**58.7726**		**68.4373**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**50.9768**		**65.9336**			
10b	Base for line 10a	49.5840		64.1321			
11	Lesser of 5,7,8,10, 10a	**43.5856**	**91.0970**	**61.0784**	**13.6500**		209.4110
12/13	Medicaid Adjustment Rate		0.4113	0.2758			
14	Prospective Per Diem 11	**43.5856**	**91.5083**	**61.3542**	**13.6500**		**210.0981**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324124-00 - 2014/01

228.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,484,316**
FRVS Base Asset:	**2,077,025**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**463,064**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,587,453**	**11.8456**
20% ROE(2):	**896,863**	**0.3370**
Insurance Cost(3):	**117,888**	**2.9082**
Taxes Cost(3):	**70,296**	**1.7342**
Home Office(3):	**12,875**	**0.3176**
Replacement(3&4):	**7,206**	**0.0000**
Total FRVS PD:		**17.1426**

(1) 80% Capital ($3,587,453) amortized at 11.6337% for 20 years Principal & Interest of $463,064 divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $11.8456
(2) 20% ROE ($896,863) times the ROE factor (0.014690) divided by annual available days (43,435) divided by Occup. Adj. (0.9000) = $0.3370
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,391,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5856**	**43.5856**	**1.8753**	**41.7103**	
Patient Care					
Direct Care	**91.5083**	**91.5083**	**3.9373**	**87.5710**	
Indirect Care	**61.3542**	**61.3542**	**2.6398**	**58.7144**	
Property	**13.6500**	**17.1426**	**0.7376**	**16.4050**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.8563**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**210.0981**	**213.5907**	**9.1900**	**228.9504**	

***Medicaid Trend Adjustment :**

0 324132-00 - 2014/01

233.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**109**	Superior:	**0**
St. Petersburg FL 33703		Days In CR	**365**	Maximum:	**39,785**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**36,735**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,224**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**29,518**		
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	**80.35389%**
Occupancy:	**92.33379%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.79663%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,230,839	2,713,250	1,765,711	1,303,220	0	7,013,020
1a	Audit Adjustments						
2	Cost Per Diem	41.6979	91.9185	59.8181	**44.1500**		237.5845
3	Cost Per Diem Inflated	43.5395	94.2843	62.4599			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.5395**	**94.2843**	**62.4599**	**44.1500**		244.4337
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.6550		67.4704			
7	Provider Target Rate	**63.3869**		**69.3656**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**53.5380**		**65.4921**			
10b	Base for line 10a	52.0752		63.7027			
11	Lesser of 5,7,8,10, 10a	**43.5395**	**94.2843**	**61.0784**	**13.6500**		212.5522
12/13	Medicaid Adjustment Rate		3.2196	2.0857			
14	Prospective Per Diem 11	**43.5395**	**97.5039**	**63.1641**	**13.6500**		**217.8575**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324132-00 - 2014/01

233.91

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.014690**

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**	**0.1623**
Insurance Cost(3):	**111,472**	**3.0345**
Taxes Cost(3):	**39,559**	**1.0769**
Home Office(3):	**11,667**	**0.3176**
Replacement(3&4):	**23,774**	**0.0000**
Total FRVS PD:		**9.6205**

(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 (0.014690) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.1623
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,106,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.5395**	**43.5395**	**1.8733**	**41.6662**	
Patient Care					
Direct Care	**97.5039**	**97.5039**	**4.1952**	**93.3087**	
Indirect Care	**63.1641**	**63.1641**	**2.7177**	**60.4464**	
Property	**13.6500**	**9.6205**	**0.4139**	**9.2066**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.5895**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**217.8575**	**213.8280**	**9.2001**	**233.9108**	

***Medicaid Trend Adjustment :**

0 324141-00 - 2014/01

236.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Hillsborough[29]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**40,611**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.27576%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

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	48.3895	90.8509	63.5253			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.3895**	**90.8509**	**63.5253**	**42.4900**		245.2557
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	56.0432		68.8823			
7	Provider Target Rate	**57.6175**		**70.8172**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.8328**		**65.9336**			
10b	Base for line 10a	51.3893		64.1321			
11	Lesser of 5,7,8,10, 10a	**48.3895**	**90.8509**	**61.0784**	**13.6500**		213.9688
12/13	Medicaid Adjustment Rate		1.7762	1.1941			
14	Prospective Per Diem 11	**48.3895**	**92.6271**	**62.2725**	**13.6500**		**216.9391**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324141-00 - 2014/01

236.23

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,919,909**
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:	**394,847**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,135,927**	**10.0164**
20% ROE(2):	**783,982**	**0.2922**
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:		**14.5192**

(1) 80% Capital ($3,135,927) amortized at 11.2500% for 20 years Principal & Interest of $394,847 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.0164
(2) 20% ROE ($783,982) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2922
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.3895**	**48.3895**	**2.0820**	**46.3075**	
Patient Care					
Direct Care	**92.6271**	**92.6271**	**3.9854**	**88.6417**	
Indirect Care	**62.2725**	**62.2725**	**2.6793**	**59.5932**	
Property	**13.6500**	**14.5192**	**0.6247**	**13.8945**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1045**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.9391**	**217.8083**	**9.3714**	**236.2348**	

***Medicaid Trend Adjustment :**

0 324159-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**36,878**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**104.39351%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

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	38.2876	101.1713	49.9390			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.2876**	**101.1713**	**49.9390**	**6.2900**		195.6879
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	42.2608		55.4504			
7	Provider Target Rate	**43.4479**		**57.0080**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**47.2754**		**58.2601**			
10b	Base for line 10a	45.9837		56.6683			
11	Lesser of 5,7,8,10, 10a	**38.2876**	**95.7721**	**49.9390**	**6.2900**		190.2887
12/13	Medicaid Adjustment Rate		0.6632	0.3458			
14	Prospective Per Diem 11	**38.2876**	**96.4353**	**50.2848**	**6.2900**		**191.2977**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324159-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**6,139,334**
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:	**648,954**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,911,467**	**16.4626**
20% ROE(2):	**1,227,867**	**0.4541**
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:		**19.9873**

(1) 80% Capital ($4,911,467) amortized at 12.0000% for 20 years Principal & Interest of $648,954 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $16.4626
(2) 20% ROE ($1,227,867) times the ROE factor (0.014580) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4541
(3) 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:	**51,248**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.2876**	**38.2876**	**1.6474**	**36.6402**	
Patient Care					
Direct Care	**96.4353**	**96.4353**	**4.1492**	**92.2861**	
Indirect Care	**50.2848**	**50.2848**	**2.1636**	**48.1212**	
Property	**6.2900**	**19.9873**	**0.8600**	**19.1273**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.6564**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.2977**	**204.9950**	**8.8202**	**224.5246**	

***Medicaid Trend Adjustment :**

0 324167-00 - 2014/01

249.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**90**	Superior:	**0**
Hialeah FL 33016		Days In CR	**365**	Maximum:	**32,850**	Standard:	**181**
County:	**Dade[13]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**31,570**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,055**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**15,003**		
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	**47.52296%**
Occupancy:	**96.10350%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.48342%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	677,245	1,347,810	1,311,177	801,760	0	4,137,992
1a	Audit Adjustments						
2	Cost Per Diem	45.1406	89.8360	87.3943	**53.4400**		275.8109
3	Cost Per Diem Inflated	47.1342	92.1482	91.2540			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1342**	**92.1482**	**91.2540**	**53.4400**		283.9764
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.6299		96.2305			
7	Provider Target Rate	**67.4734**		**98.9336**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**61.1343**		**82.1856**			
10b	Base for line 10a	59.4640		79.9401			
11	Lesser of 5,7,8,10, 10a	**47.1342**	**92.1482**	**79.1810**	**13.6500**		232.1134
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1342**	**92.1482**	**79.1810**	**13.6500**		**232.1134**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324167-00 - 2014/01

249.88

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,599,888**
FRVS Base Asset:	**3,246,544**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**418,855**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,679,910**	**14.1673**
20% ROE(2):	**919,978**	**0.4571**
Insurance Cost(3):	**96,472**	**3.0558**
Taxes Cost(3):	**61,952**	**1.9624**
Home Office(3):	**10,027**	**0.3176**
Replacement(3&4):	**13,076**	**0.0000**
Total FRVS PD:		**19.9602**

(1) 80% Capital ($3,679,910) amortized at 9.7500% for 20 years Principal & Interest of $418,855 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $14.1673
(2) 20% ROE ($919,978) times the ROE factor (0.014690) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.4571
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective for Providers on FRVS phase-in Only

Per Bed Standard Determination			
Comparison Date:	**7/1/1987**	Used Per Bed Standard:	**29,423**
Comparison Bed	**90**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,648,070**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1342**	**47.1342**	**2.0280**	**45.1062**	
Patient Care					
Direct Care	**92.1482**	**92.1482**	**3.9648**	**88.1834**	
Indirect Care	**79.1810**	**79.1810**	**3.4069**	**75.7741**	
Property	**13.6500**	**19.9602**	**0.8588**	**19.1014**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0236**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**232.1134**	**238.4236**	**10.2585**	**249.8821**	

***Medicaid Trend Adjustment :**

0 324175-00 - 2014/01

214.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**120**	Superior:	**0**
Orlando FL 32808		Days In CR	**365**	Maximum:	**43,800**	Standard:	**120**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**61**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**41,657**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,397**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**33,436**		
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	**80.26502%**
Occupancy:	**95.10731%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.24487%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,275,300	2,955,886	1,552,394	1,475,865	0	7,259,445
1a	Audit Adjustments						
2	Cost Per Diem	38.1415	88.4043	46.4288	**44.1400**		217.1146
3	Cost Per Diem Inflated	39.8260	90.6796	48.4793			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.8260**	**90.6796**	**48.4793**	**44.1400**		223.1249
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.6157		66.1242			
7	Provider Target Rate	**54.0937**		**67.9816**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**52.8705**		**65.8869**			
10b	Base for line 10a	51.4259		64.0867			
11	Lesser of 5,7,8,10, 10a	**39.8260**	**90.6796**	**48.4793**	**13.6500**		192.6349
12/13	Medicaid Adjustment Rate		2.0469	1.0943			
14	Prospective Per Diem 11	**39.8260**	**92.7265**	**49.5736**	**13.6500**		**195.7761**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324175-00 - 2014/01

214.68

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,521,107**
FRVS Base Asset:	**1,913,236**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**284,720**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,816,886**	**7.2227**
20% ROE(2):	**704,221**	**0.2624**
Insurance Cost(3):	**114,726**	**2.7541**
Taxes Cost(3):	**54,637**	**1.3116**
Home Office(3):	**13,231**	**0.3176**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.8684**

(1) 80% Capital ($2,816,886) amortized at 8.0940% for 20 years Principal & Interest of $284,720 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.2227
(2) 20% ROE ($704,221) times the ROE factor (0.014690) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2624
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.8260**	**39.8260**	**1.7136**	**38.1124**	
Patient Care					
Direct Care	**92.7265**	**92.7265**	**3.9897**	**88.7368**	
Indirect Care	**49.5736**	**49.5736**	**2.1330**	**47.4406**	
Property	**13.6500**	**11.8684**	**0.5107**	**11.3577**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.3423**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.7761**	**193.9945**	**8.3470**	**214.6832**	

***Medicaid Trend Adjustment :**

0 324213-00 - 2014/01

194.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Road		**01/01/2012-12/31/2012**		Number of Beds:	**90**	Superior:	**0**
Avon Park FL 33825		Days In CR	**366**	Maximum:	**32,940**	Standard:	**181**
County:	**Highlands[28]**	First Used:	**2014/01**	Max Annualized:	**32,850**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**31,108**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,214**		
Current Class	**Central Small [5]**	Initial CR?	**False**	Medicaid:	**18,265**		
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	**58.71480%**
Occupancy:	**94.43837%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.41320%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	675,055	1,260,371	846,952	256,258	0	3,038,636
1a	Audit Adjustments						
2	Cost Per Diem	36.9589	69.0047	46.3702	**14.0300**		166.3638
3	Cost Per Diem Inflated	38.7183	70.8984	48.5776			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.7183**	**70.8984**	**48.5776**	**14.0300**		172.2243
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2096		60.3576			
7	Provider Target Rate	**52.6481**		**62.0530**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**60.0152**	**98.8202**	**76.5445**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	59.3150		70.0665			
10	Target Rate Class Ceiling	**60.4813**		**71.4442**			
10a	New Provider Target Limitation	**52.6481**		**63.9965**			
10b	Base for line 10a	51.2096		62.2480			
11	Lesser of 5,7,8,10, 10a	**38.7183**	**70.8984**	**48.5776**	**13.6500**		171.8443
12/13	Medicaid Adjustment Rate		0.6951	0.4763			
14	Prospective Per Diem 11	**38.7183**	**71.5935**	**49.0539**	**13.6500**		**173.0157**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324213-00 - 2014/01

194.10

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,189,964**
FRVS Base Asset:	**1,076,683**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**195,968**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,751,971**	**6.6284**
20% ROE(2):	**437,993**	**0.2160**
Insurance Cost(3):	**70,812**	**2.2763**
Taxes Cost(3):	**21,664**	**0.6964**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**15,905**	**0.0000**
Total FRVS PD:		**9.8171**

(1) 80% Capital ($1,751,971) amortized at 9.5000% for 20 years Principal & Interest of $195,968 divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $6.6284
(2) 20% ROE ($437,993) times the ROE factor (0.014580) divided by annual available days (32,850) divided by Occup. Adj. (0.9000) = $0.2160
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,565,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.7183**	**38.7183**	**1.6659**	**37.0524**	
Patient Care					
Direct Care	**71.5935**	**71.5935**	**3.0804**	**68.5131**	
Indirect Care	**49.0539**	**49.0539**	**2.1106**	**46.9433**	
Property	**13.6500**	**9.8171**	**0.4224**	**9.3947**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.1330**	
Supplemental Rate Add-on				**$8.6934**	
Fire Sprinkler Component	**$4.5708**	**$4.5708**	**$0.1967**	**$4.3741**	
Totals	**177.5865**	**173.7536**	**7.4760**	**194.1040**	

***Medicaid Trend Adjustment :**

0 324230-00 - 2014/01

211.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Seminole FL 33772		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,065**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,928**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**16,056**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**7/1/1982**						
Acquired Date:	**7/1/1982**						
Entered Medicaid	**7/1/1982**						
Med # Active Date:	**7/20/2007**						
Previous Med #	**206814**						

Medicaid Utilization	**39.09899%**
Occupancy:	**93.75571%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.56446%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	809,095	1,332,131	944,137	277,287	0	3,362,650
1a	Audit Adjustments						
2	Cost Per Diem	50.3921	82.9678	58.8028	**17.2700**		209.4327
3	Cost Per Diem Inflated	52.2860	84.8917	61.0128			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.2860**	**84.8917**	**61.0128**	**17.2700**		215.4605
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.9097		69.9988			
7	Provider Target Rate	**62.6207**		**71.9651**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**54.6958**		**65.9336**			
10b	Base for line 10a	53.2014		64.1321			
11	Lesser of 5,7,8,10, 10a	**51.9132**	**84.8917**	**61.0128**	**13.6500**		211.4677
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**84.8917**	**61.0128**	**13.6500**		**211.4677**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324230-00 - 2014/01

211.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,965,031**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**335,188**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,972,025**	**8.5030**
20% ROE(2):	**993,006**	**0.3542**
Insurance Cost(3):	**65,373**	**1.5919**
Taxes Cost(3):	**52,831**	**1.2865**
Home Office(3):	**88,051**	**2.1442**
Replacement(3&4):	**430,325**	**0.0000**
Total FRVS PD:		**13.8798**

(1) 80% Capital ($3,972,025) amortized at 5.7700% for 20 years Principal & Interest of $335,188 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5030
(2) 20% ROE ($993,006) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3542
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**84.8917**	**84.8917**	**3.6526**	**81.2391**	
Indirect Care	**61.0128**	**61.0128**	**2.6251**	**58.3877**	
Property	**13.6500**	**13.8798**	**0.5972**	**13.2826**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**211.4677**	**211.6975**	**9.1085**	**211.2824**	

***Medicaid Trend Adjustment :**

0 324248-00 - 2014/01

209.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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.		**01/01/2012-12/31/2012**		Number of Beds:	**116**	Superior:	**0**
Seminole Fl 33772		Days In CR	**366**	Maximum:	**42,456**	Standard:	**181**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**42,340**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,887**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,189**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**14,385**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/14/1988**						
Acquired Date:	**9/14/1988**						
Entered Medicaid	**2/19/2002**						
Med # Active Date:	**7/20/2007**						
Previous Med #	**253715**						

Medicaid Utilization	**36.99180%**
Occupancy:	**91.59365%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.87641%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	743,222	1,217,728	821,008	361,639	0	3,143,597
1a	Audit Adjustments						
2	Cost Per Diem	51.6665	84.6526	57.0739	**25.1400**		218.5330
3	Cost Per Diem Inflated	54.1260	86.9757	59.7908			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**54.1260**	**86.9757**	**59.7908**	**25.1400**		226.0325
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.1801		72.7039			
7	Provider Target Rate	**70.0953**		**74.7462**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation	**57.0192**		**63.6867**			
10b	Base for line 10a	55.4613		61.9466			
11	Lesser of 5,7,8,10, 10a	**51.9132**	**86.9757**	**59.7908**	**13.6500**		212.3297
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**86.9757**	**59.7908**	**13.6500**		**212.3297**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324248-00 - 2014/01

209.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,738,804**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**252,405**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,991,043**	**6.6238**
20% ROE(2):	**747,761**	**0.2861**
Insurance Cost(3):	**19,084**	**0.4908**
Taxes Cost(3):	**32,726**	**0.8416**
Home Office(3):	**110,725**	**2.8474**
Replacement(3&4):	**0**	**0.0000**
Total FRVS PD:		**11.0897**

(1) 80% Capital ($2,991,043) amortized at 5.7700% for 20 years Principal & Interest of $252,405 divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $6.6238
(2) 20% ROE ($747,761) times the ROE factor (0.014580) divided by annual available days (42,340) divided by Occup. Adj. (0.9000) = $0.2861
(3) 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:	**51,248**
		Effective PBS Limitation	**3,440,792**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**86.9757**	**86.9757**	**3.7422**	**83.2335**	
Indirect Care	**59.7908**	**59.7908**	**2.5726**	**57.2182**	
Property	**13.6500**	**11.0897**	**0.4771**	**10.6126**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**212.3297**	**209.7694**	**9.0255**	**209.4373**	

***Medicaid Trend Adjustment :**

0 324345-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Manatee[41]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**38,821**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.89370%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	47.8278	77.4180	49.9092			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.8278**	**77.4180**	**49.9092**	**46.8000**		221.9550
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.2447		51.8788			
7	Provider Target Rate	**45.4875**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.4875**	**77.4180**	**49.9092**	**13.6500**		186.4647
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**45.4875**	**77.4180**	**49.9092**	**13.6500**		**186.4647**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324345-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**5,361,420**
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:	**471,393**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,289,136**	**11.9582**
20% ROE(2):	**1,072,284**	**0.4194**
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:		**16.2054**

(1) 80% Capital ($4,289,136) amortized at 9.2500% for 20 years Principal & Interest of $471,393 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $11.9582
(2) 20% ROE ($1,072,284) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4194
(3) 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:	**51,248**
		Effective PBS Limitation	**3,352,680**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.4875**	**45.4875**	**1.9572**	**43.5303**	
Patient Care					
Direct Care	**77.4180**	**77.4180**	**3.3310**	**74.0870**	
Indirect Care	**49.9092**	**49.9092**	**2.1474**	**47.7618**	
Property	**13.6500**	**16.2054**	**0.6973**	**15.5081**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$17.2067**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.4647**	**189.0201**	**8.1329**	**206.7873**	

***Medicaid Trend Adjustment :**

0 324353-00 - 2014/01

207.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Washington[67]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**54,490**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,058**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**44,280**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1982**						
Acquired Date:	**1/1/1982**						
Entered Medicaid	**6/1/1982**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**312339**						

Medicaid Utilization	**81.26262%**
Occupancy:	**82.71099%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.83279%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	49.8954	69.1726	47.2779			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.8954**	**69.1726**	**47.2779**	**34.7700**		201.1159
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.6251		60.3225			
7	Provider Target Rate	**66.4404**		**62.0170**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**69.1726**	**47.2779**	**13.6500**		179.9047
12/13	Medicaid Adjustment Rate		2.4328	1.6628			
14	Prospective Per Diem 11	**49.8042**	**71.6054**	**48.9407**	**13.6500**		**184.0003**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324353-00 - 2014/01

207.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,210,389**
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:	**710,160**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,968,311**	**12.0101**
20% ROE(2):	**1,242,078**	**0.3523**
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:		**15.1916**

(1) 80% Capital ($4,968,311) amortized at 13.2740% for 20 years Principal & Interest of $710,160 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $12.0101
(2) 20% ROE ($1,242,078) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3523
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**71.6054**	**71.6054**	**3.0809**	**68.5245**	
Indirect Care	**48.9407**	**48.9407**	**2.1057**	**46.8350**	
Property	**13.6500**	**15.1916**	**0.6536**	**14.5380**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.5279**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.0003**	**185.5419**	**7.9831**	**207.7801**	

***Medicaid Trend Adjustment :**

0 324361-00 - 2014/01

205.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Walton[66]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**46,764**	Total:	**181**
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]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.27004145**
Open Date:	**3/1/1979**					Semester Index:	**1.34444818**
Acquired Date:	**3/1/1979**					Cost:	**1.05858606**
Entered Medicaid	**1/1/1980**					Target:	**1.01966300**
Med # Active Date:	**11/1/2007**					**DC FY Index:**	**1.19666435**
Previous Med #	**312291**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.03245325**
						PS Target:	**1.02809000**

Medicaid Utilization	**68.59336%**						
Occupancy:	**70.98361%**						
Statewide Low Occupancy Threshold:	**80.43250%**						
Medicaid Low Occupancy Threshold:	**41.71220%**						
Low Occupancy Adjustment Factor:	**88.25240%**						
Weighted Low Occ Adjustment Factor:	**100.00000%**						

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	47.5506	74.9730	49.5855			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.5506**	**74.9730**	**49.5855**	**32.2100**		204.3191
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	57.1655		60.4889			
7	Provider Target Rate	**58.7713**		**62.1880**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.5506**	**74.9730**	**49.5855**	**13.6500**		185.7591
12/13	Medicaid Adjustment Rate		1.5683	1.0372			
14	Prospective Per Diem 11	**47.5506**	**76.5413**	**50.6227**	**13.6500**		**188.3646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324361-00 - 2014/01

205.43

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,904,755**
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:	**506,521**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,723,804**	**8.5662**
20% ROE(2):	**1,180,951**	**0.3349**
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:		**11.3776**

(1) 80% Capital ($4,723,804) amortized at 8.9040% for 20 years Principal & Interest of $506,521 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.5662
(2) 20% ROE ($1,180,951) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3349
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.5506**	**47.5506**	**2.0459**	**45.5047**	
Patient Care					
Direct Care	**76.5413**	**76.5413**	**3.2933**	**73.2480**	
Indirect Care	**50.6227**	**50.6227**	**2.1781**	**48.4446**	
Property	**13.6500**	**11.3776**	**0.4895**	**10.8881**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.6510**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.3646**	**186.0922**	**8.0068**	**205.4298**	

***Medicaid Trend Adjustment :**

0 324370-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County: **Lee[36]**		First Used:	**2013/07**	Max Annualized:	**39,055**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**26,326**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**3,090**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**16,863**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.27684492**
Open Date: **4/1/1981**						Semester Index:	**1.34444818**
Acquired Date: **4/1/1981**						Cost:	**1.05294555**
Entered Medicaid **4/1/1981**						Target:	**1.01966300**
Med # Active Date: **11/1/2007**						**DC FY Index:**	**1.20000000**
Previous Med # **258253**						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02958333**
						PS Target:	**1.02809000**

Medicaid Utilization	**64.05455%**	
Occupancy:	**67.22333%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**83.57732%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

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	55.6087	76.5581	52.2119			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.6087**	**76.5581**	**52.2119**	**33.4400**		217.8187
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	49.5959		53.9513			
7	Provider Target Rate	**50.9890**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.9890**	**76.5581**	**52.2119**	**13.6500**		193.4090
12/13	Medicaid Adjustment Rate		1.2105	0.8255			
14	Prospective Per Diem 11	**50.9890**	**77.7686**	**53.0374**	**13.6500**		**195.4450**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324370-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**3,090,303**
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:	**221,189**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,472,242**	**6.2928**
20% ROE(2):	**618,061**	**0.2711**
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:		**10.2738**

(1) 80% Capital ($2,472,242) amortized at 6.5000% for 20 years Principal & Interest of $221,189 divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $6.2928
(2) 20% ROE ($618,061) times the ROE factor (0.015420) divided by annual available days (39,055) divided by Occup. Adj. (0.9000) = $0.2711
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,049,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.9890**	**50.9890**	**2.1939**	**48.7951**	
Patient Care					
Direct Care	**77.7686**	**77.7686**	**3.3461**	**74.4225**	
Indirect Care	**53.0374**	**53.0374**	**2.2820**	**50.7554**	
Property	**13.6500**	**10.2738**	**0.4420**	**9.8318**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6486**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**195.4450**	**192.0688**	**8.2640**	**213.1468**	

***Medicaid Trend Adjustment :**

0 324388-00 - 2014/01

202.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Alachua[1]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**38,396**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,731**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**25,806**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1980**						
Acquired Date:	**5/1/1980**						
Entered Medicaid	**5/1/1980**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**266639**						

Medicaid Utilization	**67.21013%**
Occupancy:	**87.42259%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.69062%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	46.2186	71.1060	52.7557			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.2186**	**71.1060**	**52.7557**	**25.8800**		195.9603
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.6313		49.8062			
7	Provider Target Rate	**44.8569**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.8569**	**71.1060**	**51.2053**	**13.6500**		180.8182
12/13	Medicaid Adjustment Rate		1.3767	0.9914			
14	Prospective Per Diem 11	**44.8569**	**72.4827**	**52.1967**	**13.6500**		**183.1863**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324388-00 - 2014/01

202.45

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,289,874**
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:	**315,316**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,631,899**	**7.9989**
20% ROE(2):	**657,975**	**0.2574**
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:		**11.5563**

(1) 80% Capital ($2,631,899) amortized at 10.5000% for 20 years Principal & Interest of $315,316 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.9989
(2) 20% ROE ($657,975) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2574
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,650,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.8569**	**44.8569**	**1.9300**	**42.9269**	
Patient Care					
Direct Care	**72.4827**	**72.4827**	**3.1187**	**69.3640**	
Indirect Care	**52.1967**	**52.1967**	**2.2458**	**49.9509**	
Property	**13.6500**	**11.5563**	**0.4972**	**11.0591**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.4539**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.1863**	**181.0926**	**7.7917**	**202.4482**	

***Medicaid Trend Adjustment :**

4

0 324396-00 - 2014/01

198.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Jackson[32]**		First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region: **North [1]**	Area: **2**	Last Used:	**2014/01**	Total Patient:	**55,440**	Total:	**181**
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**							

		Inflation	
Medicaid Utilization	**72.83730%**	FY Index:	**1.27004145**
Occupancy:	**84.15300%**	Semester Index:	**1.34444818**
Statewide Low Occupancy Threshold:	**80.43250%**	Cost:	**1.05858606**
Medicaid Low Occupancy Threshold:	**41.71220%**	Target:	**1.01966300**
Low Occupancy Adjustment Factor:	**104.62562%**	**DC FY Index:**	**1.19666435**
Weighted Low Occ Adjustment Factor:	**100.00000%**	**DC Sem Index:**	**1.23550000**
		DC Inflation:	**1.03245325**
		PS Target:	**1.02809000**

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	45.9236	65.2011	51.4775			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9236**	**65.2011**	**51.4775**	**27.3800**		189.9822
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.3171		60.2566			
7	Provider Target Rate	**76.4047**		**61.9492**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9236**	**65.2011**	**51.4775**	**13.6500**		176.2522
12/13	Medicaid Adjustment Rate		1.6751	1.3226			
14	Prospective Per Diem 11	**45.9236**	**66.8762**	**52.8001**	**13.6500**		**179.2499**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

2

0 324396-00 - 2014/01

198.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,641,232**
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:	**488,160**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,512,986**	**8.2557**
20% ROE(2):	**1,128,246**	**0.3200**
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:		**10.8815**

(1) 80% Capital ($4,512,986) amortized at 9.0260% for 20 years Principal & Interest of $488,160 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $8.2557
(2) 20% ROE ($1,128,246) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3200
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9236**	**45.9236**	**1.9759**	**43.9477**	
Patient Care					
Direct Care	**66.8762**	**66.8762**	**2.8774**	**63.9988**	
Indirect Care	**52.8001**	**52.8001**	**2.2718**	**50.5283**	
Property	**13.6500**	**10.8815**	**0.4682**	**10.4133**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$21.0534**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**179.2499**	**176.4814**	**7.5933**	**198.6349**	

***Medicaid Trend Adjustment :**

2

0 324400-00 - 2014/01

199.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Dade[13]**		First Used:	**2013/07**	Max Annualized:	**78,110**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**75,278**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.49277%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	46.0612	81.3334	46.7324			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.0612**	**81.3334**	**46.7324**	**37.7700**		211.8970
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.3446		67.4984			
7	Provider Target Rate	**67.1801**		**69.3944**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.0612**	**81.3334**	**46.7324**	**13.6500**		187.7770
12/13	Medicaid Adjustment Rate		2.5634	1.4729			
14	Prospective Per Diem 11	**46.0612**	**83.8968**	**48.2053**	**13.6500**		**191.8133**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324400-00 - 2014/01

199.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**9,188,502**
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:	**1,009,034**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**7,350,802**	**14.3535**
20% ROE(2):	**1,837,700**	**0.4384**
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:		**18.6568**

(1) 80% Capital ($7,350,802) amortized at 12.6100% for 20 years Principal & Interest of $1,009,034 divided by annual available days (78,110) divided by Occup. Adj. (0.9000) = $14.3535
(2) 20% ROE ($1,837,700) times the ROE factor (0.016770) divided by annual available days (78,110) 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:	**7/1/1986**	Used Per Bed Standard:	**28,682**
Comparison Bed	**160**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,589,120**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.0612**	**46.0612**	**1.9818**	**44.0794**	
Patient Care					
Direct Care	**83.8968**	**83.8968**	**3.6098**	**80.2870**	
Indirect Care	**48.2053**	**48.2053**	**2.0741**	**46.1312**	
Property	**13.6500**	**18.6568**	**0.8027**	**17.8541**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.1672**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.8133**	**196.8201**	**8.4684**	**199.2123**	

***Medicaid Trend Adjustment :**

0 324418-00 - 2014/01

211.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/07**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**52,149**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**98.41490%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	50.2265	76.6531	42.1770			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.2265**	**76.6531**	**42.1770**	**36.5100**		205.5666
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.2580		65.5229			
7	Provider Target Rate	**76.3439**		**67.3634**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.2265**	**76.6531**	**42.1770**	**13.6500**		182.7066
12/13	Medicaid Adjustment Rate		1.1685	0.6430			
14	Prospective Per Diem 11	**50.2265**	**77.8216**	**42.8200**	**13.6500**		**184.5181**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324418-00 - 2014/01

211.37

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**8,447,165**
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:	**947,176**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,757,732**	**16.0185**
20% ROE(2):	**1,689,433**	**0.4791**
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:		**20.3099**

(1) 80% Capital ($6,757,732) amortized at 12.9500% for 20 years Principal & Interest of $947,176 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $16.0185
(2) 20% ROE ($1,689,433) times the ROE factor (0.016770) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.4791
(3) 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:	**51,248**
		Effective PBS Limitation	**3,441,840**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.2265**	**50.2265**	**2.1611**	**48.0654**	
Patient Care					
Direct Care	**77.8216**	**77.8216**	**3.3484**	**74.4732**	
Indirect Care	**42.8200**	**42.8200**	**1.8424**	**40.9776**	
Property	**13.6500**	**20.3099**	**0.8739**	**19.4360**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.7207**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.5181**	**191.1780**	**8.2258**	**211.3663**	

***Medicaid Trend Adjustment :**

0 324426-00 - 2014/01

204.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Jackson[32]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**42,241**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.57498%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	47.7074	69.5812	46.5329			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.7074**	**69.5812**	**46.5329**	**27.5300**		191.3515
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.3655		60.5137			
7	Provider Target Rate	**66.1735**		**62.2135**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.7074**	**69.5812**	**46.5329**	**13.6500**		177.4715
12/13	Medicaid Adjustment Rate		1.6992	1.1364			
14	Prospective Per Diem 11	**47.7074**	**71.2804**	**47.6693**	**13.6500**		**180.3071**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324426-00 - 2014/01

204.76

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,553,349**
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:	**532,258**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,442,679**	**13.5022**
20% ROE(2):	**1,110,670**	**0.4725**
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:		**16.4657**

(1) 80% Capital ($4,442,679) amortized at 10.5000% for 20 years Principal & Interest of $532,258 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $13.5022
(2) 20% ROE ($1,110,670) times the ROE factor (0.016770) divided by annual available days (43,800) 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:	**1/1/1997**	Used Per Bed Standard:	**37,041**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,444,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7074**	**47.7074**	**2.0527**	**45.6547**	
Patient Care					
Direct Care	**71.2804**	**71.2804**	**3.0669**	**68.2135**	
Indirect Care	**47.6693**	**47.6693**	**2.0510**	**45.6183**	
Property	**13.6500**	**16.4657**	**0.7085**	**15.7572**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.8180**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.3071**	**183.1228**	**7.8791**	**204.7551**	

***Medicaid Trend Adjustment :**

0 324434-00 - 2014/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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: **181**
County: **Clay[10]**	First Used: **2013/07**	Max Annualized: **38,325**	Conditional: **0**
Region: **North [1]** Area: **4**	Last Used: **2014/01**	Total Patient: **36,174**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **6,141**	
Current Class **North Large [2]**	Initial CR? **False**	Medicaid: **24,047**	
Class at 1/94: **North Large [2]**			
Operating Ex **> 18 months [1]**			
Open Date: **10/1/1980**			
Acquired Date: **10/1/1980**			
Entered Medicaid **10/1/1980**			
Med # Active Date: **11/1/2007**			
Previous Med # **258211**			

Medicaid Utilization	**66.47592%**
Occupancy:	**94.12959%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.02930%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	50.5662	76.1522	49.2777			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.5662**	**76.1522**	**49.2777**	**21.5400**		197.5361
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.9694		49.8062			
7	Provider Target Rate	**46.2326**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.2326**	**76.1522**	**49.2777**	**13.6500**		185.3125
12/13	Medicaid Adjustment Rate		1.4115	0.9134			
14	Prospective Per Diem 11	**46.2326**	**77.5637**	**50.1911**	**13.6500**		**187.6374**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324434-00 - 2014/01

203.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,926,983**
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:	**209,499**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,341,586**	**6.0738**
20% ROE(2):	**585,397**	**0.2617**
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:		**8.9496**

(1) 80% Capital ($2,341,586) amortized at 6.5000% for 20 years Principal & Interest of $209,499 divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $6.0738
(2) 20% ROE ($585,397) times the ROE factor (0.015420) divided by annual available days (38,325) divided by Occup. Adj. (0.9000) = $0.2617
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,992,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.2326**	**46.2326**	**1.9892**	**44.2434**	
Patient Care					
Direct Care	**77.5637**	**77.5637**	**3.3373**	**74.2264**	
Indirect Care	**50.1911**	**50.1911**	**2.1595**	**48.0316**	
Property	**13.6500**	**8.9496**	**0.3851**	**8.5645**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9696**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.6374**	**182.9370**	**7.8711**	**203.7289**	

***Medicaid Trend Adjustment :**

0 324442-00 - 2014/01

214.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Volusia[64]**	First Used:	**2013/07**	Max Annualized:	**21,900**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**20,599**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**116.62247%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	55.4655	81.9842	54.6328			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.4655**	**81.9842**	**54.6328**	**25.1100**		217.1925
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.1095		58.4215			
7	Provider Target Rate	**52.5452**		**60.0626**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.5452**	**81.9842**	**54.6328**	**13.6500**		202.8122
12/13	Medicaid Adjustment Rate		0.0987	0.0658			
14	Prospective Per Diem 11	**52.5452**	**82.0829**	**54.6986**	**13.6500**		**202.9767**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324442-00 - 2014/01

214.82

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,572,784**
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:	**96,402**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,058,227**	**4.8910**
20% ROE(2):	**514,557**	**0.4026**
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:		**8.5377**

(1) 80% Capital ($2,058,227) amortized at 4.7500% for 20 years Interest of $96,402 divided by annual available days (21,900) divided by Occup. Adj. (0.9000) = $4.8910
(2) 20% ROE ($514,557) times the ROE factor (0.015420) divided by annual available days (21,900) 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:	**7/1/1983**	Used Per Bed Standard:	**27,062**
Comparison Bed	**60**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**1,623,720**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.5452**	**52.5452**	**2.2608**	**50.2844**	
Patient Care					
Direct Care	**82.0829**	**82.0829**	**3.5317**	**78.5512**	
Indirect Care	**54.6986**	**54.6986**	**2.3535**	**52.3451**	
Property	**13.6500**	**8.5377**	**0.3673**	**8.1704**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7722**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**202.9767**	**197.8644**	**8.5133**	**214.8167**	

***Medicaid Trend Adjustment :**

0 324451-00 - 2014/01

200.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Brevard[5]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**39,532**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.90639%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	44.6513	78.7236	44.1975			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6513**	**78.7236**	**44.1975**	**29.5400**		197.1124
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	43.7149		51.8788			
7	Provider Target Rate	**44.9429**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6513**	**78.7236**	**44.1975**	**13.6500**		181.2224
12/13	Medicaid Adjustment Rate		1.5532	0.8720			
14	Prospective Per Diem 11	**44.6513**	**80.2768**	**45.0695**	**13.6500**		**183.6476**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324451-00 - 2014/01

200.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,298,323**
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:	**236,078**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,638,658**	**5.9888**
20% ROE(2):	**659,665**	**0.2580**
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:		**9.2679**

(1) 80% Capital ($2,638,658) amortized at 6.5000% for 20 years Principal & Interest of $236,078 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $5.9888
(2) 20% ROE ($659,665) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2580
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6513**	**44.6513**	**1.9212**	**42.7301**	
Patient Care					
Direct Care	**80.2768**	**80.2768**	**3.4540**	**76.8228**	
Indirect Care	**45.0695**	**45.0695**	**1.9392**	**43.1303**	
Property	**13.6500**	**9.2679**	**0.3988**	**8.8691**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$19.9652**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.6476**	**179.2655**	**7.7132**	**200.2109**	

***Medicaid Trend Adjustment :**

0 324469-00 - 2014/01

200.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**41,974**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.81915%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	47.0035	76.1393	37.2504			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.0035**	**76.1393**	**37.2504**	**35.0300**		195.4232
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	48.2485		51.8788			
7	Provider Target Rate	**49.6038**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.0035**	**76.1393**	**37.2504**	**13.6500**		174.0432
12/13	Medicaid Adjustment Rate		1.0536	0.5155			
14	Prospective Per Diem 11	**47.0035**	**77.1929**	**37.7659**	**13.6500**		**175.6123**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324469-00 - 2014/01

200.22

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,289,103**
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:	**613,049**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,231,282**	**15.5517**
20% ROE(2):	**1,057,821**	**0.4138**
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:		**18.8838**

(1) 80% Capital ($4,231,282) amortized at 13.5000% for 20 years Principal & Interest of $613,049 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $15.5517
(2) 20% ROE ($1,057,821) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4138
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.0035**	**47.0035**	**2.0224**	**44.9811**	
Patient Care					
Direct Care	**77.1929**	**77.1929**	**3.3213**	**73.8716**	
Indirect Care	**37.7659**	**37.7659**	**1.6249**	**36.1410**	
Property	**13.6500**	**18.8838**	**0.8125**	**18.0713**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.4641**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.6123**	**180.8461**	**7.7811**	**200.2225**	

***Medicaid Trend Adjustment :**

0 324477-00 - 2014/01

216.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Charlotte[8]**	First Used:	**2013/07**	Max Annualized:	**59,860**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**49,594**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.72417%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	52.6245	81.0559	54.5662			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.6245**	**81.0559**	**54.5662**	**27.7200**		215.9666
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.2211		63.3053			
7	Provider Target Rate	**54.7161**		**65.0835**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.6245**	**81.0559**	**54.5662**	**13.6500**		201.8966
12/13	Medicaid Adjustment Rate		1.0398	0.7000			
14	Prospective Per Diem 11	**52.6245**	**82.0957**	**55.2662**	**13.6500**		**203.6364**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324477-00 - 2014/01

216.24

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,655,221**
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:	**333,198**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,724,177**	**6.1848**
20% ROE(2):	**931,044**	**0.2665**
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:		**9.3027**

(1) 80% Capital ($3,724,177) amortized at 6.5000% for 20 years Principal & Interest of $333,198 divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $6.1848
(2) 20% ROE ($931,044) times the ROE factor (0.015420) divided by annual available days (59,860) divided by Occup. Adj. (0.9000) = $0.2665
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,674,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.6245**	**52.6245**	**2.2642**	**50.3603**	
Patient Care					
Direct Care	**82.0957**	**82.0957**	**3.5323**	**78.5634**	
Indirect Care	**55.2662**	**55.2662**	**2.3779**	**52.8883**	
Property	**13.6500**	**9.3027**	**0.4003**	**8.9024**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.8366**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**203.6364**	**199.2891**	**8.5747**	**216.2444**	

***Medicaid Trend Adjustment :**

0 324485-00 - 2014/01

192.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Gulf[23]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **2**	Last Used:	**2014/01**	Total Patient:	**40,195**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,041**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**31,048**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/1/1983**						
Acquired Date:	**5/1/1983**						
Entered Medicaid	**5/1/1983**						
Med # Active Date:	**11/1/2007**						
Previous Med #	**266621**						

Medicaid Utilization	**77.24344%**
Occupancy:	**91.51867%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.78320%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	47.9179	75.1722	43.8859			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.9179**	**75.1722**	**43.8859**	**23.5900**		190.5660
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	40.6830		49.8062			
7	Provider Target Rate	**41.8258**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**41.8258**	**75.1722**	**43.8859**	**13.6500**		174.5339
12/13	Medicaid Adjustment Rate		2.3039	1.3451			
14	Prospective Per Diem 11	**41.8258**	**77.4761**	**45.2310**	**13.6500**		**178.1829**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324485-00 - 2014/01

192.63

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,333,567**
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:	**105,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,666,854**	**2.6651**
20% ROE(2):	**666,713**	**0.2608**
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:		**6.0942**

(1) 80% Capital ($2,666,854) amortized at 4.0000% for 20 years Interest of $105,057 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $2.6651
(2) 20% ROE ($666,713) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2608
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**41.8258**	**41.8258**	**1.7996**	**40.0262**	
Patient Care					
Direct Care	**77.4761**	**77.4761**	**3.3335**	**74.1426**	
Indirect Care	**45.2310**	**45.2310**	**1.9461**	**43.2849**	
Property	**13.6500**	**6.0942**	**0.2622**	**5.8320**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.6471**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.1829**	**170.6271**	**7.3414**	**192.6262**	

***Medicaid Trend Adjustment :**

0 324493-00 - 2014/01

191.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**166**
County:	**Highlands[28]**	First Used:	**2013/07**	Max Annualized:	**37,960**	Conditional:	**15**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**35,297**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.29005%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	45.9918	69.1595	45.9435			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.9918**	**69.1595**	**45.9435**	**32.6600**		193.7548
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	44.8060		56.2265			
7	Provider Target Rate	**46.0646**		**57.8059**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.9918**	**69.1595**	**45.9435**	**13.6500**		174.7448
12/13	Medicaid Adjustment Rate		0.6023	0.4001			
14	Prospective Per Diem 11	**45.9918**	**69.7618**	**46.3436**	**13.6500**		**175.7472**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324493-00 - 2014/01

191.02

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**2,964,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.9918**	**45.9918**	**1.9789**	**44.0129**	
Patient Care					
Direct Care	**69.7618**	**69.7618**	**3.0016**	**66.7602**	
Indirect Care	**46.3436**	**46.3436**	**1.9940**	**44.3496**	
Property	**13.6500**	**9.0188**	**0.3880**	**8.6308**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.5765**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**175.7472**	**171.1160**	**7.3625**	**191.0234**	

***Medicaid Trend Adjustment :**

0 324507-00 - 2014/01

208.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Pinellas[52]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**40,973**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.98555%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	44.5436	75.1385	44.6494			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.5436**	**75.1385**	**44.6494**	**35.2900**		199.6215
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	46.2983		51.8788			
7	Provider Target Rate	**47.5988**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.5436**	**75.1385**	**44.6494**	**13.6500**		177.9815
12/13	Medicaid Adjustment Rate		1.5008	0.8918			
14	Prospective Per Diem 11	**44.5436**	**76.6393**	**45.5412**	**13.6500**		**180.3741**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324507-00 - 2014/01

208.66

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,777,450**
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:	**697,772**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**4,621,960**	**17.7010**
20% ROE(2):	**1,155,490**	**0.4520**
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:		**21.3085**

(1) 80% Capital ($4,621,960) amortized at 14.2000% for 20 years Principal & Interest of $697,772 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $17.7010
(2) 20% ROE ($1,155,490) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4520
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.5436**	**44.5436**	**1.9165**	**42.6271**	
Patient Care					
Direct Care	**76.6393**	**76.6393**	**3.2975**	**73.3418**	
Indirect Care	**45.5412**	**45.5412**	**1.9595**	**43.5817**	
Property	**13.6500**	**21.3085**	**0.9168**	**20.3917**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.0238**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.3741**	**188.0326**	**8.0903**	**208.6595**	

***Medicaid Trend Adjustment :**

0 324515-00 - 2014/01

209.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Orange[48]**	First Used:	**2013/07**	Max Annualized:	**37,595**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**30,024**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**99.01903%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	58.0916	73.6684	52.6708			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**58.0916**	**73.6684**	**52.6708**	**24.7200**		209.1508
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	52.2226		56.8848			
7	Provider Target Rate	**53.6895**		**58.4827**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**73.6684**	**52.6708**	**13.6500**		191.9024
12/13	Medicaid Adjustment Rate		1.2676	0.9063			
14	Prospective Per Diem 11	**51.9132**	**74.9360**	**53.5771**	**13.6500**		**194.0763**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324515-00 - 2014/01

209.15

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**2,158,370**
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:	**176,551**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,726,696**	**5.2179**
20% ROE(2):	**431,674**	**0.1967**
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:		**9.3470**

(1) 80% Capital ($1,726,696) amortized at 8.2500% for 20 years Principal & Interest of $176,551 divided by annual available days (37,595) divided by Occup. Adj. (0.9000) = $5.2179
(2) 20% ROE ($431,674) times the ROE factor (0.015420) divided by annual available days (37,595) 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	**103**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,935,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**74.9360**	**74.9360**	**3.2242**	**71.7118**	
Indirect Care	**53.5771**	**53.5771**	**2.3052**	**51.2719**	
Property	**13.6500**	**9.3470**	**0.4022**	**8.9448**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$18.8460**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.0763**	**189.7733**	**8.1652**	**209.1475**	

***Medicaid Trend Adjustment :**

0 324566-00 - 2014/01

211.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**01/01/2012-12/31/2012**		Number of Beds:	**210**	Superior:	**0**
Pensacola FL 32501		Days In CR	**366**	Maximum:	**76,860**	Standard:	**181**
County:	**Escambia[17]**	First Used:	**2014/01**	Max Annualized:	**76,650**	Conditional:	**0**
Region:	**North [1]** Area: **1**	Last Used:	**2014/01**	Total Patient:	**66,237**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**5,271**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**56,106**		
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	**84.70492%**
Occupancy:	**86.17877%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**107.14421%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28335532**
Semester Index:	**1.34444818**
Cost:	**1.04760401**
Target:	**1.01966300**
DC FY Index:	**1.20250000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02744283**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	2,604,442	5,101,960	2,802,850	1,386,940	0	11,896,192
1a	Audit Adjustments						
2	Cost Per Diem	46.4200	90.9343	49.9563	**24.7200**		212.0306
3	Cost Per Diem Inflated	48.6298	93.4298	52.3344			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.6298**	**93.4298**	**52.3344**	**24.7200**		219.1140
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	51.2085		64.3980			
7	Provider Target Rate	**52.6469**		**66.2069**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**54.0992**		**56.5149**			
10b	Base for line 10a	52.6211		54.9708			
11	Lesser of 5,7,8,10, 10a	**48.6298**	**93.4298**	**52.3344**	**13.6500**		208.0440
12/13	Medicaid Adjustment Rate		3.6478	2.0433			
14	Prospective Per Diem 11	**48.6298**	**97.0776**	**54.3777**	**13.6500**		**213.7351**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 324566-00 - 2014/01

211.36

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,099,967**
FRVS Base Asset:	**2,938,978**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014580**

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:	**329,912**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,079,974**	**4.7824**
20% ROE(2):	**1,019,993**	**0.2156**
Insurance Cost(3):	**190,922**	**2.8824**
Taxes Cost(3):	**56,297**	**0.8499**
Home Office(3):	**21,038**	**0.3176**
Replacement(3&4):	**56,007**	**0.0000**
Total FRVS PD:		**9.0479**

(1) 80% Capital ($4,079,974) amortized at 5.2500% for 20 years Principal & Interest of $329,912 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $4.7824
(2) 20% ROE ($1,019,993) times the ROE factor (0.014580) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.2156
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,985,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.6298**	**48.6298**	**2.0924**	**46.5374**	
Patient Care					
Direct Care	**97.0776**	**97.0776**	**4.1769**	**92.9007**	
Indirect Care	**54.3777**	**54.3777**	**2.3397**	**52.0380**	
Property	**13.6500**	**9.0479**	**0.3893**	**8.6586**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$2.5303**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**213.7351**	**209.1330**	**8.9983**	**211.3584**	

***Medicaid Trend Adjustment :**

0 325031-00 - 2014/01

255.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**99**	Superior:	**0**
Lake Worth FL 33460		Days In CR	**365**	Maximum:	**36,135**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**36,135**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**33,432**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**3,137**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**28,729**		
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	**85.93264%**
Occupancy:	**92.51972%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.02779%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,358,366	2,557,145	1,836,690	1,277,866	0	7,030,067
1a	Audit Adjustments						
2	Cost Per Diem	47.2820	89.0092	63.9316	**44.4800**		244.7028
3	Cost Per Diem Inflated	49.3702	91.3001	66.7551			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.3702**	**91.3001**	**66.7551**	**44.4800**		251.9054
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.0917		83.3071			
7	Provider Target Rate	**74.1168**		**85.6472**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**61.1344**		**77.7789**			
10b	Base for line 10a	59.4641		75.6538			
11	Lesser of 5,7,8,10, 10a	**49.3702**	**91.3001**	**66.7551**	**13.6500**		221.0754
12/13	Medicaid Adjustment Rate		3.6907	2.6985			
14	Prospective Per Diem 11	**49.3702**	**94.9908**	**69.4536**	**13.6500**		**227.4646**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325031-00 - 2014/01

255.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,059,063**
FRVS Base Asset:	**1,103,813**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**478,376**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,047,250**	**14.7095**
20% ROE(2):	**1,011,813**	**0.4570**
Insurance Cost(3):	**97,932**	**2.9293**
Taxes Cost(3):	**69,569**	**2.0809**
Home Office(3):	**10,618**	**0.3176**
Replacement(3&4):	**13,794**	**0.0000**
Total FRVS PD:		**20.4943**

(1) 80% Capital ($4,047,250) amortized at 10.3000% for 20 years Principal & Interest of $478,376 divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $14.7095
(2) 20% ROE ($1,011,813) times the ROE factor (0.014690) divided by annual available days (36,135) divided by Occup. Adj. (0.9000) = $0.4570
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,821,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.3702**	**49.3702**	**2.1242**	**47.2460**	
Patient Care					
Direct Care	**94.9908**	**94.9908**	**4.0871**	**90.9037**	
Indirect Care	**69.4536**	**69.4536**	**2.9883**	**66.4653**	
Property	**13.6500**	**20.4943**	**0.8818**	**19.6125**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$22.2937**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**227.4646**	**234.3089**	**10.0814**	**255.2146**	

***Medicaid Trend Adjustment :**

0 325040-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**210**	Superior:	**0**
Wildwood FL 34785		Days In CR	**365**	Maximum:	**76,650**	Standard:	**181**
County:	**Sumter[60]**	First Used:	**2014/01**	Max Annualized:	**76,650**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**73,608**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,524**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**41,929**		
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	**56.96256%**
Occupancy:	**96.03131%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.39367%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,538,968	3,653,756	2,152,239	2,083,033	0	9,427,996
1a	Audit Adjustments						
2	Cost Per Diem	36.7041	87.1415	51.3306	**49.6800**		224.8562
3	Cost Per Diem Inflated	38.3251	89.3843	53.5976			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**38.3251**	**89.3843**	**53.5976**	**49.6800**		230.9870
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	53.0360		62.9572			
7	Provider Target Rate	**54.5258**		**64.7257**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation	**47.4519**		**61.4415**			
10b	Base for line 10a	46.1554		59.7628			
11	Lesser of 5,7,8,10, 10a	**38.3251**	**89.3843**	**53.5976**	**13.6500**		194.9570
12/13	Medicaid Adjustment Rate		0.7001	0.4198			
14	Prospective Per Diem 11	**38.3251**	**90.0844**	**54.0174**	**13.6500**		**196.0769**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325040-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**8,531,713**
FRVS Base Asset:	**2,419,633**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**697,880**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,825,370**	**10.1164**
20% ROE(2):	**1,706,343**	**0.3634**
Insurance Cost(3):	**185,523**	**2.5204**
Taxes Cost(3):	**72,598**	**0.9863**
Home Office(3):	**23,379**	**0.3176**
Replacement(3&4):	**31,782**	**0.0000**
Total FRVS PD:		**14.3041**

(1) 80% Capital ($6,825,370) amortized at 8.2500% for 20 years Principal & Interest of $697,880 divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $10.1164
(2) 20% ROE ($1,706,343) times the ROE factor (0.014690) divided by annual available days (76,650) divided by Occup. Adj. (0.9000) = $0.3634
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**5,130,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**38.3251**	**38.3251**	**1.6490**	**36.6761**	
Patient Care					
Direct Care	**90.0844**	**90.0844**	**3.8760**	**86.2084**	
Indirect Care	**54.0174**	**54.0174**	**2.3242**	**51.6932**	
Property	**13.6500**	**14.3041**	**0.6155**	**13.6886**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.7556**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.0769**	**196.7310**	**8.4647**	**212.7153**	

***Medicaid Trend Adjustment :**

0 325163-00 - 2014/01

253.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**03/01/2012-02/28/2013**		Number of Beds:	**85**	Superior:	**0**
Lake Park FL 33403		Days In CR	**365**	Maximum:	**31,025**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**31,025**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**28,107**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**1,742**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**24,313**		
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	**86.50158%**
Occupancy:	**90.59468%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.63442%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.28758294**
Semester Index:	**1.34444818**
Cost:	**1.04416433**
Target:	**1.01966300**
DC FY Index:	**1.20449917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02573753**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,111,298	2,286,579	1,647,209	871,621	0	5,916,707
1a	Audit Adjustments						
2	Cost Per Diem	45.7080	94.0476	67.7501	**35.8500**		243.3557
3	Cost Per Diem Inflated	47.7267	96.4682	70.7422			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.7267**	**96.4682**	**70.7422**	**35.8500**		250.7871
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	74.2390		86.7293			
7	Provider Target Rate	**76.3244**		**89.1655**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation	**64.8240**		**79.0709**			
10b	Base for line 10a	63.0528		76.9105			
11	Lesser of 5,7,8,10, 10a	**47.7267**	**96.4682**	**70.7422**	**13.6500**		228.5871
12/13	Medicaid Adjustment Rate		3.9614	2.9050			
14	Prospective Per Diem 11	**47.7267**	**100.4296**	**73.6472**	**13.6500**		**235.4535**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325163-00 - 2014/01

253.78

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**1,448,874**
FRVS Base Asset:	**480,912**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014690**

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:	**129,652**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**1,159,099**	**4.6433**
20% ROE(2):	**289,775**	**0.1525**
Insurance Cost(3):	**77,932**	**2.7727**
Taxes Cost(3):	**61,983**	**2.2053**
Home Office(3):	**8,927**	**0.3176**
Replacement(3&4):	**4,301**	**0.0000**
Total FRVS PD:		**10.0914**

(1) 80% Capital ($1,159,099) amortized at 9.5000% for 20 years Principal & Interest of $129,652 divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $4.6433
(2) 20% ROE ($289,775) times the ROE factor (0.014690) divided by annual available days (31,025) divided by Occup. Adj. (0.9000) = $0.1525
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,422,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.7267**	**47.7267**	**2.0535**	**45.6732**	
Patient Care					
Direct Care	**100.4296**	**100.4296**	**4.3211**	**96.1085**	
Indirect Care	**73.6472**	**73.6472**	**3.1688**	**70.4784**	
Property	**13.6500**	**10.0914**	**0.4342**	**9.6572**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$23.1710**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**235.4535**	**231.8949**	**9.9776**	**253.7817**	

***Medicaid Trend Adjustment :**

0 325236-00 - 2014/01

206.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**07/01/2012-06/30/2013**		Number of Beds:	**120**	Superior:	**0**
Jacksonville FL 32221		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Duval[16]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **4**	Last Used:	**2014/01**	Total Patient:	**41,255**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**21,081**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**15,617**		
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	**37.85481%**
Occupancy:	**94.18949%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**117.10378%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29878490**
Semester Index:	**1.34444818**
Cost:	**1.03515846**
Target:	**1.01966300**
DC FY Index:	**1.20850000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02234175**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,905,520	1,196,959	794,508	184,905	10,321	4,092,213
1a	Audit Adjustments						
2	Cost Per Diem	122.0158	76.6446	50.8746	**11.8400**	**0.6609**	262.0359
3	Cost Per Diem Inflated	126.3057	78.3570	52.6633			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**126.3057**	**78.3570**	**52.6633**	**11.8400**	**0.6609**	269.8269
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5277		51.4503			
7	Provider Target Rate	**69.4246**		**52.8955**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**78.3570**	**52.6633**	**11.8400**	**0.6609**	193.3254
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**78.3570**	**52.6633**	**11.8400**	**0.6609**	**193.3254**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325236-00 - 2014/01

206.84

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,920,341**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014380**

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:	**407,678**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,736,273**	**10.3419**
20% ROE(2):	**1,184,068**	**0.4319**
Insurance Cost(3):	**23,962**	**0.5808**
Taxes Cost(3):	**61,046**	**1.4797**
Home Office(3):	**27,137**	**0.6578**
Replacement(3&4):	**154,447**	**0.0000**
Total FRVS PD:		**13.4921**

(1) 80% Capital ($4,736,273) amortized at 6.0150% for 20 years Principal & Interest of $407,678 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3419
(2) 20% ROE ($1,184,068) times the ROE factor (0.014380) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4319
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**78.3570**	**78.3570**	**3.3714**	**74.9856**	
Indirect Care	**52.6633**	**52.6633**	**2.2659**	**50.3974**	
Property	**11.8400**	**13.4921**	**0.5805**	**12.9116**	
ROE	**0.6609**	**0.0340**	**0.0015**	**0.0325**	
ROE Adjustment	**-0.0340**	**-0.0340**	**-0.0015**	**-0.0325**	
Quality Assess-Medicaid Share				**$12.1930**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.2914**	**194.3166**	**8.3607**	**206.8423**	

***Medicaid Trend Adjustment :**

0 325244-00 - 2014/01

213.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Dade[13]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **11**	Last Used:	**2014/01**	Total Patient:	**42,368**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**27,427**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**11,227**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**8/31/1989**						
Acquired Date:	**8/31/1989**						
Entered Medicaid	**8/31/1989**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**211591**						

Medicaid Utilization	**26.49877%**
Occupancy:	**96.46630%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.93449%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	64.7845	89.7264	49.4721			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**64.7845**	**89.7264**	**49.4721**	**12.8100**	**2.2448**	219.0378
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.1600		54.4579			
7	Provider Target Rate	**66.9903**		**55.9876**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**89.7264**	**49.4721**	**12.8100**	**2.2448**	208.2756
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**89.7264**	**49.4721**	**12.8100**	**2.2448**	**208.2756**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325244-00 - 2014/01

213.73

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,014,310**
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:	**365,733**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,011,448**	**9.2779**
20% ROE(2):	**1,002,862**	**0.4531**
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:		**11.8525**

(1) 80% Capital ($4,011,448) amortized at 6.7400% for 20 years Principal & Interest of $365,733 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2779
(2) 20% ROE ($1,002,862) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4531
(3) 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:	**51,248**
		Effective PBS Limitation	**3,578,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**89.7264**	**89.7264**	**3.8606**	**85.8658**	
Indirect Care	**49.4721**	**49.4721**	**2.1286**	**47.3435**	
Property	**12.8100**	**11.8525**	**0.5100**	**11.3425**	
ROE	**2.2448**	**1.2084**	**0.0520**	**1.1564**	
ROE Adjustment	**-1.2084**	**-1.2084**	**-0.0520**	**-1.1564**	
Quality Assess-Medicaid Share				**$8.7874**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**207.0672**	**205.0733**	**8.8236**	**213.7305**	

***Medicaid Trend Adjustment :**

0 325252-00 - 2014/01

213.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Dade[13]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **11**	Last Used:	**2014/01**	Total Patient:	**42,779**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**30,798**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**9,871**		
Class at 1/94: **South Large [4]**							
Operating Ex **> 18 months [1]**							
Open Date: **9/14/1990**							
Acquired Date: **9/14/1990**							
Entered Medicaid **9/14/1990**							
Med # Active Date: **12/20/2007**							
Previous Med # **202932**							

Medicaid Utilization	**23.07441%**
Occupancy:	**97.40210%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**121.09793%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	52.0087	84.8686	54.3355			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**52.0087**	**84.8686**	**54.3355**	**15.4900**	**1.7418**	208.4446
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	63.5087		53.9548			
7	Provider Target Rate	**65.2927**		**55.4704**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**52.0087**	**84.8686**	**54.3355**	**13.6500**	**1.7418**	206.6046
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**52.0087**	**84.8686**	**54.3355**	**13.6500**	**1.7418**	**206.6046**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325252-00 - 2014/01

213.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**51,248**
		Effective PBS Limitation	**3,620,880**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**52.0087**	**52.0087**	**2.2377**	**49.7710**	
Patient Care					
Direct Care	**84.8686**	**84.8686**	**3.6516**	**81.2170**	
Indirect Care	**54.3355**	**54.3355**	**2.3379**	**51.9976**	
Property	**13.6500**	**15.1870**	**0.6534**	**14.5336**	
ROE	**1.7418**	**0.3133**	**0.0135**	**0.2998**	
ROE Adjustment	**-0.3133**	**-0.3133**	**-0.0135**	**-0.2998**	
Quality Assess-Medicaid Share				**$6.9799**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.2913**	**206.3998**	**8.8806**	**213.1925**	

***Medicaid Trend Adjustment :**

0 325261-00 - 2014/01

206.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Clay[10]**		First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**39,944**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.07267%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	56.7075	80.7423	46.4455			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.7075**	**80.7423**	**46.4455**	**8.4400**	**0.5840**	192.9193
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.9905		52.9310			
7	Provider Target Rate	**69.9004**		**54.4178**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.8042**	**80.7423**	**46.4455**	**8.4400**	**0.5840**	186.0160
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.8042**	**80.7423**	**46.4455**	**8.4400**	**0.5840**	**186.0160**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325261-00 - 2014/01

206.55

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,070,985**
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:	**385,062**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,056,788**	**9.7682**
20% ROE(2):	**1,014,197**	**0.3967**
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:		**12.8783**

(1) 80% Capital ($4,056,788) amortized at 7.2600% for 20 years Principal & Interest of $385,062 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.7682
(2) 20% ROE ($1,014,197) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3967
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.8042**	**49.8042**	**2.1429**	**47.6613**	
Patient Care					
Direct Care	**80.7423**	**80.7423**	**3.4740**	**77.2683**	
Indirect Care	**46.4455**	**46.4455**	**1.9984**	**44.4471**	
Property	**8.4400**	**12.8783**	**0.5541**	**12.3242**	
ROE	**0.5840**	**0.0578**	**0.0025**	**0.0553**	
ROE Adjustment	**-0.0578**	**-0.0578**	**-0.0025**	**-0.0553**	
Quality Assess-Medicaid Share				**$16.1540**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.9582**	**189.8703**	**8.1694**	**206.5483**	

***Medicaid Trend Adjustment :**

0 325279-00 - 2014/01

197.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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 Drive		**10/01/2012-09/30/2013**		Number of Beds:	**138**	Superior:	**0**
Winter Park FL 32792		Days In CR	**365**	Maximum:	**50,370**	Standard:	**181**
County:	**Orange[48]**	First Used:	**2014/01**	Max Annualized:	**50,370**	Conditional:	**0**
Region:	**Central[3]** Area: **7**	Last Used:	**2014/01**	Total Patient:	**35,934**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,291**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**17,210**		
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	**47.89336%**
Occupancy:	**71.34008%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**88.69560%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	869,950	1,262,190	716,419	186,384	10,531	3,045,474
1a	Audit Adjustments						
2	Cost Per Diem	50.5491	73.3405	41.6281	**10.8300**	**0.6119**	176.9596
3	Cost Per Diem Inflated	51.9189	74.7934	42.7561			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**51.9189**	**74.7934**	**42.7561**	**10.8300**	**0.6119**	180.9103
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.4816		51.8788			
7	Provider Target Rate	**71.4333**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**74.7934**	**42.7561**	**10.8300**	**0.6119**	180.9046
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**74.7934**	**42.7561**	**10.8300**	**0.6119**	**180.9046**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325279-00 - 2014/01

197.30

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**3,679,218**
FRVS Base Asset:	**2,386,545**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**284,540**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**2,943,374**	**6.2767**
20% ROE(2):	**735,844**	**0.2706**
Insurance Cost(3):	**23,215**	**0.6460**
Taxes Cost(3):	**47,109**	**1.3110**
Home Office(3):	**23,511**	**0.6543**
Replacement(3&4):	**72,012**	**0.0000**
Total FRVS PD:		**9.1586**

(1) 80% Capital ($2,943,374) amortized at 7.5000% for 20 years Principal & Interest of $284,540 divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $6.2767
(2) 20% ROE ($735,844) times the ROE factor (0.016670) divided by annual available days (50,370) divided by Occup. Adj. (0.9000) = $0.2706
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,933,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**74.7934**	**74.7934**	**3.2181**	**71.5753**	
Indirect Care	**42.7561**	**42.7561**	**1.8396**	**40.9165**	
Property	**10.8300**	**9.1586**	**0.4660**	**10.3640**	
ROE	**0.6119**	**0.2666**	**0.0263**	**0.5856**	
ROE Adjustment	**-0.2666**	**-0.2666**	**-0.0115**	**-0.2551**	
Quality Assess-Medicaid Share				**$15.7453**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**180.6380**	**178.6213**	**7.7721**	**197.3046**	

***Medicaid Trend Adjustment :**

0 325287-00 - 2014/01

199.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**117**	Superior:	**0**
Jacksonville FL 32216		Days In CR	**365**	Maximum:	**42,705**	Standard:	**181**
County: **Duval[16]**		First Used:	**2014/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**40,710**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**20,502**		
Current Class **North Large [2]**		Initial CR?	**False**	Medicaid:	**12,136**		
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	**29.81086%**
Occupancy:	**95.32841%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.51977%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	546,417	917,023	569,909	161,652	7,299	2,202,300
1a	Audit Adjustments						
2	Cost Per Diem	45.0245	75.5622	46.9602	**13.3200**	**0.6014**	181.4683
3	Cost Per Diem Inflated	46.7166	77.3144	48.7251			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.7166**	**77.3144**	**48.7251**	**13.3200**	**0.6014**	186.6775
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	62.0198		49.8062			
7	Provider Target Rate	**63.7619**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.7166**	**77.3144**	**48.7251**	**13.3200**	**0.6014**	186.6775
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**46.7166**	**77.3144**	**48.7251**	**13.3200**	**0.6014**	**186.6775**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325287-00 - 2014/01

199.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,943,555**
FRVS Base Asset:	**2,155,424**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**442,372**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,954,844**	**11.5098**
20% ROE(2):	**988,711**	**0.3617**
Insurance Cost(3):	**21,168**	**0.5200**
Taxes Cost(3):	**76,534**	**1.8800**
Home Office(3):	**25,885**	**0.6358**
Replacement(3&4):	**118,013**	**0.0000**
Total FRVS PD:		**14.9073**

(1) 80% Capital ($3,954,844) amortized at 9.5000% for 20 years Principal & Interest of $442,372 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $11.5098
(2) 20% ROE ($988,711) times the ROE factor (0.014060) divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $0.3617
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**2,536,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.7166**	**46.7166**	**2.0100**	**44.7066**	
Patient Care					
Direct Care	**77.3144**	**77.3144**	**3.3265**	**73.9879**	
Indirect Care	**48.7251**	**48.7251**	**2.0965**	**46.6286**	
Property	**13.3200**	**14.9073**	**0.5731**	**12.7469**	
ROE	**0.6014**	**0.0000**	**0.0259**	**0.5755**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.3703**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**186.6775**	**187.6634**	**8.0320**	**199.7092**	

***Medicaid Trend Adjustment :**

0 325295-00 - 2014/01

200.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**120**	Superior:	**0**
Brooksville FL 34601		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hernando[27]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**North [1]** Area: **3**	Last Used:	**2014/01**	Total Patient:	**31,946**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**6,320**		
Current Class	**North Large [2]**	Initial CR?	**False**	Medicaid:	**22,932**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**1/1/1988**						
Acquired Date:	**1/1/1988**						
Entered Medicaid	**1/1/1988**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**211575**						

Medicaid Utilization	**71.78363%**
Occupancy:	**72.93608%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**90.67986%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,038,807	1,588,504	1,016,952	286,879	15,768	3,946,910
1a	Audit Adjustments						
2	Cost Per Diem	45.2995	69.2702	44.3464	**12.5100**	**0.6876**	172.1137
3	Cost Per Diem Inflated	46.6484	70.7009	45.6669			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**46.6484**	**70.7009**	**45.6669**	**12.5100**	**0.6876**	176.2138
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.2826		49.8062			
7	Provider Target Rate	**67.1164**		**51.2053**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**49.8042**	**94.1508**	**62.5671**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	49.1492		58.1101			
10	Target Rate Class Ceiling	**50.1156**		**59.2527**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**46.6484**	**70.7009**	**45.6669**	**12.5100**	**0.6876**	176.2138
12/13	Medicaid Adjustment Rate		1.7326	1.1191			
14	Prospective Per Diem 11	**46.6484**	**72.4335**	**46.7860**	**12.5100**	**0.6876**	**179.0655**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325295-00 - 2014/01

200.99

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,826,207**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.015730**

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:	**401,196**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,660,966**	**10.1775**
20% ROE(2):	**1,165,241**	**0.4650**
Insurance Cost(3):	**18,591**	**0.5820**
Taxes Cost(3):	**75,935**	**2.3770**
Home Office(3):	**18,016**	**0.5640**
Replacement(3&4):	**95,283**	**0.0000**
Total FRVS PD:		**14.1655**

(1) 80% Capital ($4,660,966) amortized at 6.0150% for 20 years Principal & Interest of $401,196 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.1775
(2) 20% ROE ($1,165,241) times the ROE factor (0.015730) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4650
(3) 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:	**51,248**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**46.6484**	**46.6484**	**2.0071**	**44.6413**	
Patient Care					
Direct Care	**72.4335**	**72.4335**	**3.1165**	**69.3170**	
Indirect Care	**46.7860**	**46.7860**	**2.0130**	**44.7730**	
Property	**12.5100**	**14.1655**	**0.6095**	**13.5560**	
ROE	**0.6876**	**0.3401**	**0.0146**	**0.3255**	
ROE Adjustment	**-0.3401**	**-0.3401**	**-0.0146**	**-0.3255**	
Quality Assess-Medicaid Share				**$20.0117**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**178.7254**	**180.0334**	**7.7461**	**200.9924**	

***Medicaid Trend Adjustment :**

0 325309-00 - 2014/01

195.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**42,196**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**119.44759%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.26665332**
Semester Index:	**1.34444818**
Cost:	**1.06141764**
Target:	**1.01966300**
DC FY Index:	**1.19500000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03389121**
PS Target:	**1.02809000**

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	55.0171	69.4442	36.4540			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**55.0171**	**69.4442**	**36.4540**	**13.9300**	**1.5897**	176.4350
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4502		53.9513			
7	Provider Target Rate	**66.2606**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**69.4442**	**36.4540**	**13.6500**	**1.5897**	175.1602
12/13	Medicaid Adjustment Rate		0.6391	0.3355			
14	Prospective Per Diem 11	**54.0223**	**70.0833**	**36.7895**	**13.6500**	**1.5897**	**176.1348**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325309-00 - 2014/01

195.41

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,120,968**
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:	**345,098**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,096,774**	**8.7544**
20% ROE(2):	**1,024,194**	**0.4627**
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:		**12.3373**

(1) 80% Capital ($4,096,774) amortized at 8.5000% for 20 years Interest of $345,098 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.7544
(2) 20% ROE ($1,024,194) times the ROE factor (0.017810) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4627
(3) 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:	**51,248**
		Effective PBS Limitation	**3,642,240**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**70.0833**	**70.0833**	**3.0154**	**67.0679**	
Indirect Care	**36.7895**	**36.7895**	**1.5829**	**35.2066**	
Property	**13.6500**	**12.3373**	**0.5308**	**11.8065**	
ROE	**1.5897**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9352**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.1348**	**173.2324**	**7.4535**	**195.4075**	

***Medicaid Trend Adjustment :**

0 325325-00 - 2014/01

205.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2012-09/30/2013**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers FL 33907		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Lee[36]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,048**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,573**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**14,411**		
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	**35.98432%**
Occupancy:	**91.43379%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.67767%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,175,395	1,179,898	589,856	224,667	53,663	3,223,479
1a	Audit Adjustments						
2	Cost Per Diem	81.5623	81.8748	40.9310	**15.5900**	**3.7238**	223.6819
3	Cost Per Diem Inflated	83.7725	83.4968	42.0402			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**83.7725**	**83.4968**	**42.0402**	**15.5900**	**3.7238**	228.6233
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	66.6702		53.9513			
7	Provider Target Rate	**68.5430**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**83.4968**	**42.0402**	**13.6500**	**3.7238**	196.9331
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**83.4968**	**42.0402**	**13.6500**	**3.7238**	**196.9331**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325325-00 - 2014/01

205.94

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,525,360**
FRVS Base Asset:	**2,715,660**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**311,619**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,620,288**	**7.9051**
20% ROE(2):	**905,072**	**0.3827**
Insurance Cost(3):	**24,590**	**0.6140**
Taxes Cost(3):	**95,350**	**2.3809**
Home Office(3):	**26,112**	**0.6520**
Replacement(3&4):	**280,276**	**0.0000**
Total FRVS PD:		**11.9347**

(1) 80% Capital ($3,620,288) amortized at 6.0150% for 20 years Principal & Interest of $311,619 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $7.9051
(2) 20% ROE ($905,072) times the ROE factor (0.016670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3827
(3) 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:	**51,248**
		Effective PBS Limitation	**2,715,660**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**83.4968**	**83.4968**	**3.5926**	**79.9042**	
Indirect Care	**42.0402**	**42.0402**	**1.8088**	**40.2314**	
Property	**13.6500**	**11.9347**	**0.5135**	**11.4212**	
ROE	**3.7238**	**0.0679**	**0.0029**	**0.0650**	
ROE Adjustment	**-0.0679**	**-0.0679**	**-0.0029**	**-0.0650**	
Quality Assess-Medicaid Share				**$13.9907**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**196.8652**	**191.4940**	**8.2393**	**205.9388**	

***Medicaid Trend Adjustment :**

0 325333-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
County:	**Broward[6]**	First Used:	**2013/01**	Max Annualized:	**39,785**	Conditional:	**0**
Region:	**South[2]** Area: **10**	Last Used:	**2014/01**	Total Patient:	**38,153**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**118.90210%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27004145**
Semester Index:	**1.34444818**
Cost:	**1.05858606**
Target:	**1.01966300**
DC FY Index:	**1.19666435**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.03245325**
PS Target:	**1.02809000**

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	45.5394	81.5077	42.0423			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**45.5394**	**81.5077**	**42.0423**	**13.9000**	**1.1783**	184.1677
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.5135		53.9513			
7	Provider Target Rate	**69.4100**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**45.5394**	**81.5077**	**42.0423**	**13.6500**	**1.1783**	183.9177
12/13	Medicaid Adjustment Rate		2.0983	1.0823			
14	Prospective Per Diem 11	**45.5394**	**83.6060**	**43.1246**	**13.6500**	**1.1783**	**187.0983**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325333-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**4,732,392**
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:	**325,875**	

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,785,914**	**9.1010**
20% ROE(2):	**946,478**	**0.4433**
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:		**13.7152**

(1) 80% Capital ($3,785,914) amortized at 6.0150% for 20 years Principal & Interest of $325,875 divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $9.1010
(2) 20% ROE ($946,478) times the ROE factor (0.016770) divided by annual available days (39,785) divided by Occup. Adj. (0.9000) = $0.4433
(3) 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:	**51,248**
		Effective PBS Limitation	**2,519,910**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**45.5394**	**45.5394**	**1.9594**	**43.5800**	
Patient Care					
Direct Care	**83.6060**	**83.6060**	**3.5972**	**80.0088**	
Indirect Care	**43.1246**	**43.1246**	**1.8555**	**41.2691**	
Property	**13.6500**	**13.7152**	**0.5901**	**13.1251**	
ROE	**1.1783**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.9436**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**187.0983**	**185.9852**	**8.0022**	**207.6200**	

***Medicaid Trend Adjustment :**

0 325341-00 - 2014/01

204.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2012-09/30/2013**		Number of Beds:	**120**	Superior:	**0**
Palm Beach FL 33410		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**37,195**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**14,289**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**18,024**		
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	**48.45813%**
Occupancy:	**84.92009%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**105.57933%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	871,557	1,351,587	858,723	276,849	23,036	3,381,752
1a	Audit Adjustments						
2	Cost Per Diem	48.3554	74.9882	47.6433	**15.3600**	**1.2781**	187.6250
3	Cost Per Diem Inflated	49.6657	76.4737	48.9343			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**49.6657**	**76.4737**	**48.9343**	**15.3600**	**1.2781**	191.7118
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.9849		53.9513			
7	Provider Target Rate	**70.9227**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**49.6657**	**76.4737**	**48.9343**	**13.6500**	**1.2781**	190.0018
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**49.6657**	**76.4737**	**48.9343**	**13.6500**	**1.2781**	**190.0018**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325341-00 - 2014/01

204.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,907,830**
FRVS Base Asset:	**3,663,600**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**337,956**

Calculation of FRVS Per Diem

	Total Amount	Per Diem
80% Capital(1):	**3,926,264**	**8.5732**
20% ROE(2):	**981,566**	**0.4151**
Insurance Cost(3):	**23,934**	**0.6435**
Taxes Cost(3):	**106,032**	**2.8507**
Home Office(3):	**23,221**	**0.6243**
Replacement(3&4):	**354,782**	**0.0000**
Total FRVS PD:		**13.1068**

(1) 80% Capital ($3,926,264) amortized at 6.0150% for 20 years Principal & Interest of $337,956 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5732
(2) 20% ROE ($981,566) times the ROE factor (0.016670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4151
(3) 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**
Comparison Bed	**120**
Used Per Bed Standard:	**30,530**
Current RS PBS:	**51,248**
Effective PBS Limitation	**3,663,600**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**49.6657**	**49.6657**	**2.1369**	**47.5288**	
Patient Care					
Direct Care	**76.4737**	**76.4737**	**3.2904**	**73.1833**	
Indirect Care	**48.9343**	**48.9343**	**2.1055**	**46.8288**	
Property	**13.6500**	**13.1068**	**0.5639**	**12.5429**	
ROE	**1.2781**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.3361**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**190.0018**	**188.1805**	**8.0967**	**204.1133**	

***Medicaid Trend Adjustment :**

0 325350-00 - 2014/01

209.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County: **Broward[6]**		First Used:	**2013/07**	Max Annualized:	**55,115**	Conditional:	**0**
Region: **South[2]**	Area: **10**	Last Used:	**2014/01**	Total Patient:	**51,551**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.97049%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	73.4146	78.3005	46.9526			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**73.4146**	**78.3005**	**46.9526**	**13.9600**	**1.4231**	214.0508
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.5022		53.9513			
7	Provider Target Rate	**72.4826**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**78.3005**	**46.9526**	**13.6500**	**1.4231**	194.3485
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**78.3005**	**46.9526**	**13.6500**	**1.4231**	**194.3485**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325350-00 - 2014/01

209.07

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**6,599,134**
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:	**458,635**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,279,307**	**9.2460**
20% ROE(2):	**1,319,827**	**0.4103**
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:		**13.8309**

(1) 80% Capital ($5,279,307) amortized at 6.1300% for 20 years Principal & Interest of $458,635 divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $9.2460
(2) 20% ROE ($1,319,827) times the ROE factor (0.015420) divided by annual available days (55,115) divided by Occup. Adj. (0.9000) = $0.4103
(3) 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:	**51,248**
		Effective PBS Limitation	**2,971,723**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**78.3005**	**78.3005**	**3.3690**	**74.9315**	
Indirect Care	**46.9526**	**46.9526**	**2.0202**	**44.9324**	
Property	**13.6500**	**13.8309**	**0.5951**	**13.2358**	
ROE	**1.4231**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$15.5793**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**194.3485**	**193.1063**	**8.3087**	**209.0703**	

***Medicaid Trend Adjustment :**

0 325368-00 - 2014/01

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 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**180**	Superior:	**0**
Boca Raton FL 33431		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**59,874**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**9,917**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**40,137**		
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	**67.03578%**
Occupancy:	**91.13242%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.30298%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,533,928	2,857,425	1,655,261	845,285	46,334	6,938,233
1a	Audit Adjustments						
2	Cost Per Diem	38.2173	71.1918	41.2403	**21.0600**	**1.1544**	172.8638
3	Cost Per Diem Inflated	39.6536	72.8427	42.7902			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**39.6536**	**72.8427**	**42.7902**	**21.0600**	**1.1544**	177.5009
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.9886		53.9513			
7	Provider Target Rate	**72.9827**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**39.6536**	**72.8427**	**42.7902**	**13.6500**	**1.1544**	170.0909
12/13	Medicaid Adjustment Rate		1.3960	0.8201			
14	Prospective Per Diem 11	**39.6536**	**74.2387**	**43.6103**	**13.6500**	**1.1544**	**172.3070**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325368-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**7,538,368**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**569,792**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,030,694**	**9.6363**
20% ROE(2):	**1,507,674**	**0.3585**
Insurance Cost(3):	**35,456**	**0.5922**
Taxes Cost(3):	**164,200**	**2.7424**
Home Office(3):	**33,633**	**0.5617**
Replacement(3&4):	**532,754**	**0.0000**
Total FRVS PD:		**13.8911**

(1) 80% Capital ($6,030,694) amortized at 7.2000% for 20 years Principal & Interest of $569,792 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.6363
(2) 20% ROE ($1,507,674) times the ROE factor (0.014060) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3585
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**39.6536**	**39.6536**	**1.7061**	**37.9475**	
Patient Care					
Direct Care	**74.2387**	**74.2387**	**3.1942**	**71.0445**	
Indirect Care	**43.6103**	**43.6103**	**1.8764**	**41.7339**	
Property	**13.6500**	**13.8911**	**0.5873**	**13.0627**	
ROE	**1.1544**	**0.0000**	**0.0497**	**1.1047**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$20.7929**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**172.3070**	**171.3937**	**7.4137**	**194.3796**	

***Medicaid Trend Adjustment :**

2

0 325376-00 - 2014/01

210.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**180**	Superior:	**0**
Boynton Beach FL 33426		Days In CR	**365**	Maximum:	**65,700**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**53,845**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**17,766**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**29,235**		
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	**54.29473%**
Occupancy:	**81.95586%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**101.89396%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,865,696	2,224,070	1,292,559	631,768	30,001	6,044,094
1a	Audit Adjustments						
2	Cost Per Diem	63.8172	76.0756	44.2127	**21.6100**	**1.0262**	206.7417
3	Cost Per Diem Inflated	66.2156	77.8397	45.8743			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**66.2156**	**77.8397**	**45.8743**	**21.6100**	**1.0262**	212.5658
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	68.2757		53.9513			
7	Provider Target Rate	**70.1936**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**77.8397**	**45.8743**	**13.6500**	**1.0262**	192.4125
12/13	Medicaid Adjustment Rate		0.3761	0.2216			
14	Prospective Per Diem 11	**54.0223**	**78.2158**	**46.0959**	**13.6500**	**1.0262**	**193.0102**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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210.11

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,999,071**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**591,679**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**6,399,257**	**10.0064**
20% ROE(2):	**1,599,814**	**0.3804**
Insurance Cost(3):	**26,406**	**0.4904**
Taxes Cost(3):	**181,461**	**3.3701**
Home Office(3):	**33,011**	**0.6131**
Replacement(3&4):	**252,146**	**0.0000**
Total FRVS PD:		**14.8604**

(1) 80% Capital ($6,399,257) amortized at 6.9200% for 20 years Principal & Interest of $591,679 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $10.0064
(2) 20% ROE ($1,599,814) times the ROE factor (0.014060) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3804
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**78.2158**	**78.2158**	**3.3653**	**74.8505**	
Indirect Care	**46.0959**	**46.0959**	**1.9833**	**44.1126**	
Property	**13.6500**	**14.8604**	**0.5873**	**13.0627**	
ROE	**1.0262**	**0.0000**	**0.0442**	**0.9820**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.7079**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**193.0102**	**193.1944**	**8.3045**	**210.1070**	

***Medicaid Trend Adjustment :**

9

0 325384-00 - 2014/01

214.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Ft. Myers Fl 33912		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County: **Lee[36]**		First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region: **South[2]**	Area: **8**	Last Used:	**2014/01**	Total Patient:	**40,721**	Total:	**181**
Control **Private For profit [1]**		**Unaudited [3]**		Medicare:	**18,799**		
Current Class **South Large [4]**		Initial CR?	**False**	Medicaid:	**15,002**		
Class at 1/94: **South Large [4]**						Inflation	
Operating Ex **> 18 months [1]**						FY Index:	**1.29575017**
Open Date: **12/16/1999**						Semester Index:	**1.34444818**
Acquired Date: **12/16/1999**						Cost:	**1.03758287**
Entered Medicaid **5/1/2000**						Target:	**1.01966300**
Med # Active Date: **12/20/2007**						**DC FY Index:**	**1.20749917**
Previous Med # **310174**						**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02318911**
						PS Target:	**1.02809000**

Medicaid Utilization		**36.84094%**
Occupancy:		**92.97032%**
Statewide Low Occupancy Threshold:		**80.43250%**
Medicaid Low Occupancy Threshold:		**41.71220%**
Low Occupancy Adjustment Factor:		**115.58800%**
Weighted Low Occ Adjustment Factor:		**100.00000%**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	875,425	1,174,090	775,755	172,373	24,289	3,021,932
1a	Audit Adjustments						
2	Cost Per Diem	58.3539	78.2622	51.7101	**11.4900**	**1.6191**	201.4352
3	Cost Per Diem Inflated	60.5470	80.0770	53.6535			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.5470**	**80.0770**	**53.6535**	**11.4900**	**1.6191**	207.3866
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.3818		54.1797			
7	Provider Target Rate	**71.3307**		**55.7016**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**80.0770**	**53.6535**	**11.4900**	**1.6191**	200.8619
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**80.0770**	**53.6535**	**11.4900**	**1.6191**	**200.8619**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325384-00 - 2014/01

214.52

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,304,572**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**378,704**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,243,658**	**9.6069**
20% ROE(2):	**1,060,914**	**0.3784**
Insurance Cost(3):	**26,003**	**0.6386**
Taxes Cost(3):	**82,336**	**2.0220**
Home Office(3):	**27,173**	**0.6673**
Replacement(3&4):	**160,375**	**0.0000**
Total FRVS PD:		**13.3132**

(1) 80% Capital ($4,243,658) amortized at 9.0000% for 20 years Interest of $378,704 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.6069
(2) 20% ROE ($1,060,914) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3784
(3) 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:	**51,248**
		Effective PBS Limitation	**4,661,520**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**80.0770**	**80.0770**	**3.4454**	**76.6316**	
Indirect Care	**53.6535**	**53.6535**	**2.3085**	**51.3450**	
Property	**11.4900**	**13.3132**	**0.5728**	**12.7404**	
ROE	**1.6191**	**0.0002**		**0.0002**	
ROE Adjustment	**-0.0002**	**-0.0002**		**-0.0002**	
Quality Assess-Medicaid Share				**$13.4101**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**200.8617**	**201.0660**	**8.6511**	**214.5184**	

***Medicaid Trend Adjustment :**

0 325422-00 - 2014/01

228.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**10/01/2012-09/30/2013**		Number of Beds:	**117**	Superior:	**0**
Naples FL 34113		Days In CR	**365**	Maximum:	**42,705**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2014/01**	Max Annualized:	**42,705**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**39,624**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,768**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,344**		
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	**41.24773%**
Occupancy:	**92.78539%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.35808%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	947,785	1,470,555	918,337	336,523	24,685	3,697,885
1a	Audit Adjustments						
2	Cost Per Diem	57.9898	89.9752	56.1880	**20.5900**	**1.5103**	226.2533
3	Cost Per Diem Inflated	59.5612	91.7576	57.7106			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.5612**	**91.7576**	**57.7106**	**20.5900**	**1.5103**	231.1297
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	78.4174		53.9513			
7	Provider Target Rate	**80.6201**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**91.7576**	**55.4668**	**13.6500**	**1.5103**	216.4070
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**91.7576**	**55.4668**	**13.6500**	**1.5103**	**216.4070**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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0 325422-00 - 2014/01

228.28

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,418,977**
FRVS Base Asset:	**2,764,500**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**376,025**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,335,182**	**9.7835**
20% ROE(2):	**1,083,795**	**0.4701**
Insurance Cost(3):	**26,488**	**0.6685**
Taxes Cost(3):	**38,434**	**0.9700**
Home Office(3):	**25,046**	**0.6321**
Replacement(3&4):	**180,020**	**0.0000**
Total FRVS PD:		**12.5242**

(1) 80% Capital ($4,335,182) amortized at 8.7500% for 20 years Interest of $376,025 divided by annual available days (42,705) divided by Occup. Adj. (0.9000) = $9.7835
(2) 20% ROE ($1,083,795) times the ROE factor (0.016670) divided by annual available days (42,705) 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	**97**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**2,764,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**91.7576**	**91.7576**	**3.9480**	**87.8096**	
Indirect Care	**55.4668**	**55.4668**	**2.3865**	**53.0803**	
Property	**13.6500**	**12.5242**	**0.5873**	**13.0627**	
ROE	**1.5103**	**0.0000**	**0.0650**	**1.4453**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$12.4940**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**216.4070**	**213.7709**	**9.3112**	**228.2832**	

***Medicaid Trend Adjustment :**

5

0 325449-00 - 2014/01

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 01/01/2014 through 06/30/2014

Manor Care 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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Naples FL 34112		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Collier[11]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**37,350**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,304**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**21,064**		
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	**56.39625%**
Occupancy:	**85.27398%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**106.01931%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	882,610	1,872,735	967,654	203,478	4,727	3,931,204
1a	Audit Adjustments						
2	Cost Per Diem	41.9013	88.9069	45.9388	**9.6600**	**0.2244**	186.6314
3	Cost Per Diem Inflated	43.4761	90.9686	47.6653			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**43.4761**	**90.9686**	**47.6653**	**9.6600**	**0.2244**	191.9944
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	69.4161		53.9513			
7	Provider Target Rate	**71.3660**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**43.4761**	**90.9686**	**47.6653**	**9.6600**	**0.2244**	191.9944
12/13	Medicaid Adjustment Rate		0.6546	0.3430			
14	Prospective Per Diem 11	**43.4761**	**91.6232**	**48.0083**	**9.6600**	**0.2244**	**192.9920**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325449-00 - 2014/01

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 01/01/2014 through 06/30/2014

Manor Care 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	**5,970,000**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**364,133**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,776,000**	**9.2373**
20% ROE(2):	**1,194,000**	**0.4259**
Insurance Cost(3):	**20,874**	**0.5589**
Taxes Cost(3):	**26,105**	**0.6989**
Home Office(3):	**25,049**	**0.6707**
Replacement(3&4):	**96,821**	**0.0000**
Total FRVS PD:		**11.5917**

(1) 80% Capital ($4,776,000) amortized at 4.5500% for 20 years Principal & Interest of $364,133 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.2373
(2) 20% ROE ($1,194,000) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4259
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**43.4761**	**43.4761**	**1.8706**	**41.6055**	
Patient Care					
Direct Care	**91.6232**	**91.6232**	**3.9422**	**87.6810**	
Indirect Care	**48.0083**	**48.0083**	**2.0656**	**45.9427**	
Property	**9.6600**	**11.5917**	**0.4156**	**9.2444**	
ROE	**0.2244**	**0.0000**	**0.0097**	**0.2147**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$16.6854**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**192.9920**	**194.6993**	**8.3037**	**210.0671**	

***Medicaid Trend Adjustment :**

0 325457-00 - 2014/01

211.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**06/01/2012-05/31/2013**	Number of Beds: **120**	Superior: **0**
Plantation FL 33313	Days In CR **365**	Maximum: **43,800**	Standard: **181**
County: **Broward[6]**	First Used: **2014/01**	Max Annualized: **43,800**	Conditional: **0**
Region: **South[2]** Area: **10**	Last Used: **2014/01**	Total Patient: **40,558**	Total: **181**
Control **Private For profit [1]**	**Unaudited [3]**	Medicare: **17,180**	
Current Class **South Large [4]**	Initial CR? **False**	Medicaid: **17,513**	
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	**43.18014%**
Occupancy:	**92.59818%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**115.12532%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,049,643	1,363,762	825,033	317,686	16,298	3,572,422
1a	Audit Adjustments						
2	Cost Per Diem	59.9351	77.8714	47.1097	**18.1400**	**0.9306**	203.9868
3	Cost Per Diem Inflated	62.1876	79.6772	48.8802			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**62.1876**	**79.6772**	**48.8802**	**18.1400**	**0.9306**	209.8156
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	81.2160		53.9513			
7	Provider Target Rate	**83.4974**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**79.6772**	**48.8802**	**13.6500**	**0.9306**	197.1603
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**79.6772**	**48.8802**	**13.6500**	**0.9306**	**197.1603**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325457-00 - 2014/01

211.71

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**4,795,010**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**390,780**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,836,008**	**9.9132**
20% ROE(2):	**959,002**	**0.3420**
Insurance Cost(3):	**28,076**	**0.6922**
Taxes Cost(3):	**80,120**	**1.9754**
Home Office(3):	**27,577**	**0.6799**
Replacement(3&4):	**345,827**	**0.0000**
Total FRVS PD:		**13.6027**

(1) 80% Capital ($3,836,008) amortized at 8.2000% for 20 years Principal & Interest of $390,780 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.9132
(2) 20% ROE ($959,002) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3420
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**79.6772**	**79.6772**	**3.4282**	**76.2490**	
Indirect Care	**48.8802**	**48.8802**	**2.1031**	**46.7771**	
Property	**13.6500**	**13.6027**	**0.5873**	**13.0627**	
ROE	**0.9306**	**0.0000**	**0.0400**	**0.8906**	
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$14.3420**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.1603**	**196.1824**	**8.4830**	**211.7127**	

***Medicaid Trend Adjustment :**

0 325465-00 - 2014/01

208.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**178**	Superior:	**0**
Sarasota FL 34231		Days In CR	**365**	Maximum:	**64,970**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**64,970**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**58,877**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**13,303**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**33,781**		
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	**57.37555%**
Occupancy:	**90.62182%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.66817%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,564,132	2,848,542	1,257,677	521,916	33,892	6,226,159
1a	Audit Adjustments						
2	Cost Per Diem	46.3021	84.3238	37.2303	**15.4500**	**1.0033**	184.3095
3	Cost Per Diem Inflated	48.0423	86.2792	38.6295			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**48.0423**	**86.2792**	**38.6295**	**15.4500**	**1.0033**	189.4043
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	61.2233		53.9513			
7	Provider Target Rate	**62.9431**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**48.0423**	**86.2792**	**38.6295**	**13.6500**	**1.0033**	187.6043
12/13	Medicaid Adjustment Rate		0.7159	0.3205			
14	Prospective Per Diem 11	**48.0423**	**86.9951**	**38.9500**	**13.6500**	**1.0033**	**188.6407**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325465-00 - 2014/01

208.44

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,038,777**
FRVS Base Asset:	**3,420,000**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**720,611**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,631,022**	**12.3238**
20% ROE(2):	**1,407,755**	**0.3385**
Insurance Cost(3):	**26,827**	**0.4556**
Taxes Cost(3):	**51,345**	**0.8721**
Home Office(3):	**34,965**	**0.5939**
Replacement(3&4):	**190,621**	**0.0000**
Total FRVS PD:		**14.5839**

(1) 80% Capital ($5,631,022) amortized at 11.5000% for 20 years Principal & Interest of $720,611 divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $12.3238
(2) 20% ROE ($1,407,755) times the ROE factor (0.014060) divided by annual available days (64,970) divided by Occup. Adj. (0.9000) = $0.3385
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**3,420,000**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**48.0423**	**48.0423**	**2.0671**	**45.9752**	
Patient Care					
Direct Care	**86.9951**	**86.9951**	**3.7431**	**83.2520**	
Indirect Care	**38.9500**	**38.9500**	**1.6759**	**37.2741**	
Property	**13.6500**	**14.5839**	**0.6275**	**13.9564**	
ROE	**1.0033**	**0.5083**	**0.0219**	**0.4864**	
ROE Adjustment	**-0.5083**	**-0.5083**	**-0.0219**	**-0.4864**	
Quality Assess-Medicaid Share				**$19.2892**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**188.1324**	**188.5713**	**8.1136**	**208.4403**	

***Medicaid Trend Adjustment :**

8

0 325473-00 - 2014/01

213.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Manor Care 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		**06/01/2012-05/31/2013**		Number of Beds:	**129**	Superior:	**0**
Venice FL 34292		Days In CR	**365**	Maximum:	**47,085**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**47,085**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**38,900**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**15,736**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**13,896**		
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	**35.72237%**
Occupancy:	**82.61654%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**102.71537%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	598,124	1,222,738	678,848	232,202	6,658	2,738,570
1a	Audit Adjustments						
2	Cost Per Diem	43.0429	87.9921	48.8520	**16.7100**	**0.4791**	197.0761
3	Cost Per Diem Inflated	44.6606	90.0326	50.6880			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**44.6606**	**90.0326**	**50.6880**	**16.7100**	**0.4791**	202.5703
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	64.4079		53.9513			
7	Provider Target Rate	**66.2171**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**44.6606**	**90.0326**	**50.6880**	**13.6500**	**0.4791**	199.5103
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**44.6606**	**90.0326**	**50.6880**	**13.6500**	**0.4791**	**199.5103**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325473-00 - 2014/01

213.42

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Manor Care 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	**5,627,561**
FRVS Base Asset:	**4,711,854**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**379,237**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,502,049**	**8.9492**
20% ROE(2):	**1,125,512**	**0.3734**
Insurance Cost(3):	**27,246**	**0.7004**
Taxes Cost(3):	**90,870**	**2.3360**
Home Office(3):	**26,515**	**0.6816**
Replacement(3&4):	**141,933**	**0.0000**
Total FRVS PD:		**13.0406**

(1) 80% Capital ($4,502,049) amortized at 8.5000% for 20 years Interest of $379,237 divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = $8.9492
(2) 20% ROE ($1,125,512) times the ROE factor (0.014060) divided by annual available days (47,085) divided by Occup. Adj. (0.9000) = $0.3734
(3) 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:	**51,248**
		Effective PBS Limitation	**4,711,854**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**44.6606**	**44.6606**	**1.9216**	**42.7390**	
Patient Care					
Direct Care	**90.0326**	**90.0326**	**3.8738**	**86.1588**	
Indirect Care	**50.6880**	**50.6880**	**2.1809**	**48.5071**	
Property	**13.6500**	**13.0406**	**0.5611**	**12.4795**	
ROE	**0.4791**	**0.2646**	**0.0114**	**0.2532**	
ROE Adjustment	**-0.2646**	**-0.2646**	**-0.0114**	**-0.2532**	
Quality Assess-Medicaid Share				**$14.8398**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**199.2457**	**198.4218**	**8.5374**	**213.4176**	

***Medicaid Trend Adjustment :**

0 325481-00 - 2014/01

207.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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:	**181**
County:	**Palm Beach[50]**	First Used:	**2013/07**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**39,744**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,974**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**20,702**		
Class at 1/94:	**South Large [4]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**6/1/1996**						
Acquired Date:	**6/1/1996**						
Entered Medicaid	**6/1/1996**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**309931**						

Medicaid Utilization	**52.08837%**
Occupancy:	**90.49180%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**112.50652%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	63.5890	73.4854	49.1292			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**63.5890**	**73.4854**	**49.1292**	**14.6300**	**1.5719**	202.4055
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	72.0009		56.2947			
7	Provider Target Rate	**74.0234**		**57.8760**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**73.4854**	**49.1292**	**13.6500**	**1.5719**	191.8588
12/13	Medicaid Adjustment Rate		0.1726	0.1154			
14	Prospective Per Diem 11	**54.0223**	**73.6580**	**49.2446**	**13.6500**	**1.5719**	**192.1468**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325481-00 - 2014/01

207.65

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,179,747**
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:	**338,697**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,143,798**	**8.5920**
20% ROE(2):	**1,035,949**	**0.4052**
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:		**13.4424**

(1) 80% Capital ($4,143,798) amortized at 8.2500% for 20 years Interest of $338,697 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.5920
(2) 20% ROE ($1,035,949) times the ROE factor (0.015420) 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:	**7/1/1995**	Used Per Bed Standard:	**35,436**
Comparison Bed	**120**	Current RS PBS:	**51,248**
		Effective PBS Limitation	**4,252,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**73.6580**	**73.6580**	**3.1692**	**70.4888**	
Indirect Care	**49.2446**	**49.2446**	**2.1188**	**47.1258**	
Property	**13.6500**	**13.4424**	**0.5784**	**12.8640**	
ROE	**1.5719**	**0.7973**	**0.0343**	**0.7630**	
ROE Adjustment	**-0.7973**	**-0.7973**	**-0.0343**	**-0.7630**	
Quality Assess-Medicaid Share				**$16.7801**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**191.3495**	**190.3673**	**8.1908**	**207.6500**	

***Medicaid Trend Adjustment :**

0 325490-00 - 2014/01

214.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**09/01/2012-08/31/2013**		Number of Beds:	**87**	Superior:	**0**
Sarasota FL 34237		Days In CR	**365**	Maximum:	**31,755**	Standard:	**181**
County:	**Sarasota[58]**	First Used:	**2014/01**	Max Annualized:	**31,755**	Conditional:	**0**
Region:	**South[2]** Area: **8**	Last Used:	**2014/01**	Total Patient:	**27,816**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**7,118**		
Current Class	**South Small [3]**	Initial CR?	**False**	Medicaid:	**16,962**		
Class at 1/94:	**South Small [3]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**10/1/1969**						
Acquired Date:	**10/1/1969**						
Entered Medicaid	**5/1/1970**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**309923**						

Medicaid Utilization	**60.97929%**
Occupancy:	**87.59565%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**108.90579%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30557092**
Semester Index:	**1.34444818**
Cost:	**1.02977798**
Target:	**1.01966300**
DC FY Index:	**1.21049917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02065332**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	830,431	1,410,000	785,695	220,676	5,693	3,252,495
1a	Audit Adjustments						
2	Cost Per Diem	48.9583	83.1270	46.3209	**13.0100**	**0.3356**	191.7518
3	Cost Per Diem Inflated	50.4162	84.8438	47.7002			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**50.4162**	**84.8438**	**47.7002**	**13.0100**	**0.3356**	196.3058
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	70.2463		65.8973			
7	Provider Target Rate	**72.2195**		**67.7484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**63.3313**	**105.0880**	**84.0036**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	66.0428		77.6541			
10	Target Rate Class Ceiling	**67.3414**		**79.1810**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**50.4162**	**84.8438**	**47.7002**	**13.0100**	**0.3356**	196.3058
12/13	Medicaid Adjustment Rate		1.0480	0.5892			
14	Prospective Per Diem 11	**50.4162**	**85.8918**	**48.2894**	**13.0100**	**0.3356**	**197.9430**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325490-00 - 2014/01

214.19

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**0.015730**

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**	**0.2442**
Insurance Cost(3):	**15,414**	**0.5541**
Taxes Cost(3):	**46,104**	**1.6575**
Home Office(3):	**16,250**	**0.5842**
Replacement(3&4):	**57,954**	**0.0000**
Total FRVS PD:		**10.7607**

(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 (0.015730) divided by annual available days (31,755) divided by Occup. Adj. (0.9000) = $0.2442
(3) Pass-throughs: Cost divided by Total Patient Days
(4) Replacement effective 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:	**51,248**
		Effective PBS Limitation	**4,189,500**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**50.4162**	**50.4162**	**2.1692**	**48.2470**	
Patient Care					
Direct Care	**85.8918**	**85.8918**	**3.6956**	**82.1962**	
Indirect Care	**48.2894**	**48.2894**	**2.0777**	**46.2117**	
Property	**13.0100**	**10.7607**	**0.4630**	**10.2977**	
ROE	**0.3356**	**0.1870**	**0.0080**	**0.1790**	
ROE Adjustment	**-0.1870**	**-0.1870**	**-0.0080**	**-0.1790**	
Quality Assess-Medicaid Share				**$18.5431**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**197.7560**	**195.3581**	**8.4055**	**214.1891**	

***Medicaid Trend Adjustment :**

0 325520-00 - 2014/01

198.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**05/01/2012-04/30/2013**		Number of Beds:	**120**	Superior:	**0**
Delray Beach FL 33446		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Palm Beach[50]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**South[2]** Area: **9**	Last Used:	**2014/01**	Total Patient:	**41,480**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**19,809**		
Current Class	**South Large [4]**	Initial CR?	**False**	Medicaid:	**16,730**		
Class at 1/94:	**South Large [4]**					Inflation	
Operating Ex	**> 18 months [1]**					FY Index:	**1.29272253**
Open Date:	**2/17/1999**					Semester Index:	**1.34444818**
Acquired Date:	**2/17/1999**					Cost:	**1.04001296**
Entered Medicaid	**2/17/1999**					Target:	**1.01966300**
Med # Active Date:	**12/20/2007**					**DC FY Index:**	**1.20649917**
Previous Med #	**309761**					**DC Sem Index:**	**1.23550000**
						DC Inflation:	**1.02403717**
						PS Target:	**1.02809000**

Medicaid Utilization	**40.33269%**	
Occupancy:	**94.70320%**	
Statewide Low Occupancy Threshold:	**80.43250%**	
Medicaid Low Occupancy Threshold:	**41.71220%**	
Low Occupancy Adjustment Factor:	**117.74246%**	
Weighted Low Occ Adjustment Factor:	**100.00000%**	

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	909,438	1,127,950	773,366	385,627	3,254	3,199,635
1a	Audit Adjustments						
2	Cost Per Diem	54.3597	67.4208	46.2263	**23.0500**	**0.1945**	191.2513
3	Cost Per Diem Inflated	56.5348	69.0414	48.0760			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**56.5348**	**69.0414**	**48.0760**	**23.0500**	**0.1945**	196.8967
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.6913		53.9513			
7	Provider Target Rate	**67.5366**		**55.4668**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**54.0223**	**97.3934**	**66.4948**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	54.6799		61.8071			
10	Target Rate Class Ceiling	**55.7551**		**63.0224**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**54.0223**	**69.0414**	**48.0760**	**13.6500**	**0.1945**	184.9842
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**54.0223**	**69.0414**	**48.0760**	**13.6500**	**0.1945**	**184.9842**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325520-00 - 2014/01

198.05

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,352,127**
FRVS Base Asset:	**4,594,920**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

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:	**328,566**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,281,702**	**8.3350**
20% ROE(2):	**1,070,425**	**0.3875**
Insurance Cost(3):	**28,104**	**0.6775**
Taxes Cost(3):	**121,916**	**2.9392**
Home Office(3):	**29,561**	**0.7127**
Replacement(3&4):	**186,582**	**0.0000**
Total FRVS PD:		**13.0519**

(1) 80% Capital ($4,281,702) amortized at 7.7500% for 20 years Interest of $328,566 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $8.3350
(2) 20% ROE ($1,070,425) times the ROE factor (0.014270) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3875
(3) 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:	**51,248**
		Effective PBS Limitation	**4,594,920**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**54.0223**	**54.0223**	**2.3244**	**51.6979**	
Patient Care					
Direct Care	**69.0414**	**69.0414**	**2.9706**	**66.0708**	
Indirect Care	**48.0760**	**48.0760**	**2.0685**	**46.0075**	
Property	**13.6500**	**13.0519**	**0.5616**	**12.4903**	
ROE	**0.1945**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Quality Assess-Medicaid Share				**$13.0926**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**184.9842**	**184.1916**	**7.9251**	**198.0525**	

***Medicaid Trend Adjustment :**

0 325678-00 - 2014/01

218.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**120**	Superior:	**0**
Tampa FL 33618		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Hillsborough[29]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **6**	Last Used:	**2014/01**	Total Patient:	**39,348**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**18,714**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**13,315**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**5/18/1990**						
Acquired Date:	**5/18/1990**						
Entered Medicaid	**7/20/1990**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**319350**						

Medicaid Utilization	**33.83908%**
Occupancy:	**89.83561%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**111.69069%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,395,665	1,067,354	742,186	216,236	14,694	3,436,135
1a	Audit Adjustments						
2	Cost Per Diem	104.8190	80.1618	55.7406	**16.2400**	**1.1036**	258.0650
3	Cost Per Diem Inflated	108.7584	82.0207	57.8355			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**108.7584**	**82.0207**	**57.8355**	**16.2400**	**1.1036**	265.9582
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	65.3734		58.9991			
7	Provider Target Rate	**67.2097**		**60.6564**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**82.0207**	**57.8355**	**13.6500**	**1.1036**	206.5230
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**82.0207**	**57.8355**	**13.6500**	**1.1036**	**206.5230**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325678-00 - 2014/01

218.48

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**5,122,782**
FRVS Base Asset:	**3,602,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**406,770**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,098,226**	**10.3189**
20% ROE(2):	**1,024,556**	**0.3654**
Insurance Cost(3):	**16,868**	**0.4287**
Taxes Cost(3):	**76,195**	**1.9364**
Home Office(3):	**29,496**	**0.7496**
Replacement(3&4):	**1,355,808**	**0.0000**
Total FRVS PD:		**13.7990**

(1) 80% Capital ($4,098,226) amortized at 10.0000% for 20 years Interest of $406,770 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $10.3189
(2) 20% ROE ($1,024,556) times the ROE factor (0.014060) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.3654
(3) 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:	**51,248**
		Effective PBS Limitation	**3,602,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**82.0207**	**82.0207**	**3.5290**	**78.4917**	
Indirect Care	**57.8355**	**57.8355**	**2.4884**	**55.3471**	
Property	**13.6500**	**13.7990**	**0.5937**	**13.2053**	
ROE	**1.1036**	**0.4970**	**0.0214**	**0.4756**	
ROE Adjustment	**-0.4970**	**-0.4970**	**-0.0214**	**-0.4756**	
Quality Assess-Medicaid Share				**$13.0677**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**206.0260**	**205.5684**	**8.8447**	**218.4848**	

***Medicaid Trend Adjustment :**

0 325686-00 - 2014/01

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 01/01/2014 through 06/30/2014

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:	**181**
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:	**2014/01**	Total Patient:	**40,000**	Total:	**181**
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:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**113.23119%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.27684492**
Semester Index:	**1.34444818**
Cost:	**1.05294555**
Target:	**1.01966300**
DC FY Index:	**1.20000000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02958333**
PS Target:	**1.02809000**

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	110.5369	73.8198	45.9362			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**110.5369**	**73.8198**	**45.9362**	**16.2100**	**1.2316**	247.7345
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.0368		53.6416			
7	Provider Target Rate	**68.9199**		**55.1484**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**73.8198**	**45.9362**	**13.6500**	**1.2316**	186.5508
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**51.9132**	**73.8198**	**45.9362**	**13.6500**	**1.2316**	**186.5508**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325686-00 - 2014/01

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 01/01/2014 through 06/30/2014

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	**3,792,166**
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:	**247,965**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**3,033,733**	**6.2903**
20% ROE(2):	**758,433**	**0.2967**
Insurance Cost(3):	**13,689**	**0.3422**
Taxes Cost(3):	**60,210**	**1.5053**
Home Office(3):	**24,825**	**0.6206**
Replacement(3&4):	**271,402**	**0.0000**
Total FRVS PD:		**9.0551**

(1) 80% Capital ($3,033,733) amortized at 8.2500% for 20 years Interest of $247,965 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $6.2903
(2) 20% ROE ($758,433) times the ROE factor (0.015420) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.2967
(3) 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:	**51,248**
		Effective PBS Limitation	**3,043,800**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**73.8198**	**73.8198**	**3.1762**	**70.6436**	
Indirect Care	**45.9362**	**45.9362**	**1.9765**	**43.9597**	
Property	**13.6500**	**9.0551**	**0.3896**	**8.6655**	
ROE	**1.2316**	**0.6514**	**0.0280**	**0.6234**	
ROE Adjustment	**-0.6514**	**-0.6514**	**-0.0280**	**-0.6234**	
Quality Assess-Medicaid Share				**$16.3328**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**185.8994**	**180.7243**	**7.7759**	**197.9746**	

***Medicaid Trend Adjustment :**

0 325694-00 - 2014/01

191.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**06/01/2012-05/31/2013**		Number of Beds:	**180**	Superior:	**181**
Palm Harbor FL 34684		Days In CR	**365**	Maximum:	**65,700**	Standard:	**0**
County:	**Pinellas[52]**	First Used:	**2014/01**	Max Annualized:	**65,700**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**60,761**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**22,350**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**28,276**		
Class at 1/94:	**North Large [2]**						
Operating Ex	**> 18 months [1]**						
Open Date:	**9/28/1990**						
Acquired Date:	**9/28/1990**						
Entered Medicaid	**9/28/1990**						
Med # Active Date:	**12/20/2007**						
Previous Med #	**310395**						

Medicaid Utilization	**46.53643%**
Occupancy:	**92.48250%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**114.98151%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29575017**
Semester Index:	**1.34444818**
Cost:	**1.03758287**
Target:	**1.01966300**
DC FY Index:	**1.20749917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02318911**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,285,025	2,009,276	1,152,148	396,712	26,670	4,869,831
1a	Audit Adjustments						
2	Cost Per Diem	45.4458	71.0594	40.7465	**14.0300**	**0.9432**	172.2249
3	Cost Per Diem Inflated	47.1538	72.7072	42.2779			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**47.1538**	**72.7072**	**42.2779**	**14.0300**	**0.9432**	177.1121
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	59.9820		51.8788			
7	Provider Target Rate	**61.6669**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**47.1538**	**72.7072**	**42.2779**	**13.6500**	**0.9432**	176.7321
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**47.1538**	**72.7072**	**42.2779**	**13.6500**	**0.9432**	**176.7321**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325694-00 - 2014/01

191.80

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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	**7,071,681**
FRVS Base Asset:	**5,431,320**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014060**

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:	**561,521**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**5,657,345**	**9.4964**
20% ROE(2):	**1,414,336**	**0.3363**
Insurance Cost(3):	**36,336**	**0.5980**
Taxes Cost(3):	**103,247**	**1.6992**
Home Office(3):	**36,744**	**0.6047**
Replacement(3&4):	**194,756**	**0.0000**
Total FRVS PD:		**12.7346**

(1) 80% Capital ($5,657,345) amortized at 10.0000% for 20 years Interest of $561,521 divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $9.4964
(2) 20% ROE ($1,414,336) times the ROE factor (0.014060) divided by annual available days (65,700) divided by Occup. Adj. (0.9000) = $0.3363
(3) 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:	**51,248**
		Effective PBS Limitation	**5,431,320**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**47.1538**	**47.1538**	**2.0288**	**45.1250**	
Patient Care					
Direct Care	**72.7072**	**72.7072**	**3.1283**	**69.5789**	
Indirect Care	**42.2779**	**42.2779**	**1.8191**	**40.4588**	
Property	**13.6500**	**12.7346**	**0.5479**	**12.1867**	
ROE	**0.9432**	**0.4808**	**0.0207**	**0.4601**	
ROE Adjustment	**-0.4808**	**-0.4808**	**-0.0207**	**-0.4601**	
Quality Assess-Medicaid Share				**$15.7545**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**176.2513**	**174.8735**	**7.5241**	**191.7973**	

***Medicaid Trend Adjustment :**

0 325708-00 - 2014/01

202.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

Computation of Nursing Home Medicaid Reimbursement Rate

Rate Semester 01/01/2014 through 06/30/2014

Heartland of Zephyrhills

Type of Cost Report:Prospective [3] Type of Cost:Actual[2] Type of Rate:Prospective[1]

Type of Ownership: Private For profit [1] CHOW Status based on this Cost Report: No Change[1]

Provider Information		Cost Report (CR)		Patient Days		Ratings Days	
38220 Henry Drive		**10/01/2012-09/30/2013**		Number of Beds:	**120**	Superior:	**0**
Zephyrhills FL 33540		Days In CR	**365**	Maximum:	**43,800**	Standard:	**181**
County:	**Pasco[51]**	First Used:	**2014/01**	Max Annualized:	**43,800**	Conditional:	**0**
Region:	**Central[3]** Area: **5**	Last Used:	**2014/01**	Total Patient:	**38,474**	Total:	**181**
Control	**Private For profit [1]**	**Unaudited [3]**		Medicare:	**12,372**		
Current Class	**Central Large [6]**	Initial CR?	**False**	Medicaid:	**22,856**		
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**						

Medicaid Utilization	**59.40635%**
Occupancy:	**87.84018%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**109.20981%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.30897722**
Semester Index:	**1.34444818**
Cost:	**1.02709823**
Target:	**1.01966300**
DC FY Index:	**1.21150000**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.01981015**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	1,331,729	1,652,756	993,741	255,073	18,195	4,251,494
1a	Audit Adjustments						
2	Cost Per Diem	58.2661	72.3117	43.4783	**11.1600**	**0.7961**	186.0122
3	Cost Per Diem Inflated	59.8450	73.7442	44.6565			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**59.8450**	**73.7442**	**44.6565**	**11.1600**	**0.7961**	190.2018
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	60.6934		51.8788			
7	Provider Target Rate	**62.3983**		**53.3361**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**51.9132**	**95.7721**	**64.5309**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	51.9146		59.9006			
10	Target Rate Class Ceiling	**52.9354**		**61.0784**			
10a	New Provider Target Limitation						
10b	Base for line 10a						
11	Lesser of 5,7,8,10, 10a	**51.9132**	**73.7442**	**44.6565**	**11.1600**	**0.7961**	182.2700
12/13	Medicaid Adjustment Rate		0.7804	0.4726			
14	Prospective Per Diem 11	**51.9132**	**74.5246**	**45.1291**	**11.1600**	**0.7961**	**183.5230**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

0 325708-00 - 2014/01

202.21

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

Heartland of Zephyrhills

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	**5,665,277**
FRVS Base Asset:	**3,530,760**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.016670**

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:	**390,114**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**4,532,222**	**9.8963**
20% ROE(2):	**1,133,055**	**0.4791**
Insurance Cost(3):	**23,192**	**0.6028**
Taxes Cost(3):	**53,486**	**1.3902**
Home Office(3):	**22,786**	**0.5922**
Replacement(3&4):	**224,585**	**0.0000**
Total FRVS PD:		**12.9606**

(1) 80% Capital ($4,532,222) amortized at 6.0150% for 20 years Principal & Interest of $390,114 divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $9.8963
(2) 20% ROE ($1,133,055) times the ROE factor (0.016670) divided by annual available days (43,800) divided by Occup. Adj. (0.9000) = $0.4791
(3) 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:	**51,248**
		Effective PBS Limitation	**3,530,760**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**51.9132**	**51.9132**	**2.2336**	**49.6796**	
Patient Care					
Direct Care	**74.5246**	**74.5246**	**3.2065**	**71.3181**	
Indirect Care	**45.1291**	**45.1291**	**1.9417**	**43.1874**	
Property	**11.1600**	**12.9606**	**0.5576**	**12.4030**	
ROE	**0.7961**	**0.3706**	**0.0159**	**0.3547**	
ROE Adjustment	**-0.3706**	**-0.3706**	**-0.0159**	**-0.3547**	
Quality Assess-Medicaid Share				**$16.9260**	
Supplemental Rate Add-on				**$8.6934**	
Totals	**183.1524**	**184.5275**	**7.9394**	**202.2075**	

***Medicaid Trend Adjustment :**

3

0 326011-00 - 2014/01

215.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
Computation of Nursing Home Medicaid Reimbursement Rate
Rate Semester 01/01/2014 through 06/30/2014

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		**05/01/2012-04/30/2013**		Number of Beds:	**36**	Superior:	**0**
Orange Park FL 32073		Days In CR	**365**	Maximum:	**13,140**	Standard:	**181**
County: **Clay[10]**		First Used:	**2014/01**	Max Annualized:	**13,140**	Conditional:	**0**
Region: **North [1]**	Area: **4**	Last Used:	**2014/01**	Total Patient:	**10,906**	Total:	**181**
Control **Private Non-Profit [3]**		**Unaudited [3]**		Medicare:	**1,295**		
Current Class **North Small [1]**		Initial CR?	**False**	Medicaid:	**5,210**		
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	**47.77187%**
Occupancy:	**82.99848%**
Statewide Low Occupancy Threshold:	**80.43250%**
Medicaid Low Occupancy Threshold:	**41.71220%**
Low Occupancy Adjustment Factor:	**103.19023%**
Weighted Low Occ Adjustment Factor:	**100.00000%**

Inflation	
FY Index:	**1.29272253**
Semester Index:	**1.34444818**
Cost:	**1.04001296**
Target:	**1.01966300**
DC FY Index:	**1.20649917**
DC Sem Index:	**1.23550000**
DC Inflation:	**1.02403717**
PS Target:	**1.02809000**

Rate Calculations

Item	Description	Operating	Direct	InDirect	Property	ROE	Totals
1	Total Cost	303,118	599,089	582,029	70,439	0	1,554,675
1a	Audit Adjustments						
2	Cost Per Diem	58.1800	114.9883	111.7138	**13.5200**		298.4021
3	Cost Per Diem Inflated	60.5080	117.7523	116.1838			
4	Low Occupancy Adjustment						
5	Occupancy Adjusted/Inflated Per Diem	**60.5080**	**117.7523**	**116.1838**	**13.5200**		307.9641
5a	Interim Adjustment						
5b	Interim Adjusted Per Diem						
6	Prior Semester: Provider Target Base	67.7917		95.9797			
7	Provider Target Rate	**69.6960**		**98.6758**			
7a	Interim Adjustment						
7b	Interim Adjusted Provider Target Rate						
8	Cost Based Class Ceilings	**56.6992**	**92.5525**	**69.0854**	**13.6500**		
9	Prior Semester: Class Ceiling Target Base	52.6018		63.9360			
10	Target Rate Class Ceiling	**53.6361**		**65.1932**			
10a	New Provider Target Limitation	**54.9753**		**64.9937**			
10b	Base for line 10a	53.4732		63.2179			
11	Lesser of 5,7,8,10, 10a	**53.6361**	**92.5525**	**64.9937**	**13.5200**		224.7023
12/13	Medicaid Adjustment Rate						
14	Prospective Per Diem 11	**53.6361**	**92.5525**	**64.9937**	**13.5200**		**224.7023**
15	Inflated Usual & Customary Charge	Usual and Customary Limitations not applied after 7/1/2002					

Provider has submitted Supplemental Schedule.

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215.95

Florida Agency For Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance
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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	**636,217**
FRVS Base Asset:	**0**
Occup Adj Factor:	**0.9000**
ROE Factor	**0.014270**

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:	**39,057**	

Calculation of FRVS Per Diem	Total Amount	Per Diem
80% Capital(1):	**508,974**	**3.3026**
20% ROE(2):	**127,243**	**0.1535**
Insurance Cost(3):	**19,943**	**1.8286**
Taxes Cost(3):	**1,153**	**0.1057**
Home Office(3):	**0**	**0.0000**
Replacement(3&4):	**49,481**	**0.0000**
Total FRVS PD:		**5.3904**

(1) 80% Capital ($508,974) amortized at 7.7500% for 20 years Interest of $39,057 divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $3.3026
(2) 20% ROE ($127,243) times the ROE factor (0.014270) divided by annual available days (13,140) divided by Occup. Adj. (0.9000) = $0.1535
(3) 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:	**51,248**
		Effective PBS Limitation	**384,084**

Comparison of Reimbursement under Cost vs. FRVS

Components	Cost	FRVS	MTA*	Final Component	
Operating	**53.6361**	**53.6361**	**2.3078**	**51.3283**	
Patient Care					
Direct Care	**92.5525**	**92.5525**	**3.9822**	**88.5703**	
Indirect Care	**64.9937**	**64.9937**	**2.7964**	**62.1973**	
Property	**13.5200**	**5.3904**	**0.2319**	**5.1585**	
ROE	**0.0000**	**0.0000**			
ROE Adjustment	**0.0000**	**0.0000**			
Supplemental Rate Add-on				**$8.6934**	
Totals	**224.7023**	**216.5727**	**9.3183**	**215.9478**	

***Medicaid Trend Adjustment :**